CLINICAL NOTES AND CASES.

Clinical Cases.—By JOSEPH WIGLESWORTH, M.D.Lond., Assistant Medical Officer, Rainhill Asylum.

I. *Case of Apoplectiform Cerebral Congestion, or Serous Apoplexy.*

Annie P., æt. 35 years, had been an inmate of Rainhill Asylum for 12 years. She was subject to attacks of recurrent mania, in the intervals between which she would be quiet, orderly, and rational; the attacks usually lasted some months, and were attended with great restlessness and loquacity, but not with much incoherence. She was at these times very mischievous and destructive, and was indeed a very troublesome patient — generally appearing to have a very good notion of what she was about, and seeming to commit many of her destructive acts on purpose to give trouble, though this apparent capacity for self-restraint was doubtless illusory. In April, 1883, she had been for upwards of 18 months in a maniacal condition, which attack had thus been not only unusually prolonged, but had also been in some respects exceptionally severe. On May 1st following she did not appear very well, but exhibited at that time no special symptoms beyond a little mental dulness and some delay in responding to questions. These symptoms gradually increased, and though there were no physical signs of disease, patient called out at times when moved; she took her food fairly well, but had to be fed, and her bowels were freely relieved after medicine. At 2.15 p.m., on the 5th inst., a great change was observed in her; her face was noted to be livid, conjunctivæ insensitive to touch, pupils much dilated, being each about 6 mm., and did not respond to light; respirations slow; pulse 80, full; temp. about 95° (the index did not rise at all, and the thermometer did not register lower); limbs flaccid; plantar reflex, very slightly marked, as also were the knee jerks. She was, in fact, deeply comatose, and presented all the symptoms of cerebral hæmorrhage, a diagnosis of which was, with some confidence, made. Two drops of croton oil were given, and an enema, but neither had any effect. At 5 p.m., in addition to deepening coma, there was distinct drawing of the angle of the mouth to left. The eyes were directed straight forwards, or with a very slight external deviation in each. At 10 p.m. every muscle in the extremities appeared absolutely flaccid, and the reflexes were completely abolished. Pupils as before. Respirations irregular, with mucous rattling in throat. Pulse 110, bounding. Temp. about 95° (the index, as before, would not rise at all). 11.45 p.m., died.

7th. *Autopsy* (38 hours after death).

Cranium. Calvaria normal; dura mater not abnormally adherent

thereto. A little black clot at posterior part of longitudinal sinus. No excess of fluid in subdural space; no bagging of the dura-mater, the surface of the brain being everywhere closely pressed against it. Veins of meninges fairly distended, but by no means abnormally so. Arachnoid a little thickened over lower surface of pons, but not elsewhere. Marked injection of pia-mater over convex surface of brain, giving it a slightly rosy appearance. Pia-mater a little difficult to strip on account of its tenuity. General pink-staining of surface of cortex. Gyri not at all wasted, but everywhere firmly in contact, the subarachnoid fluid being absent, or nearly so. Cortex apparently normal, not diminished in depth, and striation distinct. Ventricles somewhat dilated, and distinctly distended, with clear fluid. Puncta cruenta numerous. Brain generally of fair consistence—a little wet. Basal ganglia decidedly soft; fornix very soft. Cerebellum, pons, and medulla healthy. Basal vessels healthy.

Brain (immediately after removal) 1,318 grammes.

Right hemisphere...	568	stripped of membranes
Left ;, ...	555	to great extent.
Cerebellum	141	
Pons	15	
Medulla oblongata	8	
	1,287	

Thoracic and *abdominal* viscera normal.

Remarks.—The pathology of this case appears to me by no means clear. *Idiopathic cerebral congestion*, terminating fatally, is an affection which, though described in text books, is one about which no little obscurity rests; whilst as regards *serous apoplexy* we are told that this term ought to be discarded from our nomenclature. As will have been seen, the symptoms presented were so strikingly those of brain pressure, and, in their pronounced form, came on so rapidly, as to lead to a confident diagnosis of cerebral hæmorrhage, probably ventricular. The conditions noted after death, namely, distension of the ventricles with clear serum—convolutions pressed together, with absence of subarachnoid fluid—harmonised with the clinical symptoms, and might be supposed to favour the view of a primary effusion of serum into the ventricles—a serous apoplexy.

On the other hand, whilst signs of venous congestion were absent, those of arterial hyperæmia were manifest, as instanced by the injection of the pia mater, and the pink staining of the surface of the gyri.

I should myself favour the view of a primary arterial

hyperæmia of the brain, the effusion of serum into the ventricles being purely a secondary phenomenon, but why such hyperæmia should have taken place I am quite at a loss to understand.

The case suggests some reflections, both as regards diagnosis and treatment. How is such a case to be distinguished from cerebral hæmorrhage, especially when this occurs in the ventricles? In connection with which point let me emphasize the fact that the temperature was, and remained, sub-normal. Then as regards treatment: possibly active treatment in the form of bleeding, ice to the head, &c., might have resulted in the recovery of the patient; but the resemblance of the symptoms to those of cerebral hæmorrhage prevented a resort to what, in such case, would certainly have been nugatory.

II. *Four Cases of Melancholia in One Family.*

Elizabeth B., æt. 47, single, domestic servant, was admitted into Rainhill Asylum Oct. 28th, 1879. She had been nursing a sister who was suffering from what was called "religious mania," and had lost her rest in consequence. Two days before admission she hung herself in a wash-house with a rope, but was discovered and cut down in time to prevent serious consequences. On admission she was noted to be a thin, spare woman, but, with the exception of slight pulmonary emphysema, her viscera appeared sound. She had a very depressed appearance and manner, but her conversation was collected and rational, and, beyond the abnormal depression, there did not appear to be anything wrong. She rapidly improved, and in three weeks' time was quite cheerful, and working well in the ward. She was discharged, recovered, on December 19th.

She has been seen at intervals since her discharge, and had remained well up to the time she was last heard of, about a year ago.*

Margaret B., æt. 33, single, housekeeper, was admitted Jan. 6th, 1880. She was the sister whom Elizabeth B. was nursing when she (the latter) broke down. Her history was simply to the effect that she had got despondent without obvious cause some seven months previous to admission—thought she could not be saved, &c. She was a rather short, dark-featured woman, fairly nourished, with healthy thoracic and abdominal viscera. She had an aspect of great depression, and a nervous, frightened manner. She sat all day with her hands before her doing nothing; she seldom spoke, unless when addressed, and then gave utterance to various melancholic expressions and self-accusations, such as that she was the greatest sinner on the earth, that she had committed adultery, &c.; in fact she presented the symptoms of typical melancholia. She improved somewhat in the

* Since the above was written this patient has committed suicide by drowning herself in a reservoir.

course of the first month, and occupied herself with needlework, though she kept very low and desponding. After this, however, she relapsed, became exceedingly depressed, and threatened more than once to commit suicide. By the beginning of July she had improved very much, having got fairly bright and cheerful, and appeared to have lost all her old gloomy thoughts and delusions. This improvement was maintained, and she was discharged, recovered, on August 16th.

She had remained well up to the time she was last heard of, about a year ago.

Margery G., æt. 37, was admitted July 26th, 1881. She had been married 13 years, and had had two children and two miscarriages. The last child had been born $4\frac{1}{2}$ months previous to admission; she suckled this child for about a fortnight, but then had to wean it on account of getting an abscess of the breast; this suppurated for 13 or 14 weeks, and required frequent incisions. This long continued drain had pulled her down a good deal, and appeared clearly to be the exciting cause of her illness, which commenced about two months previous to admission, with symptoms of depression. She said she was a sinner, and that the devil had got hold of her; she then tried to strangle herself. Though continuing depressed, she improved somewhat for a time, but relapsed again, and shortly before admission got very excited, and attempted to kill one of her children. On admission she was noted to be a thin-featured, dark-complexioned, little woman, of spare habit, but fairly nourished. Viscera normal. Her case, though substantially similar to that of the sister last described, proved much more severe and prolonged. She was at first very quiet, but appeared distressed and terrified, had a nervous, fidgety manner about her, and it was difficult to get her to speak. She continued quiet and depressed for the first month, but subsequently got very agitated, and for about three months presented, more or less typically, the symptoms of "melancholia agitans." She was full of the most mournful self-accusations, constantly repeating that she was the most wicked woman in the world, that she ought to be locked up, that she had turned against her husband and children, &c.; and she at times threatened to commit suicide. She was all day long giving utterance to these expressions, and was at the same time very restless, rubbing the top of her head with her hands until she had made it quite bald. She then improved for a time, though continuing depressed, she was more settled, and was got to occupy herself with needlework. By the end of December, however, she had relapsed again, and was almost as bad as ever. She continued very restless and agitated, with occasional intermissions, during the first few months of the following year; but gradually the acute symptoms diminished, and by the autumn had quite subsided, though she still kept depressed. In January, 1883, she was very much better; she had entirely given up all her old self-accusations, was quite rational, and, with the exception of some slight

depression at times, was quite well. The improvement continued, and she was discharged, recovered, on March 19th.

The sequel to this case was melancholy. In June of the present year, about 14½ months after her discharge from the asylum, she left her home one evening ostensibly with the object of visiting a relative, taking with her her two children, aged respectively 15 years and three years. Whilst walking along a canal bank she suddenly jumped into the water, and thus committed suicide. She dragged her two children into the water with her, and the younger of the two was drowned with her mother, the elder managing to scramble out. It came out in evidence at the inquest that she had been in a low state of mind for some months, and had said that she wished someone would put an end to her misery, and whilst in the water she exclaimed to her daughter that it was better they should all die together than be parted again. She was daily expecting her confinement, which was doubtless the cause of the relapse which had obviously occurred.

Ellen, the fourth sister, did not come under personal observation, but, as will be seen by the history, she had obviously suffered from melancholia.

Family history.—Both parents were natives of Lancashire, in no way connected before marriage, and said to be steady, hard-working people. Father still living, æt. 77 ; mother died, æt. 56, of "softening of the brain." She was paralysed for three years before her death, but her mental faculties are said not to have been affected. With this doubtful exception there was no history of mental disease or neurosis of any kind on either side of the family.

There were eight children in the family, of whom the following is an account :—

1. John, the eldest, got into a very depressed condition about nine years ago, after the death of his second wife. That there was here an adequate cause for depression is patent, but from the account given, stating that he was at home for some time and so depressed he could do nothing, it is probable that he also suffered in some degree from melancholia.
2. A son, who died in infancy.
3. Thomas, died æt. 18 of "typhus fever."
4. Elizabeth (case described above).
5. Ann, æt. 44 ; single ; never mentally affected.
6. Ellen, died of consumption, æt. 37. Was married 10 years before her death, and had three children. She became insane for a time after the birth of her first child, "getting very dull and stupefied ; " she was treated in the workhouse, and recovered from this attack, but had a second attack before her death.
7. Margery (case described above).
8. Margaret (case described above).

Remarks.—These cases are interesting, not individually, but collectively, such a series occurring in one family being cer-

tainly unusual and, more particularly so in the absence of clearly marked hereditary taint. The case of the mother must of course be looked upon as doubtful. From the accounts given this would seem to have been an ordinary case of cerebral hæmorrhage, or thrombosis, and, if so, it would lie outside the neurotic diathesis. As above noted, her mental faculties were said to have been clear; but we know how unreliable are the statements of patients' relatives on this point, even when there is no intention to deceive, and the nature of the case must therefore remain doubtful. It will be seen that of the six members of the family who attained to adult life, all but two suffered at different times from melancholia of greater or less intensity, and two of these cases eventually terminated fatally by suicide; in fact, if we take the depression manifested by the eldest son to have been pathological—and from the account of this furnished I should myself be disposed so to regard it—only one adult member of the family has hitherto escaped. This unusual consensus of cases is, I think, worthy of being placed on record.

Notes of a Case of Addison's Disease Associated with Insanity.

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(*Read at the Quarterly Meeting of the Medico-Psychological Association held at Perth, November 21st,* 1884).

The rarity of cases of Addison's Disease, and the want of accurate knowledge alike of the clinical features and of the pathology, justify the record of the following case.

John F., æt. 42, carter, admitted to Garlands Asylum Jan. 10, 1883.

History.—The Relieving Officer who brought the patient could only give a very meagre account of the onset of the mental symptoms, and was unable to furnish any definite information respecting the state of his previous health.

He is said to have been a hard-working, healthy, and fairly temperate man, in constant employment. Two years ago he sustained an injury to the right knee, which necessitated rest and confinement to bed for a few weeks. There was a hereditary predisposition to insanity, his mother having been an inmate of an asylum. The exciting cause of this attack was said to be attending revival meetings. At one of these gatherings symptoms of mental aberration first became apparent, and he had been excited a week previous to his admission