

altogether dependent upon his exertions, is of paramount importance. The upper ranks of society would also appear to be specially liable to its attacks, and the statesman, the divine, the country gentleman, are subject to it, in common with the industrious citizen, and the steady tradesman. At the same time it must be admitted, that intemperance and profligate habits predispose to the disorder, and it is possible that one particular form of dissipation may play a specially important part in the development of the terrible symptoms of this disease. The victims moreover of general paralysis are not therefore as might have been expected, the ailing and the weak ; but the ardent sportsman, the strong and busy worker, the men of active intellect and powerful frame, appear especially liable to its ravages, which passing over the less robust, seem with perverse malignity to select those who appear to have the fullest enjoyment of mental and physical health.

(To be continued.)

Commentaries on Insanity. By D. F. TYERMAN, Esq.

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Case 7. Chronic mania; death preceded by convulsions. A. J. C., 32, unmarried, by occupation a chimney sweep, admitted in June, 1852, had been insane for eighteen months, the cause and history of the disease being unknown. The case was characterized by constant restless excitement, and, although of small stature, the patient was frequently impelled to attack other patients even of great muscular strength, and challenge them to fight; much vigilance being required to prevent injurious, or fatal retaliation. His habits were very indecent; and he was addicted to eat any description of filth; even excrementitious matters. The case terminated fatally by very gradual exhaustion, fifteen months after his admission; an attack of convulsions, ending in coma, having set in three days before death.

Autopsy. Brain substance highly vascular and firm; the lateral ventricles (the cornua of which were not prolonged into the posterior lobes) containing much serum. Membranes of the brain highly vascular, opaque, and partially adherent to the cortex. Very abundant serous effusion into the arachnoid sac. Thorax. There were scattered tubercles in both lungs: and effusion, to the amount

of 2 ounces of serous fluid had taken place into the pericardium. Heart well contracted and healthy. Abdomen. There were large cretaceous deposits in the mesentery. Abdominal organs generally free from disease.

Comments. The tubercular diathesis with its associated blood dyscrasia, was probably the basis of cerebral irritation in this case. The majority of the insane are fortunately amenable to persuasion, and skilled attendance; but the fact must not be overlooked that there is a large division whose head-long, impulsive propensities, excited by cerebral disease, require, in the absence of all mechanical restraint, an efficient staff of attendants for their protection. In one instance at Colney Hatch, the homicidal was associated with equally powerful, and persisted suicidal tendency; and after many narrow risks escaped, it became imperative, to appropriate solely to the case the vigilance of one day, and one night attendant, besides the ordinary day and night observation. The least remissness on the part of the attendants was sure to be taken advantage of by the patient, to their cost, and one of them, whilst dozing, nearly lost his life by a blow on the head. After all, he evaded his night watch, and effected his suicidal purpose.

Case 8.—Mania: death from ramollissement of the brain, and exhaustion on the fifth day. H. R. B., æt. 35, married, a labourer, admitted in October, 1853, had been insane for many years, the cause of the disease not being stated. He had refused food, and the mouth was bruised by attempts forcibly to administer it. He was in a deplorable and indeed hopeless state;—emaciated, helpless, and prostrated. The mouth, from which one tooth had been extracted, was parched; the eye was sunken, and the pulse accelerated, and the limbs tremulous. With difficulty he was induced to take a little wine and beef tea, which the stomach, in part, rejected. On the third day he was taciturn, and unconscious; the lips and mouth being dry, and covered with sordes, as in typhoid fever. He died collapsed on the fifth day.

Autopsy. Brain: weight 44 ozs. There was great arterial, and venous congestion of the organ, as well as of the membranes, which were opaque, and, in the direction of the longitudinal fissure, adherent to the cortex. The substance of the brain was generally softened, and in some parts of almost pulpy consistence. There was abundant effusion into the lateral ventricles, the pia mater, and arachnoid sac. Thorax. There were scattered tubercles in both lungs, and on the surface of the upper left lobe was an extensive, fibrous cicatrix. Abdomen. Organs rather congested, but generally natural. The mucous membrane of the duodenum, immediately beyond the pyloric orifice, was extensively diseased, being denuded, rough, and irregular, with minute follicular ulcers. Beyond that portion were several ulcers, of a different character, of the size of a sixpence, of irregular form, deep, and involving all

the textures except the serous tunic, with raised margins of reddish tint. Contents of bladder so loaded with flakes, and sediment; that when stirred they assumed a milky, or whey-like appearance.

Comments. Here was evidently a neglected case of insanity, treated empirically, and without discrimination; anorexia, the result of morbid changes in the duodenum, brain, and blood, having been mistaken for voluntary, and obstinate refusal of food. It is to be hoped that beneficial changes in the laws, will, in future, ensure the early, and rational treatment of every case in lunacy, and that the admission into asylums of moribund patients will not much longer have to be recorded. With reference to the refusal of food, the experience of Colney Hatch has proved that a varied classification, and transference of patients so disposed to the charge of the more skilled infirmary attendants, have brought about the object to be desired. In other instances certain methods of appeal have succeeded. I asked one contumacious and very obstinate patient whether he resorted to any irrational method of appeasing his appetite, when he started with emotion of enquiry and surprise, but in future, took the diet prescribed without opposition.

Case 9.—Mania, from general disease: fatal in three months. J. L., *æt.* 40, single, a seller of water cresses, admitted in July, 1853, was suffering from acute mania, his restlessness being incessant, and his language half-articulate, babbling. The tongue and mouth were dry and furred, and exhaustion was imminent. He was the subject of spinal deformity. The warm bath, a nutritious diet, aperients, opium, &c. brought about a favourable change in about a month, and the tongue became perfectly clean and moist. Maniacal agitation recurred, however, became chronic, and on October 3rd, convulsions supervened, excluding all farther hope of the case, which terminated fatally two days afterwards.

Autopsy. Brain: weight 40½ozs. The substance of the organ softish, and injected. Great opacity of the arachnoid, with moderate effusion into its sac, and the pia mater. Membranes adherent to the cortex along the longitudinal fissure. The lateral ventricles were distended with serous fluid, and their lining membrane, as well as that of the fourth, was finely studded with glistening granules. Thorax. Scattered tubercles in both lungs, and upon the surface of the left were masses of yellow, coriaceous fibrin. Left lung partially, and the right universally adherent to the walls of the thorax. Posterior portion of the left lung solidified by old pneumonic deposit, blood, lymph, and small abscesses containing thick pus, being interspersed in the tissues. Two or three ounces of dark yellow serum in pericardium. Surface of heart opaque with a thick layer of lymph; the state of this organ being otherwise normal. Abdomen. Liver, and other organs congested. Mucous surface of duodenum rough and irregular, partially denuded by minute ulceration, and presenting a multitude of black points resema-

bling "shaven hair." Kidneys marbled, the plexuses of the cortical tubules being separated by the injected, interspersed areolar tissue. On the convex border of the right a prominence, found to be a cyst, of the size of a small marble, with a distinct lining membrane. There was great lateral spinal curvature with bulging of the ribs to the right side.

Comments. In default of a history of this case, the post mortem appearances sufficiently demonstrate the effects of a precarious calling upon an originally delicate constitution. The youth, perhaps reared with difficulty, after the failure of various attempts to obtain a livelihood, tramps the streets, monotonously uttering the London cry, "water cresses"; or perhaps he gathers the spring delicacy from its oozy bed. Rheumatic affection of the heart, frequently returning pleurisies, pneumonic disease, and softening of tubercles in the lungs, soon invite a premature old age, inaugurated, doubtless, by keen mental distress, of which the subjects of spinal curvature and phthisical tendencies are particularly susceptible.

Case 10. Dementia, general paralysis. M. M., æt. 53, a labourer, native of Ireland, admitted in August, 1853, was already demented, and the subject of advanced general paralysis, no history of the case was supplied. The articulation was thick, and impeded; and deglutition was difficult, owing to the impaired power of the tongue and pharyngeal muscles, great care being necessary to avoid the risk of suffocation during the administration of food, which was given in a comminuted, and semi-fluid form. Decay was gradual, and the patient sank in October, two months after his reception.

Autopsy. Brain: weight $51\frac{1}{2}$ ozs., the organ generally exsanguinous. Membranes not opaque, except towards the margins of the hemispheres where they were thickened. The large transverse veins were gorged with dark blood. In the left corpus striatum one or two small cavities containing yellowish debris, like tubercle or chalk. Anterior portion of right corpus striatum entirely occupied by brownish-yellow broken up tissue; and the medullary matter underneath was undergoing a process of softening. The amount of serum within the ventricles, arachnoid sac, and pia mater was large. Arteries of the base of the brain greatly degenerated, and converted into osseous cylinders. Spinal cord softened at the inferior cervical and middle of the dorsal portion. Spinal veins large, tortuous, and full of dark blood. Thorax. Lungs anteriorly normal; posteriorly much loaded and gorged, and on passing the fingers over the surface, the sensation communicated was that of small shot, or cells filled with solid contents; and much frothy serum exuded on section, which exposed circumscribed masses of pale-grey, hard granular lymph deposit. Heart large, $14\frac{1}{2}$ ozs. Left ventricle much hypertrophied and firm, the parietes being about an inch in thickness. The coronary arteries, near their

origin, were converted into cylinders of bone, and their branches were degenerated. Ascending aorta voluminous, not degenerated. Abdomen. Organs generally had a normal appearance, but the pancreatic artery, like those of the brain and heart, was greatly degenerated: so that the vascular changes would seem to have been general.

Comments. Although this patient was resident two months only, the post mortem appearances, revealing old vascular disease of the brain and other organs, extensive cerebral and spinal lesions, hypertrophy of the heart, &c., sufficiently indicated the chronicity of disease. The attack was probably recurrent, and several exacerbations of paralysis had no doubt happened. In default of the independent action of the degenerated arterial system, the left ventricle of the heart had greatly increased in volume and power; and its condition may be viewed as one of compensation, rather than of disease. The frequent concomitant of spinal was added to general paralysis, and death was attributable to the affection involving the vagus and other respiratory nerves.

(To be continued.)

APPOINTMENTS.

MR. THOS. GWYNNE, M.R.C.S., to be Assistant Med. Officer to the Sussex Asylum.

MR. RICHARDSON, M.R.C.S., to be Assistant Med. Officer to the Essex Asylum.