

of trephining. The reason for this relief to the brain is not easy to explain."

The only remark I wish to add is, that I think the improvement dated so definitely from the operation, that I cannot but hold that the latter was greatly concerned in the cure. It has been objected that lunatics are such exceptional creatures to treat, that the ordinary rules of surgery hardly apply; but, in this instance, the patient was not a demented man, with blunted sensibilities, but one whose nervous system was rather highly strung, and whose senses were morbidly acute. Such a person would be more likely to suffer from an operation of some severity than be indifferent to it, and I cannot but regard the steady and direct improvement as a proof that the operation relieved some local pressure, though we may be unable to point out exactly how it happened. The only other light in which it could be regarded as a curative measure, would be as a method of counter-irritation, but this could hardly be maintained in the absence of suppuration, inflammation, or any but reparative processes. I think the same reasoning may apply to the objection that the operation was superfluous. It must be borne in mind that the mental symptoms dated from the injury, and were unrelieved, and even intensified in the course of time, and culminated in a determined attempt at suicide. Without wishing to press the point unduly, I think it may fairly be presumed that the patient owes much to the trephining.

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2. *Case of Acute Dementia in a Young Woman—Death from Phthisis two years later, without Mental Recovery.*

Cases of acute dementia having always something of the hysterical element in them apparently, one is apt to think the patients are almost bound to get well in time; but the opposite often occurs, as in the following instance, and this is worth remembering. This must be my excuse for recording a case recently under my care:—

Mary Ann C., single, æt. 23, was admitted into the Cambs. Asylum in May, 1878. The history given was that the attack was of a fortnight's duration, and that there was no hereditary predisposition. The father of the patient was, I found, a very bad and immoral man, who had treated his children harshly and unjustly. The patient was a delicate-looking girl, of feeble frame, and had been forced to do

menial work unsuited to her strength or position, and the domestic life must have been unhappy. The certificate upon which the patient was admitted stated that she "went to the Rectory a few nights previously, at 10 p.m., in a state of nudity. It was raining fast. She rang the bell. The servant, seeing her perfectly naked, said—'You cannot see master in your condition.' She has delusions she is the Virgin Mary, &c."

On admission she was much excited, throwing herself about and unable to control her actions. After a cold douche she changed and became very quiet, lying in bed with quivering eyelids and rigid limbs, in a quasi-hysterical condition. She had a sort of hectic flush on the cheeks, suggesting at the time the idea of phthisis. She was thin and delicate, and fed with difficulty. A month later the report was that she had refused all food, and had been fed for some days by Dr. Bacon with a nasal tube. "Though lying in a quasi-hysterical state all day, she attacked the night nurse in a sudden and unprovoked manner, and was only overcome by the help of another nurse. She says nothing, resists feeding, and is of unclean habits." After a week's feeding by the tube she began to eat of her own accord, and talked a little. A month afterwards she was feeding well, got up daily and talked, but was listless and quiet. The hands were purplish and cold, even in summer. In September, 1878, she had to be fed with a spoon, never spoke, and had to be moved about and prompted to every action, but was in better bodily plight. In December she was reported as "having to be dressed and moved about, taking no food voluntarily, but not worse in health."

In August, 1879, she was noted to have improved of late, to have fed herself and shown increasing intelligence, but would not speak. In December she was reported better: had been employed in the laundry for three months in folding linen. She would not speak, nor keep to her work very long at a time, and had odd antics, but was in better bodily condition. In May, 1880, she had got thinner, and did not seem so well; would not speak, nor take much food. She was then fed with an œsophageal tube, as she would take nothing. "She has no cough, but a phthisical look." The passing of the tube was discontinued after 10 or 12 days. When visited by her mother she refused to speak to her, in spite of the distress exhibited by the latter. She got gradually worse, and died in September, after showing evident symptoms of gangrene of the lung. Her mental

state did not show any improvement, nor did she brighten up at all before her death.

No post-mortem was allowed. The varying phases of this case render it of some unusual interest.

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*Accidental Scald, followed by Death on the Fourth Day. Ulcer of the Duodenum.* By W. C. HILLS, M.D., Medical Superintendent of the Norfolk County Asylum.

I am induced to record this case by a sense of the uncertainty that surrounds, at present, the pathology of this subject. Individual experiences differ so widely as to duodenal ulcers, that I cannot but feel that the mere record of a passing case may be of value to others in generalizing on the subject.

The following case occurred this year, during my absence on the Continent, at Thorpe Asylum, but my deputy, Mr. Seymour, paid every attention to the patient, and I quote his report in relating the facts.

E. G., æt. 18, a female patient, was admitted in Jan., 1876, suffering from epileptic dementia. The previous history was to this effect: At the age of five she was severely burnt about the back, neck and arms, but she made a good and unexpected recovery. Shortly after she was seized with epilepsy, and the result was, in the course of years, weakness of mind, loss of memory, and general deterioration of mind and health.

In 1880 she was dirty, demented, and useless. On June 2nd she required bathing for purposes of cleanliness, and, by the inadvertence of a nurse, who had been in charge for some years, and was deservedly trusted, the hot water was turned on first, and, before the mistake could be corrected, the patient was scalded about the nates, thighs and feet.

The scalding did not appear severe at first, but there was vesication, and the case may be considered, I think, as that of a burn of the *fourth* degree, according to Dupuytren's classification. Collapse soon followed. The bath was given at 8 a.m.; at 6 p.m. re-action had set in, the patient was restless and feverish, and had, at 11 p.m., a pulse of 120 and a temperature of 104. The wounds were dressed with "Carron-oil."

Next day she was restless, interfered with the dressings, and had *vomiting*.

June 4th. The wounds looked healthy, except on the right foot. She was still sick, though the vomiting was for a time delayed. Next day she was weaker, she became collapsed in the afternoon, and died at 7 p.m.