

transmission would appear slightly delayed. He affirms that the difference between carpet and bare boards is naturally perceived. No cremasteric nor abdominal reflexes obtained; no tenderness in muscles when squeezed. Smell is defective; he fails to perceive any odour in musk, snuff, and asafœtida. Taste is fairly good. No loss of sphincteric powers.

The fundi of both eyes appear normal.

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*Cases of Insanity in General Practice.* By A. H. NEWTH, M.D.

(Continued from p. 85.)

I think much may be done as regards the treatment of insanity by studying the various delusions and endeavouring to trace a physical cause for them. It is a well-known fact that persons may be caused to dream of particular things if certain parts of the body are irritated, and delusions are often only persistent dreams.

In connection with these cases I would like to mention one that was brought under my notice.

She was a young woman with chronic mania, quiet in manner, but full of delusions. When admitted to the asylum she was thought to be pregnant, her abdomen being considerably enlarged. She was in the asylum for some years, and this enlargement continued. She was constantly "dirty," and this was considered as part of her mental state. On examination I found that the rectum was loaded with fæces, and it took me some hours to remove it all. As the ordinary scoop was of no use I had to employ the blade of a midwifery forceps. The removal of this mass of fæces relieved the dirty habits, though a daily enema was necessary on account of the atony of the muscular walls of the intestines. The patient improved mentally, but she was phthisical, and died some three years afterwards. It is a question whether if this state of the bowels had been noticed before, the patient might not have had a better chance of recovery; at any rate she might have been discharged from the asylum to the care of her friends.

A lady residing at Burgess Hill was brought to me by her husband for the purpose of being placed in an asylum. She was in an excited, nervous state, with delusions, but was not dangerous to herself or others. Had been in several asylums. Complained of pain in her head, with inability to collect or control her thoughts. Suffering from bilious derangement, flatulence, loss of appetite, foul tongue, clammy skin, pale, flabby countenance, irregular compressible pulse. She had been taking bromides and other sedatives. It was with great difficulty I persuaded her friends not to send her to an asylum, and to discontinue all sedative medicines. I pointed out that her nervous state was due to her physical condition, and that if this were improved she would

be better. I prescribed a mixture containing bicarbonate of sodium, salvolatile, arsenic, and gentian. As she begged for a sedative I ordered her some bromide of ammonia and morphia in small doses to be given not oftener than every six hours. She rapidly improved under this treatment, which was subsequently combined with galvanism, and in a short time was an entirely different person, so that I failed to recognize her when calling to see her after a few weeks.

This was one of those cases in which I think asylum treatment might have done harm, by giving her a feeling of helplessness, and the association with others might have been prejudicial. As it was, I strongly impressed on her the necessity for self-restraint, giving her a few rules for guidance, and pointing out to her husband that firmness with kindness, and absolute rest and quietude, and, above all, not allowing the officious interference of well-meaning friends, must be maintained. She was a lady with strong, but not excessive, religious feelings. She has continued in good health for over six years.

Some time ago I was consulted about a young man whose manner had become very strange. He had been a most dutiful and obedient son, but lately had been squandering his mother's slender income, running into debt, stealing all he could lay his hands on, buying useless things, wandering aimlessly about the country, etc. Was strange in manner, absent-minded, morose, and disinclined for society. He conversed rationally, but constantly committed himself by telling the most outrageous lies. His father and his grandfather died insane; one of his brothers is partially idiotic, his sisters are strange in manner, and his mother is of a neurotic disposition.

At one time, after having been placed under the care of some one who had special orders to keep him in sight, he ran away for three days and two nights, and was found wandering in a wood some distance off. He was brought back straight to me; he then appeared quite changed from what he was, did not seem to recognize me, would answer no questions, in fact did not comprehend what was said to him. He ate ravenously some food that was given to him, and then fell fast asleep for several hours. The mother was very anxious to have her son placed under care, and made inquiries for this purpose; she was also strongly advised to do so by several medical men, including a leading alienist physician.

I, on the contrary, advised her to wait, to have him placed for a time with a friend who had promised his father to look after him. This gentleman interested himself in his behalf, took him into his own house, gave him abundant interesting occupation as an artist, plenty of good wholesome food, etc. I prescribed simple tonic

mixtures. He improved considerably after a time. His mother then had him home again to assist in teaching drawing and painting in her school, and also in Brighton. He relapsed again somewhat, and being a volunteer and fond of a soldier's life, he was persuaded to enlist, and was sent to India. The discipline no doubt did him good, for he has served his time and has become a changed man. I cannot help thinking that if this young man had been sent to an asylum, the result would have been very different.

I will now refer to a young man who has been under my care for over twelve years.

He comes of a high family; his father was a medical man in large practice. One of the brothers died of phthisis; the family are not very strong intellectually, and are intensely selfish and proud.

He was a student at one of the London Colleges, where he entered with the object of becoming a medical man. In 1871 he became insane, showed a want of coherence in conversation, had an obstinate disregard to cleanliness and his personal appearance, saying that frequent washing was an expensive luxury. He did foolish and thoughtless acts.

It was said that over-study had affected his mind. He was placed in an asylum in London in 1872, but was discharged relieved after a few years' residence; he, however, relapsed, and was returned there in 1877, where he remained till 1879, when he was placed under my care. When he came to reside with me his clothes were in a filthy condition, and had to be destroyed. He was in a poor state of health, in fact it was feared he would go into a decline. Mentally he was apathetic and strange in manner, sitting for hours in one position doing nothing, gazing at objects in a queer way, grinning and laughing to himself idiotically. Fancied he was Prince Bismarck, that he had a perfect right to do what he pleased, such as help himself to my things, wind up the clocks frequently, alter the time of them to suit his purpose, and do many other strange things. When remonstrated with he became violent. He was very dirty in his habits at times. By the exercise of great firmness and extreme vigilance, with the threat to send him back to the asylum if he misbehaved himself, and also by teaching him self-restraint, and showing him every kindness when he behaved well, he has considerably improved. He has not had a day's real illness, and his physical health is now most robust.

He is intelligent in conversation, able to make himself useful in various ways; in this I am constantly devising simple exercises. He is now most particular in his personal appearance and the decencies of life, never misbehaves himself, and has perfect liberty.

I feel confident if this young man had been treated properly and individually in the early stages of his malady, he would have been much better mentally than he is. There is now no hope of his being entirely well; his mind is permanently weakened, and, if removed from my care, I feel sure he would relapse.

I was called to see a young man in consultation with a medical man. He was then in a violent state of sub-acute mania, but after a time lapsed into a comatose state. I could find no cause for his illness, but as the father subsequently committed suicide, it is possible there was heredity. He was the son of an inn-keeper in a large way of business, but he did not drink to excess, in fact was most abstemious. His physical health was robust, and he had had no serious illness. He persistently refused food, or could not be got to take it, and he had to be fed on my plan of artificial feeding. I gave him very little sedatives, but relied chiefly on tonics and stimulants. He got better, but for a long time he was childish and apathetic in manner; everything had to be done for him. I employed galvanism, which did him a great deal of good; he roused up under each application, and recognized the benefit of it himself. This, combined with phosphorus and iron, completely restored him to health, and he has continued well for some years.

It would be difficult in this case to say that asylum treatment would have not done him good, but I am inclined to think he would not have recovered so soon in an asylum.

A young lady, who for some time had been melancholic from disappointment in a love affair, suddenly became maniacal, incoherent in her conversation, violent in her manner, biting herself and her attendants, destroying all she could lay her hands on. She was placed under my care, and owing to her extreme violence to herself and others, and her determined suicidal propensity, I felt that the asylum was the only place for her. However, as her friends dreaded this step, and begged me to do what I could for her, promising to give her every attention, I determined to see whether it was possible to treat her at home. After a most trying time of about two months, she has quite recovered. I found in her case that sedatives of any kind did more harm than good, and relied chiefly on good food, tonics, powerful aperients, etc. Once during her illness she swallowed a portion of a liniment which her mother was using that contained belladonna, and had all the symptoms of belladonna poisoning. I administered an emetic and a dose of croton oil, and though she lay some time in an unconscious state with loss of sensation in the lower extremities,

on recovering consciousness she completely recovered. In fact her mental health improved so rapidly after the poisoning that I am under the impression that the effects of the belladonna were of some consequence in her restoration to health, possibly relieving the congestion of the brain by dilatation of the capillaries. Though I have seen belladonna used in cases of insanity it has never seemed to do any good, on the contrary maniacal excitement is apparently increased by it.

Mrs. E.—Case of recurrent mania. She was, in her calm moments, a most quiet, inoffensive person, very pleasant to talk to, retiring in disposition, with deep religious impressions. When she was insane, which occurred about once in two or three months, sometimes longer, she was a perfect demon, full of blasphemous language, exceedingly violent, and homicidal. I noticed that before these attacks she was morose in her manner, face flushed and sallow, conjunctiva yellowish, tongue furred. She suffered when well from indigestion and bilious headaches. A good stiff dose of calomel, if given when she appeared to be relapsing, I found had the beneficial effect of preventing these relapses, so that for some years before she left the neighbourhood she had had no relapse. I have not heard of her since.

Many more cases of mental disease have come under my care which have been successfully treated by means directed to various disorders of the bodily organs. It is only fair to state that in several other instances, owing to want of proper nursing, the impossibility of isolating the patient from disturbing surroundings, and the worries of well-meaning persons, the treatment has failed, and it has been necessary to send the patient to an asylum. In one case where I saw the necessity of asylum care from the first and insisted on it, but failed to persuade the friends to send her, the patient in an unguarded moment hung herself.

I made arrangements to send a patient with mania of lactation and a strong hereditary tendency to an asylum, but the friends were persuaded by another medical man, who was asked to certify, not to do so. She hung herself to the bell pull, but was rescued in time, and eventually recovered. I feel certain, however, that she would have done better in an asylum, and the husband would have been saved much worry and anxiety.

Some time ago I was called in consultation to see a lady suffering from brain softening. She was a perfect nuisance to her friends and neighbours, and her husband's life was

most unenviable. I advised her removal to an asylum. Her medical attendant declined to certify, from fear of the consequences; in conjunction with Dr. Maudsley, I did so. Shortly after I had a visit from the solicitor who managed her affairs; he was indignant at my having sent her to an asylum, and used some threats of an action. But I showed him that whether she was in an asylum or not, so long as she was insane she could not properly sign documents, etc., and heard no more of it. She was perfectly happy in the asylum, fancied it was an hotel, and lived there till her death, some three years afterwards.

T. I., a young man 22 years of age, in good health, came under my care, whom I anticipated treating successfully without sending him to an asylum, but was obliged to do so at last. He had been ailing mentally for two years. "Childish in his ways, will not dress himself or attend to the calls of nature, sometimes takes all his clothes off in the sitting-room. Is averse to society, will not talk or read, nor employ himself in any way. Is lethargic in his movements, and his hands and feet are cold and congested. Talks strangely at times. Everything appears to him to be spinning round at times and he waits for it "to get clear;" complains of giddiness and cannot stoop. There is a history of insanity in the family, and his parents and brother are rather feeble-minded." (*Case Book*).

He was ordered iodides, citrate of potassium, iron, and aperients, plenty of outdoor exercise and good food. I wanted to use galvanism in this case, feeling sure it would have done good, but could not do so. Under this treatment he improved considerably, but in consequence of not being properly looked after, and indulged by his parents, he subsequently became irritable and violent to his mother. He was removed to the asylum, where he was induced to work and was compelled to take proper exercise; he is now quite well.

The conclusions I wish to draw from these cases are the possibility of treating insanity outside the asylum if proper means are used; that instead of treating mental disease by so-called neurotics or sedatives, such as bromides, etc., if a careful investigation is made as to whether the disease may not be a reflex irritation from some organic affection, a more successful result may be anticipated. At the same time it cannot be too strongly insisted that where the exciting cause is due to the patient's surroundings, and when there are not proper means at hand for satisfactory