

vanity prompt them. And while the control of an asylum is not absolutely indispensable, it offers the advantages of healthy routine and safe protection for the patient from himself and his bad habits, which he will probably cease to attempt to gratify when he perceives that attempt to be hopeless, while at the same time his happy frame of mind will prevent his regarding such a position as a painful one.

In conclusion, to briefly summarize the propositions of this paper:—

1. The insanity of chronic alcoholism is very frequently characterised by exaltation.
2. But these exalted delusions are common to various types of insanity, and are not therefore reliable as determining classification.
3. This exaltation in some cases possesses nothing to distinguish it from that of general paralysis. Occasionally, too, the physical signs of the two diseases so far resemble one another that they can only be differentiated by the history and other circumstances connected with the case, and in some rare instances, only by watching the course of the malady.
4. In chronic alcoholism delusions of exaltation are usually fixed, constant, and ineradicable.
5. This is in consequence of their dependence upon cerebral changes, the result of repeated hyperæmia.
6. Little or nothing can be done for their removal.

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## CLINICAL NOTES AND CASES.

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*Unexpected Recoveries.* Two cases contributed by Dr. WILLETT, Wyke House Asylum, Isleworth.

CASE I.—A. B., aged 30. Admitted June 29th, 1852.

There was some remote family history of mental disease, but this was patient's first attack, and all near relations are quite healthy.

Present illness came on suddenly, and when in otherwise good health, seven months previous to admission. It was undoubtedly caused by overwork and anxiety, the entire burden of a large London parish devolving unexpectedly upon him. Patient became oppressed by the idea that he was not doing his duty, and so worked harder until the brain gave way, and delusions respecting sin and the Evil One took possession of him. He felt he was lost eternally, became careless as to his appearance, slovenly in his habits, and at one time

exhibited suicidal tendencies. Patient's brother, a medical man, now took charge of him, and though they travelled together and everything possible was done to divert his attention from his delusions and to keep him amused, no change for the better occurred in his mental condition.

On admission patient was not in good health, several pustules being present on the hands and elsewhere, which were being constantly irritated by picking. He was a very fair man, with a narrow forehead, the head widening greatly behind. His attitude was illustrative of deep melancholy, but he could be roused, and would sometimes break out singing or whistling. He took no care for his appearance, and was very slovenly. Would sit for hours in the same position, and seemed only anxious to be left to himself; indeed, he sometimes showed great irritability when attempts were made to rouse him. He had many strange delusions—that the devil had possession of him; that he had lost his voice and could not preach; that he had murdered many people; that various animals, such as the birds in the aviary and the cows in the field, were his relations. He sometimes said he was dead, and that the asylum was Hades. He always objected to taking the usual exercise, and to have his bath.

Patient continued much the same until about the middle of August, when his condition appeared to be changing for the worse, and it was feared that he would pass into a state of dementia. He began to refuse his food, became dirty, and went about with his clothes undone. His favourite attitude was to sit with hands in pockets, head bent on chest, and legs extended in front of him, the eyes being kept closed.

Sept. 2nd.—No change, but burst out crying on his father and brothers visiting him.

Sept. 30th.—Relations, on again calling to see him, expressed it as their opinion that patient was no better.

Oct. 2nd.—Has been induced to play the cornet once or twice. Appears a little brighter, and is to take his meals with the more rational class of patients. At this period an old friend of the patient, also a clergyman, called upon him, and the two had a long talk together, during which his delusions were not referred to. This conversation, indeed, seems to have been the turning-point from which his recovery dates. Patient afterwards told me that he felt ashamed that his friend should see him in such a state, and he resolved to "pull himself together."

Oct. 4th.—Is much more lively. Has walked out with the Assistant Medical Officer, which he had always previously declined to do; and he then stated that many of his late impressions he felt to have been "in great measure delusions."

Oct. 7th.—Wished to be shaved and to take daily walks. This he now does, and on such occasions talks almost constantly of his state of mind of late, and laughs at his old delusions.

Oct. 10th.—After a rather exciting day, during which he had

played billiards, written several letters, sung a few songs, and been for a long walk, he was restless at night, could not sleep, and said some of his old fancies were returning. A draught of chloral and bromide of potash was given. Patient then slept, and awoke as well as ever. However, he was forbidden for the present to write many letters or excite himself with the visits of friends. This course appeared to irritate him much, and he sometimes used bad language in consequence. This he never used to do when in perfect health.

Oct. 25th.—Patient's friends now say he is as well as ever he was in his life. He consequently left on a two months' leave, and was discharged, cured, on Dec. 25th, after an illness of 12 months.

CASE II.—C. D. Admitted April 22nd, 1856. *Æt.* 20.

Presented the appearance of ordinary dementia. Was unable to perform the most trivial offices for himself, was extremely dirty in his habits, and inattentive to the calls of nature. By the following June he had so far recovered that he would converse, though foolishly, attended to his own wants, and was again cleanly in all respects.

In May, 1857, there is a note made of an attack of acute mania, previous to which, the report says, he had been getting thinner; and on June 4th of the same year the first mention is made of his habit of masturbation, which appears to afford the key-note to this case. Thus an entry occurs, dated April, 1858, in which another attack of acute mania seems to have been traced to this practice as a cause; and again, on Nov. 27th, mention is made of this habit of self-abuse, and is followed by a notice on the ensuing day of a fit of violent excitement and screaming. In addition, it may be mentioned that running continuously through the report is the fact of frequent costiveness noticed, though plenty of exercise was always taken and the diet an ordinary one.

These more or less acute paroxysms of maniacal excitement occurred at intervals during the following years, until the following note occurs, dated Sept., 1882:—"Attendants say Mr. W. masturbates frequently every night. Patient looks pale and ill." At this time, too, mention is first made of a complaint on his part of a "feeling of soreness and stiffness in the stomach." Bowels then much confined.

On examination, Oct. 11th, the pain and tenderness were found to be localized chiefly in the right iliac fossa, though the abdomen was generally distended and tender on pressure. In the inguinal region, on very slight pressure patient called out loudly, and then complained of feeling sick and faint. A small soft tumour was discovered at the upper part of the right inguinal canal, and as the scrotum was found empty, and, indeed, undeveloped on the same side, the diagnosis was made of undescended testicle incarcerated in the inguinal canal.

It may be mentioned that the symptoms at this time, as well as in subsequent attacks of a similar character when vomiting was also present, very closely resembled those of hernia. The apparent obstruc-

tion of the bowels (no motion was passed for four days), the sickness and tumid belly, together with the anxious expression of countenance and dorsal decubitus, all pointed to that possibility.

These attacks of congestion and inflammation occurred at irregular intervals for a year, and could generally be traced to patient's indulgence in the old practice; and though every effort was made to break him of it, including blistering the penis, cold baths, &c., success was only temporary.

The severer symptoms, as of obstruction, due, no doubt, to the rigid immobility of the abdominal muscles, and the pain arising from any effort at straining, were always relieved by blistering in the region of the testicle; but this constant source of irritation, besides giving rise to great excitement, amounting at times to severe attacks of acute mania (during which patient was most dangerous) was telling seriously on his health, and an operation for the removal of the misplaced organ became imperatively necessary. It was felt useless to wait until Mr. W. became again quiet and tractable. The testicle was accordingly removed by Mr. Marcus Beck on the 27th Oct., 1883, patient undergoing the chloroform fairly well. The spermatic cord was not tied as a whole, as this proceeding has been said to cause irritation, but the vessels were separately ligatured. The entire operation was conducted on strictly antiseptic principles.

On recovery patient was extremely sick, and called out loudly that he should die, but was not violent. At 10 p.m. same night, temperature 99, pulse 90. Quiet.

Oct. 28th.—Temperature 98, pulse 70. Has slept a good deal. Attendant watching lest he should tear off the bandages. There has been some slight hæmorrhage, but none now. Dressings not removed. Says he feels comfortable, and is quiet, only asking that he should not be killed.

Oct. 31st.—Wound dressed. Union of edges fairly strong. No suppuration. Drainage tube withdrawn. Bore the dressing very well. Very foolish, but quiet.

Nov. 6th.—Wound healed with exception of one point in situation of suture.

Nov. 12th.—To resume his exercise. Bowels now acting regularly. Appetite good. Quite quiet and tractable. Has shown no further sign of violence since the operation, though for the four months previous to it, patient had been affected with almost daily paroxysms of an acutely maniacal character, and had been unable to exert the least self-control.

Jan. 12th, 1884.—Patient continues quiet and well-behaved, though still very foolish. Bowels now act regularly and well. In personal appearance he has much improved.

Feb. 5th.—Still quiet and well.