

public demonstrations of Dr. Darling and Mr. Lewis, hypnotism came to the fore, and Professor Bennett wisely accepted the facts, but endeavoured to explain them scientifically. Professor Gregory published his "Letters on Animal Magnetism." It is due to M. Piorry to add that in 1859, in a communication to the Academy of Sciences, he claimed priority for the observation of the facts known under the name of Hypnotism. "As early as 1816," he says, "I have established in the 'Journal de la Vienne' that the so-called magnetic passes act when they cause sleep by modifying the visual organs and their nerves. About 1828 I published a memoir upon ophthalmic migraine, in which I have shown that reading or the act of forcing the attention on luminous bodies during digestion, or when hunger is excessive, determines a series of nervous phenomena such as the appearance of a semi-circle of luminous and coloured light, bluish, unequal, varying in intensity, enlarging little by little at the same time that it pales for some minutes, and finally severe pains of the head and insupportable sickness are experienced. In 1828 and 1833 I gave lectures propounding a rational theory of the preceding phenomena, and of the allied symptoms of epilepsy and hysteria."

In Paris, in 1859, much interest was excited by the renewed attempt to perform operations under hypnotism. Broca made a communication to the Société de Chirurgie on hypnotic anæsthesia in connection with the attempts made in the service of Follin, arising out of the experiments of Azam, of Bourdeaux. Velpeau communicated them to the Institute. A very painful operation was performed without pain.

Professor Weinhold has published an essay on Hypnotism, and Paul Börner's papers on the subject will be found translated into French in the "Journal de Médecine de Chirurgie et de Pharmacologie de Bruxelles," July, Aug. and Oct., 1880, under the title of "Du Magnétisme Animal et de l'Hypnotisme."

CLINICAL NOTES AND CASES.

Cases contributed by G. MACKENZIE BACON, M.A., M.D., Medical Supt., Cambs. Asylum.

1. *Trephining of the Skull in the case of a Lunatic nineteen months after the receipt of a Blow on the Head. Complete Recovery.*

This case has several points of interest, alike for the surgeon and the asylum physician, and may be worthy of record. It is not often that trephining is had resort to except in cases of serious external injury, and then generally at the time of the accident. In the present instance, the mental symptoms

dated from the time the patient received a blow on the head, and they disappeared quickly after the operation—nineteen months later. Although it would be absurd to say that the cure of the patient could be due to nothing but the operation, I think it is a fair and reasonable inference that the trephining was the means of restoring the man to health. Subjoined are the principal facts in the history of the case:—

Samuel S., *æt.* 38, was admitted into the Cambridgeshire Asylum on Jan. 2nd, 1880. He was a widower, with several children, and had led a steady life, and was a joiner by trade. He had enjoyed good health mostly, but was of nervous temperament, and rather delicately made. While at work, and in his usual health, about August, 1878, a hammer fell, from a height of about six feet, on his head. He was not un-sensed, nor did any serious symptoms show themselves at the time of the accident; but ever afterwards he felt the effects of the blow. At first, it was as if he had “a cold in his head.” In January, 1879, he was ill in bed for many weeks. After this, when he tried to work, he was soon obliged to leave off, was attacked by giddiness, by thrills up his back, and by tingling and numbness in his legs. He tried again to work in August, 1879, one year after the injury; but had no idea of what he had to do, and could not fix his mind on anything.

In October, 1879, he came to Addenbrooke's Hospital, Cambridge, complaining of “scrunching” noises in the ears and dragging pains in the vertex, without rest at night; aching pains in both arms and along the insides of the legs; and cold feet. He was admitted into the medical ward; and it was then observed that, of all the symptoms, the most constant and distinct was the “scrunching” feeling in the vertex; and often he placed his fingers over the stellate and adherent cicatrix which marked the hammer-blow. During the last week in 1879, his symptoms were aggravated; he grew irritable and morose, and talked of suicide. The pupil of the left eye was larger, and he had very little sleep.

On January 1st, 1880, he made a most determined attempt at suicide by throwing himself over from the staircase at the top of the hospital. His life was saved by the courage of a probationer, Miss Stockburn; but he succeeded in jumping from a lower staircase, and fell fifteen feet, damaging his left ankle. On the following day, he was sent to Fulbourn Lunatic Asylum, under the care of Dr. Bacon. The same symptoms continued which have been before described, including the pain in the head in the region of the scar.

On admission he was bruised about the legs, his left ankle was swollen and painful, and he was unable to walk. He complained of nervousness, and inability to check sudden impulses, and frequently contradicted accounts he had previously given of himself as untrue. He was very restless and could not sleep. He had a dose of chloral at night. By the end of January he was able to get up and stand,

but persisted that his ankle was dislocated. A note was made that "there was a slight depression of skull on left parietal bone." At the end of another month he was in better health and more cheerful, but nervous and "unable to control his thoughts or actions." If he wrote a letter or saw his children, he said directly afterwards he had forgotten half he wanted to say or write, and was fretful and unsettled, always complaining of his head, of pain and coldness at the side of the scar, and of the "scrunching" noises in the ears and jaws.

After some consideration, I suggested the operation of trephining, as the symptoms had been so long referred to one spot, and there was historical evidence of the origin of the mischief. Mr. G. E. Wherry, one of the surgeons of the Hospital at Cambridge, whom I consulted on the case, having expressed his opinion that an operation was not only justifiable, but afforded hope of success, I decided, with the consent of the relatives of the patient, to attempt an exploratory operation; and accordingly, on March 12th, Mr. Wherry removed with the trephine a piece of parietal bone at the seat of injury, and found the dura mater beneath of a deep purple colour, but apparently healthy; it bulged, with pulsations, into the wound. The portion of skull removed was three-quarters of an inch in diameter, and had not been fractured. Bleeding vessels were tied with fine hemp thread. Silver wire sutures and carbolised cotton-wool dressings were applied. Ether was given during the operation. The wound healed rapidly and well. On March 30th it was recorded in the case-book that S. S. "had decidedly improved, and is less nervous and fanciful." On April 12th, only a month after the operation, he was "more lively and cheerful, and went to work in the carpenter's shop." I urged him to this as a remedial measure, to divert his thoughts from himself and stimulate him to hope and fresh exertions. He steadily improved, and on June 28th, 1880, was discharged on trial for a month. He went back to his old employers, and after another month was reported to be well and fit to be at large. He is still at work and in his usual health.

Mr. Wherry has recorded his opinion that, "The operation was undertaken with the hope of removing some source of irritation to the brain which might be found in the skull or dura mater beneath the scar. The history of the case, and the symptoms, although they were more general than local, pointed to the lesion as the cause of his lunacy; and, although no source of irritation was discovered, the patient recovered rapidly both his bodily and mental powers after the operation

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.

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