

showed softening of the brain between what may be supposed to be the "auditory perceptive centre" and the higher one in which the "name centre" is associated with the idea. This patient made use of what was really a jargon, but it was obvious from his gestures that he thought he was giving expression to ideas present in his mind. He did not recognise the fact that his language did not convey these ideas. In my cases, although the lesion was a less serious one, yet during the time of molecular exhaustion and unconsciousness, all the centres were paralysed, and no speech was possible, but as this exhaustion was recovered from, they regained their normal condition.

The theory referred to in this paper, perhaps, requires further proof before it is fully accepted; but as all theories are useful for stringing facts together, I determined to make use of it, in order that I might possibly throw some further light on the causation of temporary aphasia.

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*Two Cases of Recovery from Insanity, after many years in an Asylum.* By GEO. H. SAVAGE, M.D.

The subjoined cases are of most interest from the duration of the symptoms which were finally recovered from.

Such cases open up very difficult questions both on their practical and their scientific sides. To me, now, it seems possible that both cases might have recovered if they had been sent home sooner. But the terrible risk of sending out an intensely suicidal, and an intensely homicidal case, was hardly to be accepted.

Many insane people seem to be specially plastic mentally, and readily suit themselves to their surroundings; they may thus fit themselves only for insane surroundings, and by residence in an asylum be rendered unfit for the outer world; this is to be acknowledged and avoided where possible. In the next place these cases of late recovery make us again consider the relationship between diseased mind and diseased brain. How are we to have a mind depressed and acting feebly and painfully for many years recover completely? Can a diseased process go on in the brain for twenty years, and then be healed?

I, for one, cannot admit the possibility of a functional brain disease apart from organic changes, but as yet we know so little of brain action that there may be many changes that

we cannot yet gauge and measure, for want of some yet undiscovered standard.

In the cases narrated, some other organic force may be transmuted into nerve force, and may thus have re-established a balance. This is a fanciful theory, but I have once, at least, seen a quiet dement pass through a stage—lasting some days—of apparent sanity before he became acutely maniacal. So that a balance was reached on the level of sanity between the ranges of depression and excitement.

The cases are sufficiently interesting in my mind to require reporting, and I hope others will contribute similar ones, to help us in our judgment and prognosis.

John B., admitted to the curable establishment, September, 1844, aged 25. This was the second attack, the first, which lasted nine months, being in 1839. His grandmother and aunt were both insane. The cause of this attack was said to be grief at a sister's death.

On admission he was suffering from melancholia, with ideas that he was the worst man living. He was restless, constantly moaning. Appetite bad. Soon after admission he attempted suicide by strangulation. He improved in general health, but was desponding, and distrusted himself, till about 1851 or 1852, when he became more cheerful, and was allowed much liberty, and was found quite trustworthy. At times he was depressed, and he feared to be left to himself. He remained in this state till December 22, 1862, when he again became profoundly melancholy. He was quite preoccupied, sat alone with his head bowed forward, and took no notice of any one. If addressed he only shook his head. He neither read nor smoked as before. Nothing could be found to rouse or interest him. Now and then he would look up in a quiet enquiring way, and look more cheerful, but these were only momentary improvements.

This state continued unchanged from 1863 to 1878. In the summer of this year he began to move about more actively, and took interest in his surroundings, though he shook his head when told he would now recover. Steady improvement continued, and he was sent to our Convalescent Hospital, where he was cheerful and gay; in fact, for a time we feared that he would pass into a stage of maniacal excitement; as the attendants expressed it, he seemed "above himself."

On his return to London he remained well, and went on short leave to his friends in the country, and behaved perfectly sanely, and returned to us, only now wanting to be discharged.

Since the summer of 1878 he has had no single fit of depression, and therefore we may consider him fit for his liberty.

George G., married, 66. Admitted to curable establishment 1860. He was then melancholic, dirty in his habits, and had a strong desire to kill his wife, whom he once attempted to strangle.

Business worry and anxiety abroad, were said to be the causes of his insanity.

He believed it was revealed to him that he must commit murder.

*Progress.*—He slowly improved, and became useful in the gardens, but when he saw his friends the old ideas returned that he must murder them.

He confessed that he had no confidence in himself. At times he was distinctly melancholy for weeks together. About 18 months after admission he refused food, became suicidal, and refused to dress himself. He soon recovered from this attack.

He was made a Chancery case, and though he was quiet and well-behaved, both the resident physician and the visitors did not consider him free from the desire to injure his wife.

In the hospital the only thing noticeable was some tremulousness of facial muscles and constant restlessness.

Neither of these symptoms were of much importance, but his wife and family, whom he saw at intervals, did not consider him free from his delusions, and he himself was wanting in confidence.

He appeared to have quietly settled into his position as an incurable patient at Bethlem, till, in 1878, his wife became ill and died. He then expressed a desire to be allowed to go home, and this trial proving satisfactory, a "*supersedeas*" was applied for and obtained, and he is now at large, and as well and active as possible.

About three years after admission, he still said he was sure he should kill his wife if allowed to go home, and throughout his long stay in Bethlem, the various physicians under whose care he was, could not decide that he was of sound mind with sufficient power of self-control to be trusted at large.

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#### OCCASIONAL NOTES OF THE QUARTER.

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*Insanity associated with an Abscess connected with the Ear ; cured by opening the Abscess.* By W. RHYS WILLIAMS, M.D., late Resident Physician, Bethlem Hospital.

For the notes on this case I am indebted to my colleague, Dr. Savage.

Charles D. C., twenty-six, married. No insane relations. Has enjoyed good health. Industrious and sober. Thirteen days before admission he became depressed, and rambling in his conversation. In a few days he became excited, noisy, violent, and incoherent. He believed he was firing rockets at Edinburgh Castle. He was continually swearing and screaming out violent language, said he saw devils, and believed that all his actions were influenced by electricity. He was noisy and sleepless at night.