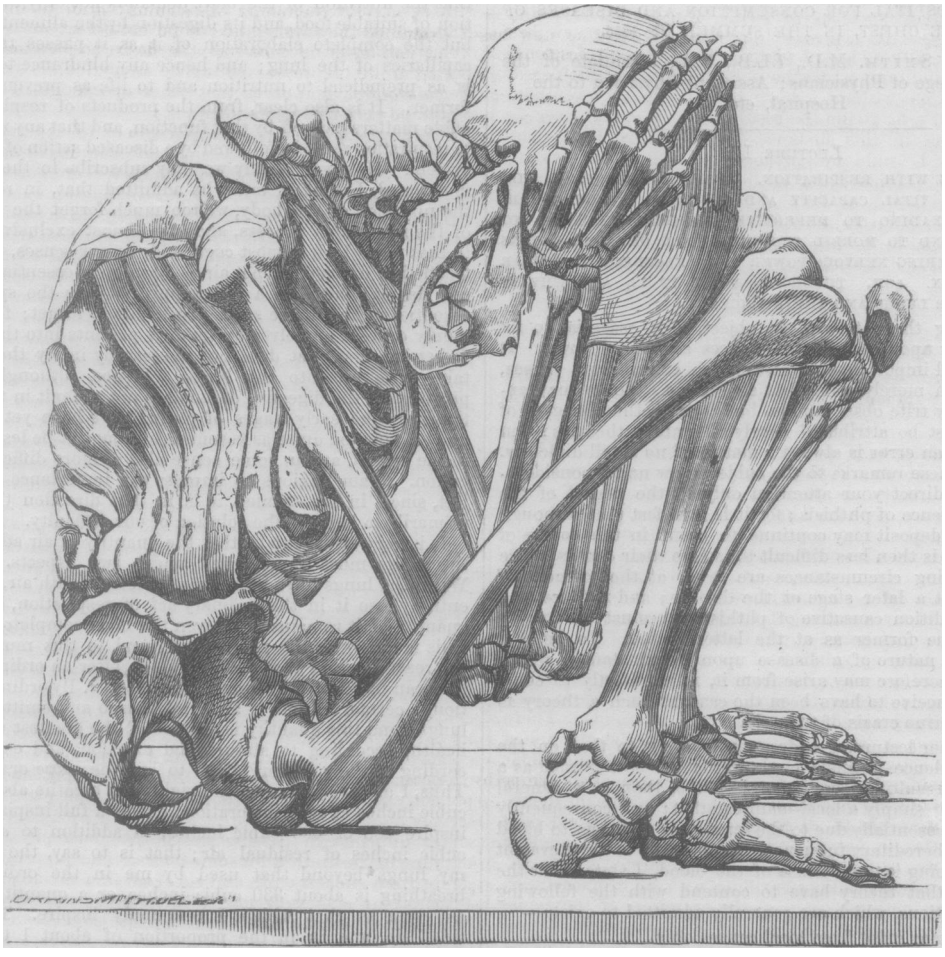
CASE OF CHRONIC DEMENTIA.

By FORBES WINSLOW, M.D., D.C.L.

DURING a short sojourn in the interesting town of Freiburg, the ancient capital of the Breisgau, in the month of September last, whilst *en route* to Italy, I paid a visit to the anatomical museum attached to the medical university of that place; and, being much struck with the singular appearance of the skeleton of a woman who died at Freiburg, in a state of chronic dementia, *after remaining for a period of ten years in the position delineated in the accompanying drawing*, I requested, through the superintendent of the anatomical museum, Dr. Henry Vogele, permission of the proper authority to have a drawing made for my own use. Dr. H. Vogele kindly undertook to make one for me; and, having done so, he has forwarded it to England, with the following short outline of the history of the case.

The patient, Anna Maria Grumsah, was born at Freiburg, in the Grand Duchy of Baden, May 10th, 1785. She was the only daughter of persons in humble life. Her physical and intellectual development was at an early period extremely satisfactory. At a tender age, her remarkable intelligence was the subject of general admiration. Until she attained the age of 18, she was educated in conformity with her position in life, and the means and taste of her parents. Some of her surviving relations assert that, when in the full possession of her senses, her temperament was very irritable, similar to that often manifested in hysterical females. At the commencement of the present century, Anna Maria Grumsah was considered one of the most beautiful girls of Freiburg. When about 18, she went to Basle, for the purpose of filling a position of responsibility in a gentleman's family, and, whilst there, conducted herself with great propriety and intelligence. Her remarkable loveliness, her uniformly steady deportment, and her amiability and sweetness of disposition, excited universal observation. She soon had many admirers and suitors, one of whom, somewhat superior to her in social rank, succeeded in gaining her affections. To this lover she attached herself with an intense and romantic passion, refusing obstinately and blindly to listen to the advice of her friends and relations. "She loved not wisely, but too well." On one occasion, at a public festival, her lover was seen devoted in his attentions to a rival beauty. Miss Grumsah appeared for the moment stunned; and, on satisfying herself that her betrothed was inconstant, she rushed from the ball-room in a state of great mental perturbation and depression. This attack rendered her unfit for the position she occupied, and accordingly she left her situation in 1806, in the twenty-first year of her age. No efforts were spared by her parents and friends to rouse her from the profound despondency which appeared suddenly to have overwhelmed her. The best medical aid was obtained. She continued in this state of mind until 1812, when she was removed to the hospital at Freiburg. Here she remained for a period of ten years, without any apparent amendment. In 1822, the melancholia became more developed, until she sank into a state of helpless and incurable dementia, in which she continued for the last ten years of her life, which terminated on the 12th February, 1847.



The physician to the hospital, Dr. Schüle, states that, night and day, *for a period of ten years, without the slightest change of posture*, this unhappy woman was huddled up (exactly as represented in the drawing), crouched in a corner of her room, mute and motionless, exhibiting no intelligence, and apparently unconscious of everything that transpired about her. All attempts to excite her mind and rouse her from her position proved abortive. She was reduced to the condition of an animal, merely eating and drinking when food and liquid

were offered to her. She sat in a bent position, with her head tightly fixed between her hands in her lap, night and day, for a period of ten years, as delineated in the accompanying sketch. Her death occurred in 1847. The body was brought to the dissecting-room, and dissected in the same position it had remained in for the last ten years of her unhappy life. The autopsy revealed considerable organic lesions of the brain.

The case is mainly interesting and worthy of record in consequence of the long period during which the patient continued in the position exhibited in the drawing. Her state was not cataleptic, neither was there the slightest symptom of a tetanic condition of the muscular fibres.*

23, Cavendish Square, January 1857.

Lectures

ON CERTAIN VIEWS ON THE NATURE AND TREATMENT OF PHTHISIS PULMONALIS.

DELIVERED AT THE

BROMPTON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, IN THE SUMMER OF 1856.

By EDWARD SMITH, M.D., LL.B., B.A., Licentiate of the Royal College of Physicians; Assistant-Physician to the Hospital, etc.

LECTURE II.

INTERFERENCE WITH RESPIRATION. RESIDUAL AND TIDAL AIR. DIMINISHED VITAL CAPACITY AND LESSENED ACTION OF AIR VESICLES LEADING TO DEFECTIVE CHEMICAL CHANGES, TO COLLAPSE, AND TO MOREID PRODUCTS. ALL GENERAL CAUSES ACT BY LOWERING NERVOUS POWER AND LESSENING VESICULAR ACTION. SEX. AGE. TUBERCLE—WHAT IT IS, AND WHY IT SELECTS THE LUNGS AND THEIR APICES.

IN considering the nature of an object, it is essential to fix the mind only upon such circumstances as are universal. It is also of equal importance to distinguish effects from causes, and both from merely coincident conditions. These may appear to be very trite observations, but it is to the disregard of them that must be attributed nearly all untrue theories; and to avoid such an error is always a matter of no small difficulty. In applying these remarks to the subject now under consideration, I would direct your attention only to the period of the earliest occurrence of phthisis; for it is manifest that, although new points of deposit may continue to occur in the course of the disease, it is then less difficult to isolate their causes, since the complicating circumstances are fewer at the moment of origin than at a later stage of the disease; and if there be a universal condition causative of phthisis, it must be equally existent at the former as at the latter period. To build a theory of the nature of a disease upon circumstances which attend, and therefore may arise from it, is manifestly to court error, as I conceive to have been the case, in such a theory as that of the fibrine crasis of tubercle.

In my former lecture, I endeavoured to prove that on the weight of evidence phthisis ought rather to be regarded as a local disease resulting from general causes, than as a general disease having simply a local manifestation; and consequently that it is not essentially due to the scrofulous diathesis, to blood disease, or to hereditary influence. In objecting to the prevalent error of ascribing it to a disease of the blood, I stated that the advocates of that theory have to contend with the following adverse conditions, which are generally admitted to exist;—

1. That it may arise from local causes only.
2. That it may occur without disease of the blood.
3. That the morbid product has not been found in the blood.
4. That no state of the blood is known which is characteristic of the disease.
5. That the changes in the blood which have been seized upon are such as accompany and do not originate the disease.
6. That of those conditions the fibrine (to which the diseased condition has been referred) may be unchanged or too much or too little.
7. That the change in quality which is affirmed to exist is proved, not from the fibrine itself, but from the tubercle; or, in other words, that the fibrine is tubercular, because sometimes tubercle is found in it.
8. That at the origin of the disease the general system offers no change which is opposed to the quality of health of the individual.
9. That the disease is arrested in any stage without any vicarious elimination of morbid matter having being set up, or without any change in the general system having appeared, which is in anywise specific.

It was not denied that a state of the blood may be one of the causes of phthisis; but since we cannot point out some specific characteristic of that state, it avails nothing in a practical point of view to regard phthisis in general terms as a blood disease.

Afterwards, it was proved that phthisis could not be essentially due to insufficient food, to imperfect digestion, or to waste of nutritive material.

We now proceed to consider *the condition of the organs concerned in respiration, and the interference with the function of respiration which undoubtedly exists.* There is no doubt that the nutrition of the body demands not only the introduction of suitable food, and its digestion by the alimentary organs, but the complete elaboration of it as it passes through the capillaries of the lung; and hence any hindrance to the latter is as prejudicial to nutrition and to life as prevention of the former. It is also clear, from the products of respiration, that effete matters pass off by that function, and that any impediment to respiration must be followed by a diseased action of the general system. However readily we may subscribe to the facts now mentioned, I think it must be admitted that, in reference to the nutrition of the body, we too much forget the importance of the respiratory process, and give almost exclusive attention to that fact which is most cognisable to our senses, viz., the introduction of food. That air is absolutely essential to life, no one denies; but that a full supply of it to the system is as essential to health, we seem practically to forget; for we commonly content ourselves by sending patients into the fresh air, forgetting that that does not necessarily imply that they will take more air into the lungs. Hence, although we have proved that the digestive organs are not at fault in the production or in the early stages of phthisis, we have yet left for inquiry a function quite as essential, although it be less cognisant to the senses, and in some sense also of more difficult investigation. I am anxious to impress the importance of the subject, since, in my opinion, it is in that direction that we are primarily to look for the solution of our difficulty.

It is very evident to us that the quantity of air admitted into the lungs must be regarded under two aspects. Thus—1. When the lungs have been once distended with air, they never entirely lose it in the ordinary act of respiration, but a large quantity of it remains after even the most complete expiration. This is known as the residual air; and to this must be added the reserve air, or that quantity which, after an ordinary expiration, can be emitted by forced expiration. 2. By ordinary respiration, a certain volume of air is taken into and emitted from the lungs; and this quantity is capable of the greatest variation in health, according to stature and exertion, and especially according to the voluntary effort to breathe more or less deeply. Thus, I am about six feet in height, and breathe about 30 to 35 cubic inches at each inspiration; but by a full inspiration I can inspire 260 or 280 cubic inches, in addition to at least 100 cubic inches of residual air; that is to say, the capacity of my lungs beyond that used by me in the ordinary act of breathing is about 330 cubic inches, or a quantity ten times as great as that which I commonly inspire. This is the tidal air, and is in the proportion of about 1 to 5 of the residual and reserve air conjoined. Hence it is clear that we must have regard both to the effect upon the blood or the system due to the residual air, and to the smaller portion which is continually changing in the act of respiration. It is quite possible that both of these may vary greatly from states of disease, and that each may vary independently of the other. Thus, as the residual air is found in every part of the lung in health, it is to be inferred that any cause which would expel that air permanently from any part of the lung would lessen the quantity of this residual air, and yet at the same moment the quantity of air entering and passing out by the trachea during respiration shall remain the same.

But, since the functions of the body are maintained in health by this full volume of residual air, and the smaller quantity of tidal air which is changing in ordinary respiration, of what use is it

* Should any members of the Association visit the interesting town of Freiburg, they cannot do better than place themselves in the hands of an exceedingly obliging and intelligent *valet de place*, of the name of John Andrew Ritschel, at the *Hähringer Hof*. He will be found a charming companion in a day's ramble to various objects of attraction.