

country, I may, by means of our widely circulating JOURNAL, have contributed something towards placing the laryngoscope in the hands of the bulk of our profession.

### ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

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[Continued from page 470.]

THE last case narrated was one of melancholia connected with disorder of the catamenia. The outbreak was in that case somewhat sudden and violent. The next case is similar. Griesinger, in his work on *Mental Diseases*, has a section on Melancholia attended with Excitement or Agitation; and he further divides the section into one in which the patients are violent towards external things or persons, and a second in which the violence is directed against themselves. These cases are attended with depression; yet in many instances they have been classed under Manias, on account of the mental agitation and the violence.

CASE V. A. F., female, was admitted in June. She was 41 years of age; single; a domestic servant. She had lived in service, holding excellent situations, and retaining them for long periods, since the age of 17 or 18. On admission, the disease was described to be of about one month's duration. She was out of place at the time, on account of a housemaid's knee; and was residing with her brother. The knee was going on favourably; but she had gradually become more and more depressed; said "she was sure she should come to want". She complained of a sense of pressure in the head; she wrung her hands, and showed other indications of mental anguish. On one occasion, she went into her brother's bedroom, and took up his razor; but it was immediately taken from her. On a subsequent day, she went up stairs and tied her garter tightly round her neck. Her sister-in-law was below, and heard her fall heavily on the floor, and reached her in time to cut the ligature before life was extinct. After this, or about this time, the symptoms became somewhat changed. She sang almost constantly, day and night; and never slept. She endeavoured to injure herself on a third occasion by beating herself on the head with a poker. She had throughout eaten very badly. The catamenia were entirely suppressed.

She was described, on admission, to be tall, with dark hair, of gaunt figure, spare habit, and pale. Her general health otherwise was not visibly affected. She complained of constipation. She was quiet and tranquil, and submitted herself to the rules of the asylum without complaint. Her manner was tranquil. She had an expression of melancholy. She said she dreaded poverty, and was somewhat reserved.

(From memory, and noted about five months subsequently to the occurrence.) She continued to go on quietly and orderly; was rather retiring, and appeared to shrink from observation, and was indisposed to employ herself. My attention was directed one day to the patient by one of the female officers of the establishment, as a patient who appeared to have very little the matter with her, and one who ought to be occupying herself usefully. This conversation was overheard by the patient, and she was visibly affected by it. For several days afterwards she was more restless and fretful, and more dull. This happened about the middle of August, or two months after A. F.'s admission.

September 18th (or four months after admission). She made another attempt on her life, by tying a handkerchief around her neck, and stuffing another into her pharynx; the attempt was again nearly successful.

October 3rd. The following note was entered. She was depressed, but occupied herself, and had become industrious. She said that her bowels were much confined, and that they never acted without medicine. She had taken frequent aperients. She was thin. She said her appetite was good, but her nurse reported that she ate indifferently. The tongue was moist and clean. She had not menstruated. She was ordered to have aloes and mastich pills daily, and fish diet.

October 21st (five months after admission). She continued in an improved condition; was tolerably cheerful, but was depressed at intervals. The bowels acted regularly, by taking the pills. She had not menstruated.

November 6th (six months after admission). She continued to improve; took the pills; and the bowels acted daily. She was not so frequently depressed. She was employed in the bakehouse, making bread for the establishment, and worked well. She had had for some days mutton chop daily, in lieu of fish.

December. She was visited again by her relatives, who requested that she might be discharged. She had become quite cheerful, and had not shown a suicidal propensity for three months. She had worked freely among knives, etc.; and had been thoroughly trusted, and appeared trustworthy. Her mother, a very aged person, was desirous that the patient should be allowed to reside with her; and the brothers agreed to find the means. The patient was much delighted with this arrangement. The friends voluntarily undertook that the patient should never be left alone. She quitted the asylum in their charge on December 19th.

January 3rd. From a letter from the relatives, the following facts were learnt. She continued quite well up to the above date. On the morning of this day, she complained of headache; and her mother, with whom she slept, advised her to take her breakfast in bed. The old woman went down stairs to make the tea; and, on bringing the breakfast up, found the patient hanging by the neck, quite dead. She had hung herself by the bar of the bedstead.

All the suicidal attempts of this patient were made suddenly. Sometimes this kind of melancholy is attended with sudden attempts directed against others. It constitutes the homicidal insanity of authors. It is, fortunately, a description of case which is rare. My experience extends over about 2400 cases. I have not had a genuine instance in my own practice with homicidal propensity.

In the cases already related, there have been present morbid apprehensions and anticipations of evil, yet scarcely strongly enough marked to amount to distinct possession of the mind—to a belief, which is necessary to constitute a true delusion. In the present day, every one is aware that delusion is by no means a constant symptom in insanity. There may exist illusions simply and alone; or both illusion and delusion may be present together. If a digression be permissible, it is here the place to mention that although authors, at least English authors, describe three kinds of symptoms—viz., illusions, delusions, and hallucinations—there appears really no necessity for such complication; and I believe that all the phenomena may be brought under two divisions, and that the three have arisen from some confusion in terms. Esquirol was one of the earliest writers to point out the existence of the two classes; and, as he wrote in French, he used the two French terms *illusion* and *hallucination*. There is no such French word as *delusion*: the English, in fact, of the French word *illusion* is *delusion*; and the English of *hallucination* is *illusion*. This difference in the prefixes between the two languages is very common, as in *reclusion* for *seclusion*, *contraint* for *restraint*, etc.; and hence has arisen the confusion.

If a patient hear a voice proceeding up the wall, con-

stantly addressing him, it is a false perception; and it is, therefore, an illusion or hallucination, which are synonymous terms. If the patient believe that he is a king, it is a delusion; and if the former patient believed that the voice from the wall proceeded from people actually in the wall—that is, if he believed there were people imprisoned there—it would be a delusion. The two conditions are, in fact, distinct, and yet in some cases approach or merge into one another; but the two terms appear ample to include all the phenomena which are met with. In brief, the one is a false perception, and the other a false belief. In the next case, the existence of these phenomena in various forms was manifested. The case is narrated in a very condensed form.

CASE VI. A. G., married, aged 56, had been six weeks insane on admission. *Predisposing Cause.* Her father committed suicide. A brother was at present an inmate of an asylum. The *exciting cause* was reverse of circumstances, and poverty.

The attack commenced by a strangeness of conduct and depression. She said "they were going to hang her, and to take her to prison." She had numerous other apprehensions of being injured in various ways. She was always "worrying". A few days prior to admission, she secreted a razor about her dress; became rather violent and excited; and was taken to the work-house.

The medical certificate states: "She says that a large clot came away from her five months ago. She feels ill all over; says her womb is affected; and frets that she did not tell the doctor so five months ago. Has attempted to cut her throat, and her husband's also. This statement is made by her husband; and the razor was taken from her by her son."

On admission, she was thin and feeble, and had several slight bruises about the chest, and a mark across the throat. Two days afterwards, or on the forty-fourth day, she was in a constant state of action, and in great mental distress; was rubbing her knees with an agitated, restless, rapid movement; fidgeting in her chair; and expressing a constant apprehension of being about to be burnt alive. She said, "Surely they might kill her without that." She could see the men burning people. She was thirsty; pulse 120. She took her food well, and slept pretty well on the previous night.

*45th Day.* She had an anxious expression; was still very restless; was under a constant dread of being burnt. She would not show her tongue. She took her food well. An ordinary cathartic pill and draught were prescribed.

*50th-55th Day.* There was slight improvement in her mental state. She was still apprehensive of imaginary dangers, and regretting various trifling things in her past conduct. The tongue was red; the bowels confined; appetite good. She was ordered to have carbonate of magnesia mixture three times a day.

*63rd Day.* She fretted less, and was looking better. She took food well. The bowels acted, but not daily.

*94th Day.* She had begun to occupy herself. She had gradually ceased her restlessness and agitation, and had lost the feeling that she was going to be burnt. The bowels continued to be confined. An aloe and mastich pill was ordered to be taken an hour before dinner.

*120th Day.* She had a visit from the husband, who reported that she was much improved, and had been conversing quite rationally. Her spirits were good; but he thought he perceived some difference in her manner from the natural.

*150th Day.* She was occasionally a little dull. She, however, alluded to her former fears, and spoke of her illness as a family complaint.

She was discharged on trial on the 164th day; and finally on the 192nd day, recovered.

The note scarcely expresses the strength nor the per-

manence of the belief that she was about to be tortured, which amounted to a fixed delusion; nor the reality with which she imagined she saw the preparations making for her injury, both of which were frequently repeated, and their reality strenuously asserted for some time. The gradual growth of a notion (at first springing from an uncomfortable condition of mind, as when it is querulous, when it finds relief in grumbling or complaining) into a fixed illusion appears to be merely a process of maturation, or a transition. A state of feeling in which it is a relief to grumble is the first stage, when every trivial circumstance is converted into a source of complaint. The mind is then led to look on the black side of affairs; next, perhaps, to assert an habitual or continual flow of ill luck; to imagine all sorts of new disasters; to invent all kinds of uncomfortable catastrophes; and at last to begin to believe in their actual occurrence or presence. These morbid apprehensions originate from within; they do not arise in a logical series of mental reasoning, but are of centric origin—excited by a morbid action, probably, and thus are "the very coinage of the brain".

The reality of these convictions to the patient is very great. Another melancholic at present under treatment imagines she hears the voices of persons confined in dungeons below, and, it would seem, at some distance off. The voices appear to vary at different times; sometimes it is the voice of a friend, sometimes of a child, the clergyman of her parish, etc. "What a shocking thing it is," she says, appealing to me, "that all those dear people should be imprisoned down there. They have wives and children. Do, for heaven's sake, come and release them." In asking her to indicate the spot where they are, and giving her full scope to follow the sound she thinks she hears, she leads one through ward after ward, down one staircase after another, stopping frequently and anxiously to trace the sound; often stooping down to any small aperture, as that of a ventilator; wanting every door, every cupboard, to be opened; still going lower down, till she goes on her knees to listen at the cellar windows, and crying out frequently, "Mr. A., are you there?" and listening anxiously for a reply, and entreating our silence in order that she may catch the sound, but which is continually retreating from her; and then again rising and saying, "It's gone further off;" and repeating this as long as she would be allowed. The mental pain and anguish in such a case appear very great.

When a true delusion exists, the intellect proper is clearly involved. In few cases only, in the first stage, is there an impaired condition of the understanding. There may be slight alteration in memory, in judgment, and powers of reasoning; but the main symptoms are connected with the feelings and instincts, or the moral faculties, as they are called. The progress of the phenomena appears first to be towards the perception, as denoted by illusion or hallucination; and then to the intellect proper, giving rise to actual delusion. In other cases, the progress is in another direction; commencing in the moral faculties, it gradually involves the motor functions. The motility and volition are affected; cases illustrative of which will form the subject of the next paper.

THE MEDICAL PROFESSION IN VIRGINIA. The following is extracted from a letter received from a physician in Norfolk, Virginia, by a Confederate officer now in London. "I am now a gentleman of elegant leisure, not being allowed to practise my profession upon innocent women and children without swearing true allegiance to the Yankee Government. While you are abroad, do go to the Feejee and Sandwich Islands, and let me know if there is anything like this there." Our correspondent adds: "The people are dying in numbers from want of medical attendance."