plastic nature, a more attentive examination has not allowed him to remain any longer in ignorance of their muscular structure and general resemblance to the uterine organ.

[To be continued.]

Original Communications.

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

By W. H. O. SANKEY, M.D. Lond., Medical Superintendent of the Female Department of the Hanwell Asylum.

[Continued from page 35.]

THERE remains to be described the form of melancholy called *hypochondriasis*. Two types or two stages of this form have been described by authors; but, though most writers agree in making these two types, the line of division between them does not appear to be the same with all. The definition of hypochondriasis being a malady in which the patient has false conceptions on the subject of his bodily health, some writers would appear to make their division rest between a hypochondriasis without mental aberration, and one with it. They seem to say, also, that one form merges into the other. When diseases do this, they cannot be said to be distinct. As these papers are professedly from clinical observation, I shall here describe only what I have met with in my own practice. There appear to me to be two types, the line of demarcation being sufficiently distinct in typical cases.

The first form or type, or hypochondriasis proper, is met with but seldom in asylums for the insane. Dr. Watson designates the patient with this malady "a plague to his physician, as well as to himself." It is a disease less frequent among females.

This disease has been called also *nosomania*. Cases are known to terminate in well-marked insanity and in suicide; and yet, in the early stage, patients suffering from it are seldom "*found insane*"; but, in a purely pathological sense, unsoundness of mind must exist in all its progress. It has already been shown that in other forms of melancholy, or melancholic insanity, the moral affections are the first involved. In the early stages of all hypochondriacal cases, it is the moral affections, the instincts, which are chiefly implicated. The intellect, in many of the cases narrated, remained comparatively clear for some period after the setting in of the other symptoms. In a typical case of true hypochondriasis, the intellect usually remains for a still longer time clear. The patient may so far retain his intellectual faculties as to be able to converse, argue, reason, remember, etc., correctly; yet on some subjects, especially such as relate to his bodily condition and health, he entertains an erroneous notion. It will be conceded that we possess naturally an instinctive consciousness of health, and of absence of health—disease; and it is obviously a false notion or belief to consider ourselves ill when we are well, or to believe ourselves diseased when we are whole.

This error is not one of reasoning, nor a judgment resulting from a complex mental operation, which might be liable to fail in any of its stages. It is a simple instinctive feeling that is altered. The perverted instinct which leads to the belief, or the in-

tellect which yields to the false impression, are cerebral acts; and, these being perverted obviously by bodily disease, the nature of the malady must be considered a form of mental disease.

The second type of hypochondriasis is very obscurely described by writers. I have been in the habit of including under this name certain cases not at all uncommon in asylums, in which the mind of the patient is more or less completely occupied with the state of the bodily health or condition. These patients do not display the same anxiety to apply remedies as the other or true hypochondriacs. The false perception is a part of their mental disease; they appear to accept their lot as one not amenable to medical treatment. These patients are mostly melancholy or depressed. It will be sufficient, perhaps, to enumerate some of the delusions that I have observed in my own practice as illustrating this description of disease; and it will be observed that these cases approach the true form of hypochondriasis only in the accidental circumstance, that their illusions or delusions have more or less direct reference to their bodily health or condition. Early writers included all those cases under hypochondriasis in which the sufferer imagined he was made of glass, and was in constant fear of breaking; or was made of butter, and was afraid of melting.

I have known a great variety of instances in which extraordinary delusions haunted the patients continually, which would belong to the same category as the above; but the cases would fall under different divisions in the classification of insanity, as under monomania, chronic mania, etc. It may be convenient to enumerate some of the chief in this place, remarking that these strange vagaries of the mind occur chiefly in confirmed cases, especially when the false ideas involve an operation of the intellect proper; but when they are confined to anomalies of the instincts, they may occur at an earlier stage of the disease. These cases form, in fact, no exception to the law that the moral faculties are the first involved; that the anomalies of the intellectual faculties, as illusion and delusion, occur subsequently, generally at a much later period of the case.

It is not uncommon to meet with melancholic patients who assert that they have no gullet; that they have no passage from the bowels, or from the womb; that they have no inside; that they are hollow, etc. In cases already related, several of the patients entertained the belief that they did not require food. A patient at present under treatment believes that she has an internal cancer, and she has been an in-patient at nearly all the London hospitals. Another, who died of exhaustion during the present year, believed she was putrefying; that it was unfit for her to be with others; that her womb was diseased; and this delusion was stated to have been aggravated after an examination by the speculum prior to admission.

I had a patient who was many years under the delusion that she gave birth to hundreds of children daily. I have a second, admitted pregnant, whose infant is now about six months old; on admission, she had the delusion that she gave birth to one hundred children every day, but, since her confinement, has reduced the daily number to eight or ten.

A young melancholic female, formerly epileptic, and of very slender proportions, believed that she was of such enormous bulk and height, that she was much ashamed to be seen. Another woman, enormously stout, believes herself to be a sylph, and is afraid of being blown away.

An old lady believes she is a bird, and calls her grey locks feathers. She is a buxom body of fifteen or sixteen stone, and above sixty years of age; and

she occasionally wants to get up into the trees to roost. On admission, she had other birdlike propensities, not convenient to indoor life.

In cases already given, there were delusions or perversions of the instincts with respect to dying. In some, the feeling existed with the patient that she could not die; in others, that they had died; or in another, that she should live for ever.

I have at present a case in which the patient has the delusion that she has no blood; that her head is made of wood. She strikes her head forcibly, to prove her assertion by the sound; and she entreats others to do the same, or to run a lancet into her to satisfy themselves. This patient also believes she is under the influence of witchcraft.

A patient, very lately dead, asserted that her heart had stopped; that she was dead, and about to be buried, at which she expressed great terror.

I had formerly a patient who at last died in reality, but who maintained perseveringly for seven years that she was a corpse; and she had her distinct theory on the subject. She argued that, though her case was unique, that did not prove its impossibility. "I know such a case never was heard of before," she would say; "but my case is exceptional." Her belief was, that she died on a certain day and hour, which she named; but, owing to the negligence of the nurses, who did not tie up her jaw at the proper time, "she was left a-speaking"; and "so her jaw never dropped", and consequently "she could not get to the grave". She greatly blamed my predecessor in office, that he did not cut her head off. She repeatedly entreated me to do this for her. For years, day and night, she was in a constant state of mental agony, rocking backward and forward on her seat, and moaning, "I have not got to die, I have not got to die. It's nothing but the bitter cold wind that's speaking." This patient ate pretty well, though she declared she never did. "How can a corpse eat?" she used to say. At times she could be diverted for a short period, occasionally would play a rubber, and enter well into the game. At times she was chatty, and would relate her previous history. She was a nurse in an asylum for the insane. Her memory and reasoning faculties were clear up to within six months of her death. The disease then began to affect the motor functions. She became unable to articulate clearly; this gradually increased; and before death she became quite unintelligible. She died during my temporary absence from the asylum.

Another extraordinary anomaly, having reference to the bodily state, occurred in a patient whose name was Martha Stevens, but who persisted for years in calling herself Molly Dodd. She had, it would appear, completely lost all idea of her personal identity. She called her son, who came to see her after a long absence at sea, Martha Stevens's young man. She spoke of knowing Martha Stevens formerly, but said she died. She appeared to relate the history of her early life as that of Martha Stevens; but the latter events of her life were always spoken of as connected with her state as Molly Dodd.

A patient lately received has the idea or delusion that the various parts of her body do not belong to her. This form of insanity has been specially named *melancholia metamorphosis*. She asserts that her head was taken off, and a horse's head put on her. She complains much about her legs, and says that they are great ugly legs, which belonged to an overgrown boy; that her own legs were nice little legs; and she appears horrified when she casts her eyes downwards on her limbs. She says her hands have been changed at the wrists; that her arms are somebody else's, and that they do not correspond, and

there is no feeling in them. This confusion of parts is the source of great mental anguish to her.

With respect to all such false perceptions and delusions, it is common to hear them attributed to peripheral excitants of various kinds; that is, to look upon the mental phenomena therefrom as arising from eccentric causes. In a very large number, there is no evidence of such; but in cases (and which, I think, are exceptional), such peripheral excitant would appear to be present. Instances have been recorded in which an insane person has suddenly recovered her mental faculties on removal by operation of a diseased organ, or by the natural termination of a peripheral disease, as the breaking of an abscess. Such cases are very striking when they occur; and one is apt, therefore, to exaggerate the frequency of their occurrence. A patient lately discharged, who on admission had the delusion that she was pregnant, was found to have tapeworm, which was brought away by the use of the oil of male-fern. She regained her strength, with the return of which her delusion vanished. The patient who, while pregnant, believed she gave birth to one hundred children, and who, after delivery, reduced her ideas to tens, is also an example of the presence of peripheral or eccentric excitants; but the evidence in the last case is equivocal, since the delusion did not cease entirely. In far the greater majority the cause of the delusion is centric—in other words, cerebral.

[To be continued.]

RESUSCITATION OF STILL-BORN CHILDREN: ACTION OF ERGOT.

By EDWARD GARRAWAY, ESQ., Faversham.

Do accoucheurs ever fail in their endeavours to establish the respiratory function in still-born children? or am I the most unfortunate of men? One reads of numbers of instances in the various medical journals of infants being resuscitated by the Marshall Hall and Silvester methods of treatment, but never of an instance of failure. Now, I have been defeated—perhaps it is not expedient to say how many times; of course, too, I have had my successes (see, in particular, the JOURNAL of September 28th, 1861.)

Mrs. C., a healthy, small, but well proportioned young woman, aged 22, was taken in labour with her first child, at 6 A.M. I saw her at 9; the liquor amnii had escaped, and the head was presenting in the ordinary position; the os was dilated to the size of a half-crown; the pains were vigorous. By 1 P.M., the head was well down on the perineum, which proved rather rigid, and, at the same time, the pains began somewhat to abate. At 6, the perineum being on the stretch, and the labia separating, the pains became utterly ineffective, and I therefore gave my usual quantity of ergot, in two doses (two drachms boiled in eight ounces of water down to four ounces). Vigorous pains speedily followed; and for nearly half an hour labour seemed progressing; but now, the influence of the ergot being exhausted, the pains ceased. I never give more than the quantity above mentioned of this drug; so, after a little repose, I had recourse to the forceps. Careful manipulation, however, with one blade, aided by strong pressure on the abdomen, sufficed to deliver the head. This was accomplished without the slightest uterine effort, or even feeling of pain, on the part of the mother. By hooking my finger into the axilla, and again pressing hard upon the abdomen, the child was partly dragged and partly pushed out of the uterus, still without the slightest pain. As the feet were drawn out, a rush of air took place into the vagina—a phenomenon, as far as my