

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

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The following case is one of *Mania*.

CASE XI. B. C., married, aged 32, an accomplished person, in good position, of superior address and handsome exterior, was admitted in June. The attack was said to be the second. The former attack occurred about three months after the birth of one of her children; and the present attack about four months after the birth of another. In the former attack, she was melancholy. There was predisposition to insanity in the family. Her own mother, her mother's brother, and the latter's son, had been insane; the patient's brother was said to be flighty, and certainly appeared to be of deficient intellect.

The family history of the patient was also one favourable to the development of insanity. The patient was the only one of the family the least gifted either in bodily or mental endowments. The rest were dwarfed, unhealthy, and deficient in intelligence. She had, therefore, from her earliest youth, been the oracle of her circle, and had had everything her own way. She made an imprudent marriage. What property she possessed was speedily dissipated. She became greatly reduced, and was obliged to return to her family. When attacked with her present illness, she was living by sufferance with them. The husband, an officer in her Majesty's service, had lost his commission, and was in the greatest poverty, and forbidden the house. Such was her position; and she had a baby four months old at the breast. The attack was said to have commenced a few days prior to admission; and the immediate exciting or determining cause was said to be something arising out of a call of the family solicitor. The patient was much interested in the business to be transacted; and she was greatly disappointed in the result. "She did not get her own way", as she expected; she became greatly excited and angry, took to drinking large quantities of ale, and left the house.

She was admitted a few days only after this. On admission, she was dressed in the extreme of fashion, though her clothes were in great disorder. She was in good bodily condition; she was much excited; she raved and shouted incoherently, and was very violent in her conduct. It appeared that she was taken to the station-house for knocking a policeman's hat off in the street, in the broad day-light.

The following is the description received at the time; and it forms a part of the medical certificate which accompanied the order of admission.

"She is exceedingly violent, and obliged to be placed under restraint; is very indelicate in her actions, rending her clothes, and exposing her person. She is at times very incoherent and very vulgar in her conversation.

"The porter (of the Workhouse) states she has been twice brought to the infirmary by the police, having on both occasions collected a mob of persons by her strange and violent behaviour."

No note was made by me of this case during the first six weeks; but the usual report-books of the Asylum indicate that she continued very excited throughout. She was placed several times in seclusion; and had aperients and counterirritation to the

nape. She passed sleepless nights; and was an occupant of the refractory ward from the first day.

A note in August is to the following effect. She continued very excited, raved incoherently, laughed, shouted, and rushed about wildly. She exposed her legs or her bosom without regard to decency. She slept better at night; but was wet and dirty daily—both night and day. The tongue was clean. She took food well. The bowels acted regularly. She was thinner than at period of admission; but had gained flesh again of late. Pulse 84, regular. She had several boils about the scalp and neck. She menstruated regularly, somewhat profusely. There was no difficulty nor impaired condition of the motor functions.

October (fourth month). She continued very violent and excited; was noisy, talked and shouted incoherently; and was never rational. She was wet and dirty, and begrimed her bed-room and person with excrement. She was still thin. Menstruation was regular.

November (fifth month). She was sitting and talking aloud to herself in an incoherent strain. Her dress was disordered and slovenly; her stockings were hanging about her heels, and her legs exposed. When addressed, she made no rational reply. She was wet and dirty as before. She ate well, and had gained flesh. Boils continued to break out about the neck.

December (sixth month). Slight improvement had taken place in her general health. The boils continued to break out. She menstruated somewhat profusely.

January (seventh month). Her bodily health was improved. She was both stronger and stouter. The mental state was less changed. She was rather less indecent in her actions; but was still wet and dirty. She took food well; slept well at night. There were no signs of paralysis; the pupils were equal, and acted well. Articulation was clear and normal.

February and March (eighth and ninth months). There was very gradual improvement. Her hair had fallen off. Boils still continued to appear.

April (tenth month). Improvement continued. She had been gradually becoming more quiet and correct in conduct. She was now somewhat dull, with slight indication, apparently, of shame in her expression. She had become cleanly in her habits.

May (eleventh month). She had continued to conduct herself with propriety; and had been removed to a convalescent ward. She was now industrious, and was sociable with the other patients, and more cheerful. She conversed rationally. She had continued to menstruate regularly; and had gained flesh.

July (twelfth month). There was at times a slight depression of spirits apparent; in other respects, she appeared convalescent. She had had several interviews with her relatives, who annoyed her with family matters. She gained strength.

August (thirteenth month). She was discharged cured.

There are several points worthy of notice in the above case. In the first place, it has been selected out of many others, as the most free from melancholia that has occurred in my practice; and it presents all the most salient points of an acute maniacal case, as very early disturbance of the intellect, restlessness, violence of movements, and perversion of habits, especially with respect to personal cleanliness.

Among the bodily symptoms, it also illustrates what is frequent in cases of mania: the falling off of the hair; the eruption of boils; and the regularity of the menstrual function.

The absence of a premonitory melancholic stage in

second attacks of insanity must be admitted as not unusual. And such certainly occurs in the secondary attacks of recurrent mania to be described hereafter. The line between a recurrence of an attack of insanity—that is, a new attack, after an absolute recovery from a first attack, and a paroxysm in the form called recurrent mania, in which an absolute recovery is at least doubtful—is certainly one very difficult to trace out satisfactorily. It must remain for some time doubtful, when a patient is attacked a second time, whether the new symptoms are due to a revival of the primary morbid actions; or whether there is an entirely fresh morbid action. The evidence of the perfect cessation of the primary disease is frequently difficult to procure.

In the above case, it is in the highest degree probable, that the attack was a true second attack; because the history afforded evidence of a period of perfect sanity intervening between the attacks; and the phenomena of the second attack possessed characters unlike the usual forms of recurrent mania. The absence of a melancholic stage, if really absent, is important; and it is to be regretted that the evidence is not more reliable; for it depends on the account gathered from friends not very intelligent, and certainly not very compassionate; and, if the patient's previous troubles caused any depression, highly calculated as they were to do so, it is quite possible the low spirits would not have been heeded by them.

The next example is that of a primary attack. It is selected as a typical case, and one in which the melancholic stage existed, but was scarcely noticed; and might, indeed, as the examination of the friends shows, have been altogether overlooked.

CASE XII. B. D., was admitted in November. She was single, 27 years of age, of somewhat proud and overbearing disposition towards her inferiors, externally very correct in her own conduct. By business she was a dressmaker, working away from home. Her health was delicate. She had had rheumatic fever three years previously. There was no predisposition to insanity. Her mother was affected with paralysis agitans.

The parents observed that B. D. for several months had been somewhat dull and out of spirits; but, as she went to work, they took no notice of it. About seven weeks prior to her admission, she was taken in labour, and gave birth to an illegitimate child. This was totally unexpected by her parents, who, therefore, evinced great surprise and anger at the circumstance. The patient felt her disgrace keenly; having, her mother says, been very severe on others for similar failings. The labour was easy.

On the tenth day after her confinement, she awoke suddenly in the night, and said some one had stolen the baby. She continued very delirious, frantic, and noisy. She was taken to King's College Hospital, from which she was discharged in a fortnight as an improper case. On her return home, she was very violent towards her parents, and threatened her sister with the poker.

On admission (forty-second day), she complained of headache, and wished to lie in bed. Her manner was strange. She had an expression of abstraction and wonder; and stared about without apparent object. She complained of the light. The pupils were both dilated. The tongue was clean. The bowels were freely open by an aperient taken in the Workhouse. Her appetite was indifferent. Pulse 60. Breathing quiet; skin cool.

46th Day. She had been occasionally violent. She had a wild, somewhat anxious expression. She was rude in her answers, which were occasionally incoherent. She was strange in behaviour; turned her

back when spoken to; was disposed to throw off her dress. She refused her food. The tongue was moist. Pulse 80.

50th Day. She appeared to be very wandering in her mind. She had a wild and wandering expression; was irritable and easily incensed; and was disposed to strike. She conducted herself in a strange manner; danced about, and placed herself in grotesque attitudes. She was very incoherent in her answers. She complained of the light to her eyes. Breathing 16; pulse 120, feeble. The tongue was coated; the bowels were open. She ate sparingly; but filched the food from the others. She was becoming thinner; and was very sallow.

80th Day. She continued very violent. She had taken for the last month cod-liver oil. She was thinner, but took food well. She was much excited, and frequently violent; raved and shouted; and passed restless nights, shouting all night. She was wet and dirty. The oil was continued.

121st Day. She had gained flesh; and her appetite was improved. The violence and noise were the same. She was rude and bantering in her answers; was very restless and noisy at night; and wet and dirty in her habits. She was ordered to be employed in the laundry.

150th Day. She worked; but was occasionally excited and violent.

184th Day. She was quieter; worked industriously and well. She had not menstruated since admission; but was troubled with leucorrhœa. She had had one or two boils, which were still troublesome and painful. She appeared debilitated by them. She had been perfectly tranquil and quiet, respectful, and well behaved. She was ordered to take compound iron mixture twice a day; and to have porter daily.

She was discharged on trial on the 210th day, or about three weeks after the above report; and was finally discharged as recovered one month subsequently.

In the above case, the stage of depression clearly existed; but the case is selected as one of the most free from decided melancholy as a premonitory stage.

Mania, otherwise acute maniacal insanity, is not a common form of the disease. About 11 per cent. of the cases admitted are of this form. In 198 admissions during 1863, there were 22 cases of acute mania; but in 13 only was the history obtained. Premonitory melancholic stage existed in all. There were, besides the cases of acute mania, 5 cases attended with maniacal symptoms, in which, according to the account, no melancholic stage existed. They were all second or third attacks, and were of the form of disease called recurrent mania.

The existence of a melancholic stage at the onset of all cases of primary attacks of insanity is important; but it is very easily overlooked, and especially in maniacal cases. The outbreak of the excitement, raving, and violence, draws the attention of the friends from the transient depression. Nor does the depression at first, either in cases of melancholic or maniacal insanity, differ from an ordinary depression as it occurs in the sane.

[To be continued.]

THE MORALITY OF THE BAR. In the trial of Mackintosh v. Drs. Smith and Lowe, the Lord Advocate did not hesitate resorting to quotations from the works of the famed sensation novelist on lunatic asylums in order to get a verdict for his client. He ought in fairness to have told the jury that the novelist's paymaster, Dickens, had disavowed his subordinate's calumnies.