

M. Falret is due the first emphatic account of *folie circulaire*; but Willis, in 1680, speaking of mania and melancholia, says, "Hi affectus sæpe vices comutent, et alteruter in alterutrum transcat." I cannot view these cases as belonging to, or constituting, a separate form of disease. The fact is, that in chronic insanity very frequent alternations of the patient's state occurs, and every variety of alternation is found. Sometimes the patient is restless one week and dull at another period; or the same takes place on alternate days, or months; or one may go even several months, and then have a period of decided maniacal excitement; indeed, among a number of chronic lunatics, such is the rule rather than the exception. Very few chronic lunatics, before they sink into absolute imbecility, are free from occasional outbreaks of excitement; and many have periods of depression, also; and, on the other hand, many who have sunk into absolute dementia are also at times excited and violent. Out of the large number of chronic patients, an infinite variety in the modes of alternations must be found; and, in a small proportion, this somewhat regular interchange of lowness and excitement occurs. The condition is always allied to a state of imbecility, and, like all disease in a chronic state, is very incurable.

With respect to the states of imbecility and dementia, all degrees of mental debility are to be met with. On the subsidence of the acute stage, some patients, of course, regain perfect sanity of mind; in others, on the subsidence of the morbid process, a permanent mental defect remains. The patient recovers, like one from a fractured leg, with a permanent limp or halt. It is to certain cases of this description, that English writers apply the term monomania. The French, however, use that term for chronic insanity, or chronic mania. A condition of monomania, or of a mental defect on one point, as the term is used in England, is an absurdity, if the definition is to be applied with scientific strictness. Every mental operation is more or less complex; indeed, the simplest proposition involves many mental faculties. For example, when a patient believes himself to be king, how many mental actions are brought into play, as judgment, reason, memory, etc.?

Many states of mind, however, are met with on the subsidence of active disease. There is this peculiarity about them, which marks their chronic character—they are connected with the intellect proper. They are errors chiefly of judgment, reason, association of ideas, etc.; and involve to a much less degree or more indirectly the moral attributes of mind. The condition is a stage of chronic disease; it may be permanent or nearly so, or transitional to a greater degree of mental debility; and whether we call the state monomania, or chronic mania, or chronic insanity, it is still but a stage of one original or primary disease, which may have occurred with predominating maniacal or melancholic symptoms.

When a persistent false belief—that is, a delusion—is found, the case in which it occurs is chronic and of long standing. A delusion, an alteration of the intellect, does not occur in the first stage of the disease. At least, such is my experience. I have received patients who have had a particular and predominating delusion, whose cases have been certified to be perfectly recent, and the symptoms to be primary; but which have all proved to be otherwise on a more careful investigation.

Many of these cases appear to be stationary; certainly many continue in one state for years; yet, in all, there is a gradual declining of the mental power. In some, the progress is rapid and evident; in others, slower and almost imperceptible. In by far the

larger portion, a state of imbecility and dementia gradually becomes established.

When the disease has advanced to this stage, recovery is of course hopeless. However, as the mind becomes more and more feeble, the patient may be, by careful attention, re-instructed in many matters, and habits lost in the acute stage of disease can be restored. Very many, even of the worst cases—even those who have lost all ideas of propriety or decency of behaviour—have been rendered orderly, quiet, and cleanly, by good nursing. Indeed, taking the class as a whole, perhaps there is none for which amelioration of the condition can be so safely promised as for the imbecile and demented.

To the Commissioners in Lunacy, and to Mr. Gaskell especially, is due the attention which the specialty have lately given to this branch of treatment. At Hanwell, the number of wet and dirty patients was reduced from 10 per cent. to 2 per cent. by careful attention day and night; and with the cure of wet and dirty habits, there was a corresponding improvement in habits of propriety and decency, as well as in health and comfort. By the word cure is meant that the habit was eradicated. Many patients who required to be roused twice or even three times during the night at first, afterwards required attention once only, and at length no attention at all, and were restored to the wards appropriated for the cleanly or orderly classes.

[To be continued.]

A CASE OF CHOREA.

By JOHN THOMPSON, M.D., F.R.C.S., Bideford.

The article in a late number of the JOURNAL by Dr. J. Turnbull, on chorea, has brought forward a subject, on which much has been written, and yet no very precise information rendered respecting the pathology or the treatment of the disease, on both which our knowledge is painfully defective.

A well written description, such as the one referred to, embraces the general characters of the disease, and points out graphically striking facts; as that rheumatism and chorea have sometimes a clear relationship; also that chorea and hysteria sometimes approximate closely. But, nevertheless, a number of phenomena are still undescribed, which yet appear to belong to chorea in some one of its forms, as I think the following case will show.

I was consulted in February 1864 for a well grown intelligent girl of fourteen, under the following circumstances. She had menstruated regularly for some time, but the quantity was in excess; and she was weak, apparently from this cause. There was pain in the right elbow-joint, which contained a little effusion; and this condition impaired the mobility. In other respects, there seemed not much the matter. The joint-affection was believed to be rheumatic; and this was confirmed by a speedy accession of the same character of pain about the intercostals of the left side. The stomach became very irritable; food was seldom retained; the bowels were rather constipated; menstruation ceased. The spine was sensitive along the whole line of the spinous processes; and some disposition to twitching was occasionally manifested about the neck and extremities. There came on a peculiar convulsive voice-sound, somewhat resembling hiccough, repeated with almost the rapidity of time-seconds, and accompanied with an agitation of the neck much resembling paralysis agitans. All these had been developed by the beginning of April. At that time Dr. Brown, of this place, met me in consultation; her case being then, in brief, as follows.

Vomiting almost always follows any taking of food. The bowels are rather constipated. There is a constant tremulous movement of the head and neck, and the peculiar laryngeal sound before described. The limbs are rather tremulous on being used; and there appears to be anchylosis of the diseased elbow-joint. She cannot stand, nor sit up without being supported. The agitation of her system and the voice-sound entirely subside on her taking sleep.

I had already given her steel, effervescing salines, iodide of potassium, calumba, opium, etc.; some of these being directed to the improvement of the tone of the system, others to the relief of the vomiting. Some counterirritation was employed over the spine, to the side, and to the elbow; and every attention given to the diet, ventilation of the room, and nursing.

During another month, we tried the preparations of zinc, the mineral acids, strychnia, cod-liver oil, occasional doses of purging medicine, with a little blue pill; and supported her strength in every possible way. Counterirritation was still applied to the spine.

The case did not at all seem benefited by our assiduity; and we now recommended her to be taken to a house in the country, in a commanding situation, and enjoying a strong breeze from the Atlantic. When she left, she still had the agitation of the voluntary muscles, and the spasmodic action of the larynx; and both these were notably increased if she were hurried by the intrusion of a stranger, or by any undue notice of her ailment. After being in the country for some weeks, the agitation of the neck (which was continuous when she left), as also the voice-sound, ceased; but the irritability of the stomach was in no way abated.

It was now determined to omit the medicines, and see what would be the effect of trusting to the influence of the country air; counterirritation by means of mustard being still advised as an occasional application. The omission of the medicine was attended with no improvement in the symptoms, the vomiting being even worse than before, and the patient could not be induced to take any food. I endeavoured to support her system by means of injections of good broth or milk, and these were continued for some weeks. During this period, vomiting sometimes occurred; and blood was occasionally ejected in some quantity.

At length the patient objected so strongly to the use of the injections, that they were first omitted occasionally, and at length discontinued, in spite of my advice to the contrary. I warned the friends that, without food, it was impossible that life could long be sustained; but to no purpose. The patient was inflexible, and they would not consent that force should be employed. But, notwithstanding the abstinence from food and drink, the patient lived on. An injection of water was twice used to unload the bowels; but no other interference with nature took place.

A most complete abandonment of the case was made; for I believed that the craving from hunger would compel the patient in no long time to eat; but in this I have been entirely disappointed, for she has now been over six months without having taken a morsel of food or moistened her mouth with fluid, so far as is known. She has had no injection for several months; the bowels do not act, nor is any water passed. Her condition resembles that of hybernation; rolled up in a little bed in the corner of a room, she takes no notice of any one, and only answers in a low whisper any question that is put to her.

Her pulse is now about 120 in the minute, and the respirations about 16. The breathing during the ill-

ness has been generally slow, and the pulse much less frequent than at present.

At times she has been in a state of great excitement; has had croupy breathing; and a disposition to hysterical convulsion, throwing about her hands, and endeavouring to pluck out her hair. It has been necessary for her attendant to restrain her for an hour or two at a time, when this has occurred. For the last few months, nature has seemed too much exhausted to allow such exertion.

It is now over ten months, since this patient came under my attention. She took very little food for the first four months, and is believed to have taken none for the last six. The residence in the country, which extended over four months, benefited her, in that all the paralytic agitation and spasms were removed; but no improvement took place in any other respect. The last time an evacuation was procured, the matter was scybalous, and strung bead-like; the last evacuations of urine resembled the thick ammoniacal fluid, which constitutes the urine in birds.

She is greatly emaciated; her spine being particularly distinct, and every bone in it defined. There is tenderness over the spines; but no paralysis in any part of the body. The surface of her skin is now, and has been throughout her illness, rather cold; the superficial blood-vessels appear congested; the extremities are not œdematous.

The facts of this, which I deem a most extraordinary case, will probably be received by some with a feeling of scepticism. On my part, I shall be happy to give any further explanation of the statements I have made, either by private communication or through the pages of the JOURNAL.

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

By C. M. DURRANT, M.D., Physician to the East Suffolk and Ipswich Hospital.

DIGESTIVE SYSTEM. (Continued from p. 114.)

2. *Congestion of the Liver.* The affection classed under this head might, it may be thought, have been included in one of the varieties of dyspepsia. The symptoms, however, pertaining to hyperæmia, or abnormal accumulation of blood in the capillaries of the liver, differ sufficiently from those of simple dyspepsia to merit and call for a separate notice. Congestion of the liver is a prelude to almost all diseases of the organ terminating in alteration of structure; but, in the cases to which these notes have reference, the affection depended solely upon simple engorgement of the hepatic circulation, and were quite distinct from the passive congestion and enlargement arising from cardiac or other organic visceral diseases.

Patients with this affection generally present a dusky, semi-jaundiced hue. The tongue has a thin yellowish coating. There are nausea and more or less anorexia, although at the commencement the appetite is sometimes ravenous. The chief complaint is of a dull heavy pain in the right hypochondrium. On examining this region, the natural hepatic dullness is increased; and pain is caused by pressing the liver upwards from the costal margin, where we may not unfrequently detect the enlarged and turgid edges of the organ itself. The bowels are for the most part confined, and the excretions dark, offensive, and bilious; and complaint is often made of pain in defæcation, from enlarged and swollen hæmorrhoidal veins. The urine is scanty and high coloured; and in some cases the nervous system sympathises, as evidenced by great mental depression, together with tingling and numbness of the extremities.