ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

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THE following cases occurring in the female wards of the Hanwell Asylum have been under my care at various dates during the last nine years. The number of patients daily under observation has varied from six hundred to a thousand. This large number, while it affords a wide scope for a selection of cases, unfortunately occupies so much time in treating as to leave but little opportunity for keeping up a rigorous record of the details of each case; but the narratives will be here given almost exclusively from notes made at the bedside; and should any fact have to be recorded from memory, the circumstance will be distinctly stated.

The first cases will be of *Melancholia*, for the following reason. A state of melancholy is usually the first indication of mental disease. It precedes the majority of the cases of mania; and it is met with in other forms of insanity. Melancholia, in the opinion of several good authorities, must not be considered as a disease, a *morbus per se*; but only a condition or state of mind, or a group of symptoms included in a general term. In this sense, the word melancholia is here used.

A state of mental depression or melancholy, in its mildest and most transient form, is probably due to some slight mal-assimilation—or nutrition-change, as the Germans call it; perhaps dependent on some state of the blood conveyed to the cerebral organs, or on some condition of the circulation. It is certain, at all events, that a state of depression follows often upon a state of mental elation, or a prolonged mental exertion. It also succeeds the mental exaltation produced by inebriating fluids, etc. In these instances, while the immediate or proximate cause must still be considered to be in the molecular organism of the brain; the remote or the determining cause is probably a state of the blood circulating in the cerebral organ. The slighter effects, as simple depression of spirits, or the feeling melancholy in its lighter form, are not usually included under the term of insanity; but this is rather a legal necessity than a pathological truth. We usually separate these transient cases from others in which the effect is more permanent; and we call the latter only mental disease.

Constipation, long continued and habitual, would appear, in some of my cases, to have acted as the cause of the attack of melancholia. The following is an illustration.

CASE I. A. B., a female, aged 27, and married to a groom and gardener, was admitted in November. She was of weakly general health, and lived in a close and unhealthy part of London; and the present was the first attack of insanity. She had borne children rapidly; which were feeble and rickety, two being unable to run alone. The husband being employed away early and late, she was much alone. She was originally of lively disposition. For the last two years, she had quite altered in this respect, and had seemed absent and depressed, as though the care of the family was too much for her. She had for the same period become forgetful; would go to the shop and purchase the same artiele twice over in a single day. Twelve months before admission, one of the children died. She had been much worse since. Forgetfulness had increased; abstraction became more frequent; and she began to neglect her house. Six months after the loss of this child, she gave birth to another. She suckled it six weeks, and then appeared to take no more interest in it; nor in the other children. She did not provide food for them, nor dress them, nor speak to them. She began to pace the room; walked about all night; would not go to bed. For about the last three months prior to admission, she took to reading the Bible constantly. One month ago, she began to apply various passages to herself. She accused herself of all the sins mentioned in it. Of late she had said she could never die; "if they cut her to pieces it would not kill her." For the last fortnight she had refused to eat. She became greatly emaciated, and was taken to the workhouse.

The progress of the symptoms, therefore, prior to admission, was: simple depression; abstraction; forgetfulness; alteration of affection to her children; selfishness; restlessness; religious dreads; delusion; alteration of instinct of hunger.

Predisposing Cause. There was no hereditary predisposition; she was of a somewhat excitable disposition, fond of company and pleasure. The exciting cause was family cares, etc.

On admission, she was pale and delicate in appearance; and was reported to have refused food. While in the workhouse, she took only a little gruel once during nearly a week. In conversation, she did not appear depressed, but was rather talkative. She said she went into the hospital and fancied all manner of things. Her conversation was coherent, but irrational. She said she had not eaten for a long while; "that she don't eat"—meaning that she did not require to eat. She was deaf. The conjunctivæ were pallid; but there was some capillary injection here and there visible. The pupils were equal and acted readily. She appeared to have some difficulty in swallowing saliva. She said she had no sore throat; the fauces were bright red. The tongue was furred; clean at the edges. Her bowels had not been open since admission. She had taken only a little wine, which she swallowed with difficulty, and some tea. There was no cough nor dyspnœa. Pulse 80, feeble.

Third Day after Admission. She had partaken sparingly of nourishment. Her bowels had not been open since admission. Three drachms of castor oil were ordered.

Fifth Day. She would not take the oil on the third day, but took it yesterday. She had taken some beef-tea—half a pint or rather more; and one glass of wine only since yesterday. The bowels had not acted. The dysphagia continued. Two blisters were applied to the throat; and five grains of calomel were prescribed.

Ninth Day. She refused the calomel when ordered. It had, however, been since given, and the bowels had acted freely. The stools were much confined, and very dark. She had not taken food well since. Pulse 90.

Tenth Day. She was slightly excited; appeared elated or astonished at her own improvement. She wanted to relate to me all the circumstances that had occurred. She said she thought she was dead. She continued to take food freely.

Twelfth to the Twentieth Days. The improvement continued. The bowels, however, were inclined to get confined. She has been to work in the Bazaar (this is a department for fine and fancy needlework, reading, music, etc). She worked daily there, and appeared in pretty good spirits. On the twentieth day, she complained to her nurse that some one had been accusing her of something, and appeared in great grief about it. Whether there was any foundation for the complaint could not be ascertained. Her health appeared so much improved, that she was removed from the infirmary ward.

Thirtieth Day. She had a slight relapse. She appeared diffident on removal to the fresh ward, and gradually seemed to decline. At first she fell off her appetite; and for the last two days refused food altogether. She was more listless and dull; appeared confused when spoken to. The state of her bowels was not known;

she was nevertheless ordered to have cathartic pills, and to go back to her former ward. On the following day, she took her food again, but continued rather excited and talkative.

The notes from this date show gradual improvement. At first the mind seemed feeble. The memory remained treacherous up to the eighty-fourth day. She had slight variations in spirits and occasional depression to the ninety-first day. The bowels continued to show great disposition to constipation; and the constipation was several times accompanied with alteration in spirits. She took from the sixtieth day a pill composed of equal parts of aloes and mastick daily an hour before dinner, which regulated the bowels. She was discharged cured ten months after admission; and was heard of ten months afterwards, and continued quite well. The deafness has gradually left.

In this case, the depression was probably passing off at the time of admission. There had never been any suicidal propensity beyond a refusal of food, which was probably due to the state of the digestive organs. The affection was not hereditary.

The next case, very briefly narrated, is an illustration of the occurrence of violence and excitement, which is frequently exhibited in some stage of cases of melancholia. It also is another example of the effect of purgatives.

Case II. A. C., female, aged 43, was admitted in September. She was a domestic servant, the daughter of a butcher. The following account was gleaned from an aunt. The patient had been in a very desponding way all the summer. Her only sister had decided on going to New Zealand, and had since gone. Soon after her sister's decision, the patient left her situation, and went into lodgings. At this time, the cause of her throwing up her place was put down to a quarrel with her fellow-servants. About the time when she quitted her place, she began to have various fancies about her health; said she had the yellow jaundice and the black jaundice; that she was going to be buried alive; she was full of fancies of what was going to happen to her. Latterly, she said her aunt was an evil spirit who filled her mind with all sorts of things; she imagined that everybody was going to injure her; screamed when she saw a knife in any one's hand, and said they were going to cut her throat.

She had been violent towards the aunt, and attacked her under the delusion that the aunt was "a walking devil." She was taken to the workhouse on account of her violence; where, it is reported, she was very excitable, talked at random and incoherently, frequently refusing her food; declared she could not swallow; and other times she swallowed without difficulty; said that the people over in that room (pointing to a blank wall) treated her shamefully, and prevented her from sleeping.

Besides the distinct evidence of depression, there was, therefore, that concentration of the attention on herself and her bodily health which at first was approaching to a state of hypochondriasis. This condition, with the exception of some false perceptions about the power of swallowing, had, however, nearly passed away prior to admission. Whether the calling of her aunt a "walking devil" was mere abuse, or whether the patient actually entertained the belief, which would make it a delusion, is a little uncertain. Her previous health had always been delicate, but she had never had any prolonged indisposition. Her natural disposition was retiring, her temper quick. She retained her situations in service for short periods only, perhaps two years at most. She had always been steady, well conducted, and temperate.

Predisposing Cause. Her father died a lunatic. His disease was said to have been induced by drink. The *exciting* cause was as above.

State Two Days after Admission, or about the ninetieth of the disease. She was emaciated, feeble, and pallid. She had several slight bruises about the body. Her hair and irides were dark; her features hard and angular. There was an expression of irritability or acerbity. On first admission, she was dull and taciturn, but became, after a few hours, restless, fidgety, and fretful. She would answer questions put to her, and answered coherently, though with obvious reluctance. The tongue was moist and furred. The bowels had not acted for several days. She had no appetite. The belly was retracted and hard. She had only taken since admission (two days) fluids in small quantity. She said she had no cough now, but used to have it, and violent perspirations. There was some expectoration, which was purulent; and she said it rose in her throat. There were no abnormal physical chest-signs. Pulse 80, regular. She was ordered to have meat diet, and two glasses of wine daily; and to get up, if she preferred it.

Third Day of Treatment, or 93rd Day of Disease. She was up. She said she did not eat, but did. She persisted that she could not swallow. She was depressed, fretful, and peevish, and very feeble. The state of the bowels was doubtful.

95th Day. She refused to eat. Tongue red. She said the bowels did not act. The nurse had reason to believe they did. She was more feeble.

100th Day. She complained that she could not swallow; that the bowels did not act. She ate but little. A common enema was ordered.

101st Day. The enema acted slightly only. She complained of a stoppage in the throat; was restless and querulous, and greatly depressed. Every trifle was aggravated into a grievance. The tongue was moist. She refused all solid food, and said she had not taken any. She had no pain, but had a sense of heat at the back of the head. The enema was repeated.

102nd Day. The bowels acted scantily, a few scybala only being expelled. The appetite was indifferent. She complained of the light. The enema was repeated.

105th Day. The bowels were slightly relieved; scybala were discharged. The enema was repeated.

106th Day. The enema acted very freely. She said it did not. She ate her dinner voluntarily. The enema was again ordered.

108th Day. The bowels were again freely opened. She looked clearer; said she was no better, but ate a good meat dinner.

110th Day. She complained still of the throat. She was ordered to take aloes and gentian mixture three times a day.

121st Day. She had taken the medicine irregularly. She still said the bowels did not act, and that the gullet was stopped up. She was still fretful and peevish, and cried. The aloetic mixture was continued.

128th Day. There was slight and gradual improvement generally. She had begun to occupy herself.

133rd Day. The bowels were still disposed to be confined. The mixture was continued.

143rd Day. She had gradually improved; had lost her fancies; ate regularly and well; and was gaining flesh. She continued daily to recover strength; became active, cheerful, and industrious; was discharged "on trial" on the 150th day, and finally on the 178th day of the disease.

The discharge of patients "on trial" means that permission is given to them to be absent from the asylum and reside with their friends, usually for one month. Should relapse occur, the friends are directed to bring them back to the asylum, and they are received without the necessity of fresh certificates; or, should they continue well on their return at the expiration of the time named, their ultimate discharge is signed by the magistrates, on the certificate of recovery from the medical officers.