

## 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 322.]

In the case last given, there was a predisposition to insanity in the patient's family. The father died of insanity, said to have been produced by drink. The next case is chosen as an instance in which the hereditary tendency was still more marked, and the evidence of its existence more positive.

CASE III. A. D., a female, was admitted in December. She was 24 years of age; single; a domestic servant. The mother said that she had noticed the patient's memory to have been failing for three months; she had also complained that she felt miserable, and that "she could not think." She became gradually more depressed, and said she should become lousy—which she often repeated. She slept ill; and the mother believed that for three months the patient had scarcely slept one night, but had been restless and fidgety night and day. At intervals, she had refused food; and went without for several days together, saying she did not require food. At times, she would stand in one position for many hours together, biting her knuckles. She had also shown a great disposition to wander away, so that her friends were obliged to lock their doors; but she would stand for hours watching her opportunity to get out. She stood on one occasion at the door for three days consecutively. Throughout, she had been little disposed to speak.

The medical certificate described the patient thus:—"Found her sitting by the fire with a very melancholy aspect; and asked how she only stayed one day at her last place? She did not answer till the question was repeated three times; and then only said, 'I don't know.' Asked her why she did not take off her day clothes on going to bed? and after awhile, she replied only, 'I don't know.' Her sister has been in a lunatic asylum; and her father was subject to melancholy." It appears that, about a fortnight prior to the patient's admission, she seemed a little better, and engaged herself as a servant; but would not stay in her situation more than a day.

Her natural disposition was described to be somewhat dull and apathetic; never very lively. She had been thriftless, and unable to manage for herself; she was mild and retiring in manner. Her health had been always delicate. Her bowels were always much constipated, acting, as a rule, but once a week. Menstruation was normal.

*Cause.* Her father, whom the medical man described as addicted to melancholy, was reported by the mother of the patient to have died of paralysis. "The paralysis first seized him in the little finger, and it gradually spread to his limbs, which shook and trembled, and at last got so bad that he could no longer direct his fork to his mouth, and he had to be fed. He never stammered, nor was his voice affected; and his mind remained clear; for he was paralysed seventeen years, and during the first seven years he was a singer in 'the chapel'. He was a temperate person; he did not work in lead or in quicksilver."

One sister of the patient is said to have had a brain-fever, which lasted a twelvemonth (probably a case of mania). Another sister was insane, and was in Colney

Hatch Asylum four years, and ultimately discharged cured. The case was considered to be hysterical mania by Mr. Marshall.

The progress of A. D.'s case was, briefly, that on admission (on about the ninetieth day), she was confused, only moderately depressed, and was tractable; pulse 104. She took an aperient on the day after admission. Though pale and thin, she took her meals well; and the bowels were regulated by an aperient pill.

114th Day. She was moved into a convalescent ward, room being required in the infirmary.

121st Day. She was moved back to the infirmary. She had scarcely eaten since her removal; she was much altered; was greatly depressed; seldom spoke; but moped, and took no heed of what was passing. She said she wanted to die. She had taken only a small quantity of beef-tea that day. The tongue was clean; bowels not open; she had neglected the aperient.

122nd and 123rd Days. She refused food and medicine, and was ordered to have an enema.

125th Day. She obstinately refused to take food. She had another slight action of the bowels after the enema on the previous day; but resisted so strenuously that it could not be efficiently administered. She had had no stool that day. The expression of face was that of great dejection and anxiety. She had had no sleep all the night; but stood out of bed, and would not lie. She was evidently more feeble; pulse 108. She would not show the tongue. The breath was offensive; the skin was harsh, and emitted a peculiarly offensive odour. The urine was scanty and high coloured. She was ordered to be fed by the stomach-tube with eggs and milk.

124th to 128th Days. She had taken small quantities of food only—chiefly liquids, beef-tea, eggs, wine, and tea. There had been slight action only of the bowels for six or seven days. An enema or castor oil was ordered.

129th Day. The enema could not be given, but she took the oil, which had not acted. She sat in an uneasy constrained position, which had the appearance as if she were resisting the disposition of the bowels to act (a perversity of instinct not very uncommon among the insane). She passed urine freely. She partook very sparingly of food; was dull, taciturn, obstinate, stubborn, and evidently weaker. The castor oil was ordered to be repeated.

130th Day. She had taken several doses of the oil, but had had no action of the bowels. There was no vomiting, nor tympanitis. The belly was hard; she resisted examination. She had taken only small quantities of beef-tea.

136th Day. The bowels continued very obstinate, and had acted once only, slightly, since the last report. She continued to refuse all nourishment; was dull, taciturn, listless, and gradually failing.

She died on the 138th day.

It must be remarked, that the obstinate refusal of food is often persisted in so long that the strength of the patient is irretrievably lost. Fluid nourishment, administered mechanically, can only postpone the event for a period. Though this gain of time is often most valuable, it is frequently ineffectual in averting the fatal termination.

With respect to the treatment, it is necessary to bear in mind that the most important part consists, not in the therapeutical, but in the moral agents. The indications are, 1, to rest the affected organ; and 2, to regulate the general health. The affected organ is rested by the withdrawal of the excitants. Its functions—that is, the mental functions—are regulated, soothed, tranquillised, by removal from the world and its turmoils; by the diversion from its accustomed track, which the contemplation of the new scene around the patient newly admitted effects. The force of example leads many to fall into the rules, who would be otherwise disposed to rebel. Long habit gives to the attendants a

manner which is calculated to gain the confidence of the patient; by long custom they have ceased to be annoyed by irritating language: and it must be said, to many patients the unexpected kindness which they receive from strangers has a favourable effect upon their minds. In the next place, the regularity of the hours, the abundance and excellence of the diet, the order and cleanliness, must be duly accredited with much of the physical benefits produced. In the infirmary ward, in which most of the cases in the acute stage of disease are, and into which all patients are first received, the diet consists of roast mutton daily, with plentiful variation of puddings, fish, broth, vegetables, etc., and other articles, according to the varying fancies or requirements of the patients. A generous diet of this kind must, therefore, be always understood as part of the treatment employed in these cases, unless the diet be specially named.

Constipation appears undoubtedly to be pretty constantly present in the cases already given. Many writers are disposed to look upon the catamenia and its disordered state as an almost equally frequent determining cause of insanity in females. There is rather a tendency in the mind of the female relations to implicate this function; and it is, therefore, somewhat difficult justly to estimate its bearing upon the mental phenomena. I have known patients in violent states of mania, and also in melancholia and chronic mania and imbecility, to menstruate regularly and normally, the general health and condition being good. There is probably, however, some coincidence between intermitting outbursts of excitement and the catamenial period. In the following case, the uterine functions were certainly complicating the case.

CASE IV. A. E., aged 32, single, was first admitted in 1859. The father, a gentleman's coachman, narrated the following particulars. She had, during the last three years, been in close attendance on her mother, who was bed-ridden. The residence was in a mews, but the locality was said to be healthy. A slight altercation arose between the patient and one of the female servants of the father's master, relating to a practical joke that had been played upon a young man. The patient was accused of having divulged the name of the perpetrator of it to him. Very shortly after this, she exhibited an alteration in her manner; was agitated, forgetful, and at times almost lost; and the father believed she was worse on alternate nights. She was engaged, and had been so for some time, to a young man who had gone to Scotland; but the father thought she had become rather cool towards him, and, he suspected, preferred the other, on whom the joke was practised. She gradually began to pine away. The circumstance occurred about five weeks before she was admitted. She continued to dwell on the subject, and frequently alluded to it; was confused, abstracted, at last became agitated and nervous, threatened to destroy herself, and attempted to get out of the window. On admission, she was emaciated, very delicate in appearance. Her complexion was swarthy and dusky; the hands and feet cold, with pimples on the lips and extremities. Her bowels were constipated, and the catamenia were suppressed. She was treated with aloetic purgatives and generous diet, with the usual discipline as to air, exercise, etc. She rapidly improved, and was discharged cured three months after admission.

She was readmitted about two years afterwards. The father reported that she had remained quite well since her discharge, and returned to her former employment of nurse to her mother. About a fortnight previously to her second admission, she began to be somewhat fidgety, running about the house without object; and at length became suddenly irritable and very violent, and made a dash at the window, as if she wished to throw herself headlong into the street. The window was shut,

but she broke the frame with her violence. She was attacked immediately with acute pain in the belly (a cramp). She was taken to the workhouse, and thence transferred to the asylum. At the time of the outbreak she was menstruating; and the father understood that of late the catamenia had been very irregular, and attended with pain. She had been much constipated in her bowels, for which she would not take medicine. She again quickly recovered; but was restless and fidgety at the catamenial periods, and did not regain her mental vigour for near nearly four months after the cessation of the active symptoms.

[To be continued.]

### CASES OF GUN-SHOT WOUND.

By T. L. PRIDHAM, Esq., Surgeon, Bideford, North Devon.

It is not often that medical men in private practice have to relate instances of gun-shot wounds; still, however, with those who have been in practice some thirty years, cases of more or less interest may be found in the notebooks of those who have kept such records.

The following three cases, as not having occurred in the battle-field or in strife, will, I may venture to hope, be deemed of sufficient interest to find a place in the BRITISH MEDICAL JOURNAL.

CASE I. In 1845, one dark and stormy night, I received a note from my friend, the present Dr. John Thompson, requesting my advice and assistance on the island of Lundy, about twenty miles hence, in a case of gun-shot wound in a young gentleman aged 15, who was on a visit to the governor of the island. I accordingly hastened to Clovelly, where a skiff was in waiting to take me to the island. Whilst we were crossing, the wind suddenly shifted to the westward, which enabled me to land at the only point accessible to a boat. I reached the governor's house just as the day was beginning to dawn, and soon found myself by the bedside of the patient, whose appearance I shall never forget. His countenance was pale, anxious, and desponding. On removing a light covering, I beheld, with feelings somewhat approaching to horror, the whole of the forearm and the greater part of the upper arm in a gangrenous state. The poor fellow, in company with others, had four days previously been on the sea shooting wild fowl, which are numerous on and around the island. In landing from the boat, he carelessly took hold of his gun by the muzzle with his right hand, when, by some means, the gun went off, and the whole of its contents passed through the inner part of the upper arm, just midway between the shoulder and the elbow, dividing the blood-vessels and nerve in the situation I have described. A sailor, who was near at the time of the accident, immediately tied a thin silk neck-handkerchief tightly round the upper part of the arm. Little blood was lost at the time of the accident. The poor boy was removed to the governor's house, some distance off. No medical man was near. Night coming on, a large fire was lighted on a certain part of the island, which could be seen at Clovelly, and known as a signal of distress; or, in other words, that medical aid was required. The medical man of the village, Mr. Heard, reached the island during the night; and, seeing the nature and severity of the accident, despatched the vessel which had brought him over for Mr. Thompson, surgeon, of Bideford, who also reached the island as soon as the winds and the waves would permit. It was at once apparent to him that nothing short of amputation at the shoulder-joint could possibly save the life of the sufferer. Before commencing so important an operation, he was desirous that still further surgical aid should be obtained; and accordingly, on the night I have named