were present, the symptoms which the patient presented being due to the pressure of the new formation upon the organs of the chest and abdomen; and the patient died as if she had been worn out with ascites, ovarian tumour, or any other disease acting in a similar manner.

CLINICAL ILLUSTRATIONS OF DISEASES OF THE NERVOUS SYSTEM.

By ROBERT HUNTER SEMPLE, M.D.

CASE OF ACUTE SUICIDAL MANIA TERMINATING FATALLY.

CASE. Henry Staples, aged 23, a boot-closer, of average size and conformation; thin, spare, rather tall; rather good-looking than otherwise.

PREVIOUS HISTORY. His father had been twice insane; the first time, was upwards of twenty years ago, when he was very gloomy, melancholy, and desponding; and, according to the account which I received from his eldest son, he was in a state of insanity when the subject of the present case was conceived. About ten years ago, the father made an attempt upon his life by cutting his throat, and was accordingly taken to St. Bartholomew's Hospital, where he was kept closely watched and under restraint, and where he eventually recovered; and was now (July 1851) in a sufficiently sane state to manage his affairs. I was informed that the subject of the present case had been well brought up, and had been educated as well as, or rather better than persons in his rank of life usually are; he was by no means ignorant. His brother stated that, from his earliest youth he had exhibited symptoms of moroseness of disposition and sulkiness; but that he now attributed these peculiarities to the influence of hereditary mental disease. He was reported to have been always a very steady young man, attentive to his work, esteemed by his employers, and not at all addicted to drink, or to sexual indulgence.¹

On Friday, July 4, 1851, an alteration was observed in his manner; he complained of unusual lowness of spirits, and began crying like a child; he had also pains in his limbs, and general uneasiness. On Sunday morning he rose from bed, and talked in a wild and incoherent manner; he also began dancing and capering about the room. Three of his acquaintances came in to see him, and proposed an excursion to Epping Forest to raise his spirits and to amuse him. It appears that they took him with them, and gave him some cold brandy and water, together with ale and ginger-beer. It does not appear that they drank much; but, when the subject of the case came home, he was furiously delirious. In consequence, a medical man was sent for, who administered some medicine, and told the relatives that he would pass some

¹ His brother has told me, that he used to have frequent conversations with him, and that he often complained of lowness of spirits; that, from reading some medical book, he had come to the conclusion that he had injured himself by extreme continence; and that he was continually in dread of alienation of mind.

black stools, and that, after doing so, he would be better. On Monday morning he was rather better, but in the afternoon he was seized with general trembling and crying. During the night of Monday, he made repeated attempts to strangle himself, by placing his thumbs over his throat, but these attempts were observed and frustrated by his brothers. On Tuesday he dressed himself, and went out with one of his brothers, but was evidently extremely uneasy in his mind, reproaching himself that *he had never got married*, that he had injured his health by extreme continence, and that he should become an idiot. During Tuesday night, he became worse, and was almost uncontrollable, and tried to destroy himself in whatever way he could, by using the instruments and tools employed in his trade. On Wednesday morning, at six o'clock, he was taken out into the air by his brothers, in the hope of soothing him; but, on their leaving him for only a few yards behind them, they perceived, on looking back, that he was knocking his head violently against a lamp-post. He was then brought home when his family were at breakfast, and, when unperceived for a moment, he seized a knife and drew it across his throat, but the knife was immediately secured by one of his brothers. He was then taken out again for the purpose of diverting him, to the house of one of his brothers; but while there he tried to jump out of the window, and also to strangle himself with his handkerchief; in fact, he made every attempt in his power to destroy himself. On Wednesday afternoon, he was seen by Mr. Hutchinson, one of the parish surgeons of St. Mary, Islington, and he was sent by him, on a lunatic certificate, to the Islington Infirmary, with a view to his conveyance to a lunatic asylum. He had now become so excessively violent, that it was impossible to restrain him by ordinary means, and he was carried to the workhouse in a strait jacket, and with his legs bound. The brother who furnished me with this account, stated that, so far as he knew, his head was not particularly hot, nor did he ever complain of headache, but his eyes were wild, and he asked for water; he had no sleep since Monday night, when he slept for about an hour and a half.

He was brought to the Islington Infirmary on Thursday, July 10.

When I saw him, he was in a very excited state, calling out loudly; he was confined by a strait waistcoat. His head was very hot; his skin was hot, dry, and parched; his pulse was rapid, but not very full; his tongue was dry and furred, his pupils torpid; he was very thirsty. His head was ordered to be shaved, and vinegar and water to be applied to the scalp; and eight leeches were ordered to be applied to the temples.

July 11. He was much the same; still uncontrollably violent, and necessarily confined in the strait waistcoat; head still hot; eye-balls rolling and prominent; pupils neither much contracted nor much dilated; tongue furred; bowels confined; skin hot. Although he was very violent, he nevertheless knew what was said to him, and put out his tongue when he was asked to do so; but he appeared to be in dread of something or somebody; and continually asked to be spared from some imaginary tormentor. He always addressed me by name, and begged me to relieve him from some apprehended danger; but he was so incoherent that I could not ascertain what he meant. I should mention that, except in the particular of restraint, he was treated with great

kindness. He was so exceedingly violent, that not only did he perpetually attempt to strangle himself in bed, to jump out of the window, and to kill himself by knocking his head against the wall, but he was also dangerous to others, for, although his arms and legs were confined, he bit one of his nurses very severely, and with his teeth he tore his coat in two. By my express directions, therefore, he was kept under restraint by physical means. He was ordered to take the following: $\mathfrak{R}$ Hydr. chloridi gr. iij. Fiat pilula 4tis horis sumenda. $\mathfrak{R}$ Sulph. mag. $\mathfrak{z}$ ss, inf. sennæ $\mathfrak{z}$ vj. Ft. mist., cujus sumat coch. ij magna 4tis horis.

I ought to mention, that I was requested at this time to sign an order, for the purpose of conveying this man to a lunatic asylum, but I declined to do so for the following reasons. He was in such a state of bodily disease as to require the most careful medical treatment; and the steps necessary to be taken in the case of pauper lunatics, of conveying them for examination before a magistrate, bringing them back to the Infirmary, and subsequently conducting them for several miles to a lunatic asylum, could not, I conceived, be adopted in the present case, without imminent danger to the life of the man himself, and to the safety of others.

July 12. He was slightly better, but still very incoherent. His bowels had been freely opened, and he had passed a large quantity of very dark, almost black, stools. The head was not so hot; there was no alteration in the appearance of the pupils. He was directed to apply a large blister to the nape of the neck and between the shoulders, and to keep it open by stimulating ointment, consisting of equal parts of emplastrum lyttæ and unguentum resinæ; he was also directed to continue the purgative mixture. He continued in the same state for the next two days; the delirium still continued, which was always of an *apprehensive character*, as if he feared that something was going to befall him, and he talked almost incessantly. I took great pains to ascertain whether the case were one of delirium tremens, but I was convinced that it was not, for the head was burning hot from the commencement, the skin was always hot and dry, the tongue was white and furred and dry, not covered with a creamy mucus, and I could observe, amidst all his violence, nothing that could properly be considered a tremulous motion. I therefore directed the antiphlogistic system to be continued, the blister in the back of the neck to be kept open, and cold applications to be kept constantly to the head.

July 15. He was rather more tranquil, but still raving, apprehensive, and incoherent. Bowels confined. He was directed to take half a drachm of compound jalap powder.

July 16. On this day he suddenly became worse; he was unusually quiet; the tongue became brown, cracked, and dry; the skin hot; he had great thirst; pulse was rapid and small. He was ordered to take the following: $\mathfrak{R}$ Antimon. potassio-tart. gr. j, sp. ætheris nitrici $\mathfrak{z}$ ij, liq. ammoniæ acetatis, et mist. camphoræ, $\mathfrak{a}\mathfrak{a}$ $\mathfrak{z}$ ijj. Ft. mist., cujus sumat coch. ij magna 4tis horis.

July 17. He was rapidly sinking; the skin cold and covered with a clammy sweat; the tongue black; the teeth covered with sordes; pulse very feeble, almost imperceptible, very rapid. He died very tranquilly on the same day.

POST-MORTEM EXAMINATION, NINETEEN HOURS AFTER DEATH. Weather warm, but not sultry or oppressive. Present: Dr. Semple, Dr. Ballard, Mr. Burford Norman. The body was that of a thin, spare man; there was no particular appearance observed exteriorly in any part. The head did not appear congested; the eyes presented no unusual appearance.

Head. The scalp was natural and not congested. The skull was thin, and in many parts it was translucent. The two sides of the skull were unsymmetrical in a very marked degree, and the skull looked as if it had been subjected to lateral pressure, which had caused its walls to be compressed unequally. As an example of this want of symmetry, it was particularly observed that the part of the skull which, according to phrenologists, is placed over the organ of destructiveness, was prominent on the left side, and depressed on the right, while the right frontal region was prominent, and the left depressed. The dura mater was normal. The arachnoid membrane, covering the dura mater, was natural; that covering the brain was of rather firm consistence, but not remarkably thickened, and not stripped off with facility, but tearing with the effort. The pia mater was congested, and its small vessels were minutely injected in a ramiform manner. The veins and sinuses of the brain were prominent, but not much congested; there was a little air in some of the veins. There were no appearances of adhesion in any part of the arachnoid membrane; and there was no pus, or coagulable lymph, anywhere discernible. On removing the brain, about an ounce and a half of serum, tinged with blood, escaped into the cranial cavity. The whole of the brain, viewed generally, presented an injected appearance, but no part was especially so more than another. The arteries and nerves were healthy. The consistence of the brain, when felt externally, was of average firmness; and, when carefully examined in all directions by dissection, it was found to be of perfectly natural consistence throughout. There were some bloody points dispersed among the white matter, but certainly not more than are seen in brains which are considered healthy. The ventricles contained hardly any fluid, and these and all the other cavities and organs of the brain were found to be perfectly healthy, although most carefully examined by myself and by the able anatomists who assisted me in the dissection.

Chest. The heart and lungs were perfectly healthy.

Abdomen. All the abdominal organs were perfectly healthy.

REMARKS. The above case affords matter for numerous, though unsatisfactory, reflexions. A young man in the prime of life is seized, without any known cause, with violent delirium; the mild treatment which he received at first, tends only to increase his disorder; restraint becomes absolutely necessary in order to protect himself and others from the effects of his own violence; he is treated by mild antiphlogistic remedies, but in a few days he rapidly sinks and dies; and after death no morbid appearance of any importance can be detected by the most careful examination. It will not be uninteresting to pass over, *seriatim*, some of the leading features of this very painful case.

CAUSES. No cause can be assigned for this attack, except hereditary predisposition. It appears that the father had been distinctly insane upon

at least two occasions, and that he had actually been under treatment at one period for a wound in the throat, inflicted on himself while labouring under suicidal mania. It also appears that the father was insane at the time when the subject of the present case was conceived; a circumstance, if it be true, which forms an important and curious fact in the pathogeny of insanity. The only indications of derangement of intellect in Henry Staples were some traces of sulkiness and moroseness in early life; but it appears that he was well educated, did not indulge his appetites or passions, and felt a presentiment of the mental disease which was to overwhelm him.

SYMPTOMS. The symptoms were clearly those of acute suicidal mania, and he sought to gratify his propensity for self-destruction by any means in his power. It also appeared that he laboured under subacute cerebritis, from the great heat of the head, the hot dry skin, the thirst, and rapid pulse.

DIAGNOSIS. From *ordinary mania*, the case was distinguished by the decided symptoms of inflammatory and febrile action. From *acute phrenitis* it was distinguished by the pulse being rapid and rather full, not hard and strong; by the absence of previous vomiting and other preliminary indications; by the absence of the staring blood-shot appearance of the eyes, and of intolerance of light, which denote the sthenic form of cerebral inflammation. From *meningitis* (although the symptoms of this disease are obscure and uncertain) it was pretty well distinguished by the absence of vomiting, of irregular outline of the pupillary aperture, of strabismus, of convulsions, and of coma; many or most of which symptoms usually accompany inflammation of the cerebral membranes, and the effusion consequent upon that disease. From *delirium tremens*, to which it bore some resemblance, it was very clearly discriminated by the previous history of the case; by the character of the delirium, which in *delirium tremens* is busy, rambling, and talkative, but in the present case was furious, violent, mischievous, and destructive; by the state of the head and skin, which in *delirium tremens* are cool and remarkably moist, but in the present case were uniformly hot and dry; and by the state of the tongue, which in *delirium tremens* is covered with a creamy moisture, but in the present case was dry and furred.

TREATMENT. The treatment was entirely founded upon the above diagnosis; the absence of symptoms denoting the sthenic form of encephalitis contraindicated the adoption of copious bleedings; while the hot and dry skin, and the dry and furred tongue, precluded the use of any form of opium. A middle course was therefore pursued; eight leeches were applied to the temples in order to moderate the inflammatory action which existed; a small quantity of calomel, amounting altogether to a scruple, given in divided doses, was administered; and the bowels were kept open by simple purgatives; and, after the antiphlogistic plan had been adopted to this extent, a blister was applied and kept open in the nape of the neck. Only very light diet was allowed, and the principal drink was water.

MORBID ANATOMY. The pathology of this affection is exceedingly obscure; and, although it is allowable to suppose that vascular congestion may have existed during life, but had disappeared at or after death, yet it is quite certain that no traces of inflammatory disease, or

of any other morbid action, could be anywhere discovered. I do not pretend to assert that, in cases like the present, morbid appearances do not exist, but I am sure (and I write from a rather extensive experience) that in many instances it is very difficult to find them; and it is perhaps reserved for another age, and for more accurate and refined methods of investigation, to determine the nature of those subtle changes in the structure of the human brain, which derange the operations of the intellect, and temporarily or permanently deprive man of the godlike faculty of reason.

8, Torrington Square, August 1851.

OBSERVATIONS ON THE PATHOLOGY AND TREATMENT OF PAIN, ESPECIALLY IN FIBROUS AND FIBRO-SEROUS TEXTURES.

By JAMES KILGOUR, M.D.

THE three following cases may prove interesting, from the analogy which existed between certain of the symptoms common to each; and more particularly from the circumstance, that pain was a prominent feature in all of them. They are arranged in chronological order.

CASE I. Charles George, a young man, aged 26, tall, and rather muscular in form, whose occupation was that of a farm-labourer, was first seen by me on the 17th January, 1849. At that time he presented the appearance of a person labouring under organic disease; his aspect was sallow, his figure bowed, his walk feeble, and the least exertion produced breathlessness and exhaustion. He stated that he had been ill since the preceding June; that his medical attendant had treated him for fever; and that, for a short time, his urine had been bloody. These were the only antecedent facts, connected with the history of the case, which I could rely upon as authentic.

He then complained of severe palpitation and breathlessness upon exertion, or upon attempting to lie down; taking food also aggravated these feelings, and caused a sense of fulness and distension. His pulse beat, upon the average, 115 in the minute; it was not irregular in any way, but extremely excitable. There was no heat of skin; but the urine was reported to be occasionally turbid; there was some thirst, and the tongue was white and slightly furred; the bowels were rather confined. There was no swelling of the extremities, nor œdema anywhere. A very careful examination of the chest, which was well shaped, revealed nothing unusual, except that the situation of the apex of the heart was rather more to the right than common. Pressure at the epigastrium caused uneasiness, but not pain at this time.

The treatment was generally calmative, and at the same time directed towards the relief of the dyspeptic symptoms. During its continuance, he passed a large round worm, and gradually improved so far as to be capable of some exertion, and of lying down in bed. He was discharged on the 19th of February, with a hope upon my part, and a belief upon his own, that he was upon the highway to recovery. These expectations were not destined, however, to be at once realised.