Case of Profound and somewhat Prolonged Suicidal Melancholia; Diarrhœa with Fever; Recovery. By Dr. CARLYLE JOHNSTONE, Assistant-Physician at the Morningside Asylum, Edinburgh.

Admitted into the Southern Counties Asylum 3rd January, 1883. Female. Single; 40 years of age. Domestic servant. First attack. Insane probably for several weeks. Cause unknown; but it is believed that she had been anxious and worried about her employment. No insanity in the family.

From the statements made by her friends and those contained in the medical certificates, it appears that for several weeks she had been almost without sleep, and that for some days she had been very violent in her behaviour, threatening to commit suicide, requiring forcible restraint, and had taken very little food.

When brought to the asylum she was in a very exhausted condition; pulse 144; tongue foul; breath offensive. Owing to her refusal of food she was fed on the same day with the stomach-pump. Her mental condition was one of most profound depression; she was continually moving about restlessly, wringing her hands and exclaiming that she was lost.

After a fortnight's residence, with the use of sedatives and careful nursing, there was considerable improvement in her general health, but her mental condition continued to be one of acute melancholia; she slept badly; had made various attempts to injure herself, expressed many delusions, *e.g.*, that "black men" came into her room at night.

Seven months after admission it is noted that she continues in a state of profound melancholia, with marked suicidal and sometimes homicidal tendencies. Has been placed under special observation. Often says that she wants to be killed. On the 8th August she escaped the attendant's observation, and seized a knife, but was prevented from doing herself any injury. On the 10th August she tore a strip from a sheet and attempted to strangle herself, but failed to do herself any harm.

During the next two months she underwent some treatment with the continuous galvanic current. The mental depression was much less profound, but she still expressed the wish that she were dead, and she was extremely irritable, striking anyone who spoke to her without the slightest provocation. At times she stated that she was the "Queen of the three nations." Her general health showed considerable improvement; she took plenty of food, but was restless at night.

19th November, 1883.—Last night she attempted to commit suicide by tearing down the gas-pipe in her room, breaking the pipe and inhaling the gas. She was discovered before any bad effects had time to develop.

20th December, 1883.—Since last report she has been in a very excited state, frequently asking for knives, scissors, &c., with the

avowed purpose of injuring herself. One day she attempted to strangle herself with a piece of braid which she had torn off her dress. She had now become stout and much improved in her general health, eating ravenously, but still restless at night, and often sleepless. From this period until her removal to the Royal Edinburgh Asylum no change occurred.

On her admission into Morningside Asylum, on 31st January, 1884, her condition was as follows :—

She is a fairly well-nourished, middle-aged woman, with a dull, weary, hopeless look; face discoloured with capillary congestion; hair black, streaked with grey; irides brown; pupils contracted, equal, sluggish; tongue clean; pulse 65, very weak; temperature 97°. There appears to be considerable motor debility; she halts slightly on her left leg; slight flattening of the right side of the face; patellar reflex-action blunted; ordinary and special sensation normal; slight flattening at both pulmonary apices, with rough breathing; cardiac sounds feeble. There appears to be little impairment of the intellectual powers, but there is profound mental depression characterised by a dull apathy and disgust of life. Patient says that she will never be happy in this world, since it is lost to her, and that the only chance for her is to get out of it.

April 30th, 1884.—Patient has the heavy, stupid, degraded look of a hopelessly incurable case. She has no concern in life, save a dull longing to end it. She accosts each passer-by with the request, "Please, will you take my life?" For the rest, she is silent; she denudes herself; tears her clothes into fragments; has filthy practices; is stubborn and intractable; she has a hearty appetite, and gets sufficient sleep, though at times restless at night. On several occasions she has made half-hearted attempts to get into the pond to drown herself.

May 13th.—Nine days ago she had a syncopal attack while walking in the grounds. Afterwards she complained of a feeling of weakness in her left limbs. She was put to bed, and on the following day she was found to be suffering from diarrhoea, with a temperature of 104°. Since then there has been a temperature of about 100° in the morning, and 103° to 104° in the evening; pulse feeble, but of moderate rapidity. There is occasional diarrhoea, with loose, yellow evacuations; tongue at back coated with dirty yellowish fur. There is no eruption, abdominal tenderness, or other indication of enteric fever. Patient lies quietly in bed, making no complaint, takes sufficient nourishment, and when spoken to says drearily, "Please, sir, will you take my life?" She has been put on a simple nourishing diet of fluids, with brandy, opium, and sulphuric acid.

May 24th.—The temperature ranges from normal to 100° in the morning, and is generally considerably higher in the evening, sometimes rising to 104°. Diarrhoea less frequent. No eruption or other grave or suspicious symptoms. Patient appears to be somewhat

clearer intellectually, is much more docile, displays a certain shy gratitude, and seems considerably less gloomy.

June 10th.—The fever and diarrhoea have disappeared. The bowels have been constipated, and yesterday a healthy evacuation was obtained by the use of castor oil. Patient was able to leave her bed to-day. She is still very weak, but has a much healthier look, and is more reasonable and manageable, and less dejected, and but rarely asks to have her life taken.

July 1st.—Since last note she has made steady progress in every respect, and physically, as well as mentally, she is in a much more healthy condition than when she was admitted into the asylum. Her expression is still dull and listless, and she is shy and retiring, but she talks sensibly and pretty cheerfully; is very civil, docile, and grateful, and shows no suicidal tendencies. She sleeps in a general dormitory at night, works diligently during the day, goes out regularly for exercise in the open air, and has a hearty appetite.

August 27th.—Her convalescence progressed in the most satisfactory manner, and she was to-day discharged as recovered, after an asylum residence of nearly one year and eight months.

Five months later she was ascertained to be free from mental or bodily disorder.

Remarks.—This case presents two interesting features. One of these is that the patient should have recovered at all. While it has been seen that the attack of insanity was a somewhat prolonged one (nearly two years altogether), it is not easy to show by a mere description of the case how very bad the prospects of recovery appeared to be. Suffice it to say that of those who had the opportunity of observing and studying its features day by day there were probably none who would have called the case a curable one; and the experience which they thereby gained will probably urge them in future to look with more hope and to spend more pains upon other cases which formerly they would have considered hopeless and unprofitable. A more remarkable feature is the fact of the recovery having taken place after a prolonged attack of diarrhoea, with fever. Whether the diarrhoea may be looked upon as having dispelled the insanity is questionable; the fact is simply recorded.