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CASES OF MONOMANIA.

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AMONG the great variety of disagreeable duties which the physician is called on to perform, few are more painful or embarrassing than that which requires him to confront in court a patient (perchance an old friend), laboring under monomania, and to declare, under oath, that he is insane, and not only unfit for the enjoyment of personal liberty, but incapable of managing property, accumulated, perhaps, by his own industry and talent. But what is of more importance to society and to the character of the physician concerned, is the difficulty of performing this duty satisfactorily, when the patient is but slightly deranged. How, in the estimation of an inexperienced and unprofessional jury, can a man who talks so well and deports himself so unexceptionably, be insane? What is insanity? is a question that has long puzzled physicians, jurists, and writers on medical jurisprudence. It is a question which has not yet been suitably answered, and in the present state of knowledge does not appear to admit of a satisfactory solution. Considering the complex nature of mind, and the variety of faculties, sentiments and propensities involved in its disorders, and recollecting the hitherto unsatisfactory definitions of diseases purely physical, such as fever and inflammation, this is not singular. It is not intended, however, on the present occasion, to discuss this question, but simply to relate by way of illustration two cases of monomania which were stamped by the same peculiarities, and which finally terminated in the same melancholy manner. Though resembling each other, they occurred in individuals of very different characters—the one was a highly intellectual man; the other a person of very ordinary capacity. Both were brought before the court for examination into the state of their minds—both puzzled judge and jury—both proved insane upon a second trial—both so far recovered that they were discharged from the asylum—both lapsed into melancholy, and both ended life by suicide.

Case I.—S. Y., admitted into Bloomingdale Asylum, August 1st, born in England and resident in New York for ten or twelve years, age 35, single, merchant. Hair dark, eyes light, head large, great anterior and superior development, animal propensities strongly marked. Has been a free liver and has indulged in beer-drinking; for several years past has domesticated with a designing woman, whom he now calls wife. It is six weeks since he gave the most decided evidence of derangement,

and much longer since he began to manifest symptoms of mental aberration.

As at the time of his admission no remarkable deviation from the normal state was observed, either in mind or body, his only treatment was confinement to the house and grounds, the administration of a warm bath, followed by an aperient, and the substitution of bitter infusion for his accustomed drink.

August 9th.—Until this morning his conduct and conversation had been, in the main, correct. He now talks wildly, saying his friend R. has been for a long time trying to kill him by poison and other means, and has sent out persons at night to “upset him.” Skin sallow, tongue loaded, bowels torpid. R. Hydr. submur., pulv. ant., āā gr. v. h. s.—H. pulv. rhei, magnes. calcin., āā ʒj. c. m.

20th. Saw a lady here yesterday, an entire stranger to him, who he insisted was his wife. Says he has two horses that can travel through the woods like wolves; when Mr. R. reports him drunk, he is frequently 500 or 1000 miles off in an Indian wigwam, where he can go in five or six hours. The horse, which he rides by lying flat on his back, kills wolves. Much mental excitement. Yesterday tore in pieces a blanket.

On the 9th inst. began first to destroy things without apparent motive; tore up a hat belonging to another patient, and then commenced with his own. He then became so noisy and offensive to the other patients that it was necessary to send him to the Lodge.

22d. Continues to talk about his horses; says that he has one that can travel over swamps and ditches; nothing but houses can stop him, and if these be not strong, he kicks them down and goes through.

23d. Says Red Jacket is here, and points him out in the person of one of his fellow patients. He now got so much better that he was taken back to the main building.

September 15th. His mental excitement returning, and preceded by disorder of the digestive functions, constipation of the bowels and increased vascular action; ordered active purging and cupping.

19th. Was cupped yesterday and 3 vi. taken from the occiput; but having become violent, noisy, destructive, and offensive to convalescent and quiet patients, has been removed to the Lodge.

20th. Talks wildly and confusedly about the earth having been turned up-side-down by screws; has a plan for “sawing Long Island in two, and another for cutting through the earth at right angles with the horizon.”

25th. Saw his friend R. yesterday, and has been much worse since, having torn in pieces his trowsers. When asked why he did this, replied, that it was for the purpose of making new clothes, which he does by submitting the old ones to friction.

29th. Some of his injudicious friends caused him to be removed to the city by “Habeas corpus.” He behaved so well, and talked so plausibly before the Recorder, as to leave an impression on the minds of many present that he was perfectly sane, and had been persecuted and unjustly confined. He was, notwithstanding, brought back to the Asylum.

October 1st. Walking about the hall and yet tranquil. Mr. R. had an interview with him in the course of the day, for the purpose of furnishing himself with facts to substantiate the opinion which he expected to be called on to give ; but he seemed suspicious, declined answering the most common questions, evidently for fear of implicating himself, and was rather abusive.

2d. S. was again taken before the Recorder, where I was examined respecting his case, and stated all the facts connected with it. His deportment was correct, and he said not a word that could be construed into insanity until his converting old into new clothes was ridiculed ; when he boldly asserted his power to do so, to the utter dismay of his lawyer and pretended friends.

13th. On his return to the Asylum, which was immediately after the investigation, he conducted himself with propriety till within the last few days. Began the work of destruction again last night ; asserts that he is the owner of the Asylum buildings, and that he has discovered perpetual motion.

14th. More wild and confused than ever ; when asked why he had destroyed his bed-clothes, said it was to save lives.

15th. Destructive propensity still active ; perceptive faculty disordered ; calls Mr. F. (one of the patients) his grandmother.

16th. Violent, wets his bed and pulls it to pieces ; appetite voracious. R. Hydr. submur. $\mathfrak{D}$ i., ant. tart. gr. ss.

18th. More calm, complains of pain in the left shoulder. Let him have a warm bath ; to be repeated.

19th. So much more rational that he has been brought back to the main building.

28th. Not so well ; unhappy, fault-finding, talks in the old strain about the fleetness of his horses, his fancied exploits among the Indians, and his converting old into new clothes.

November 11th. Has been at the Lodge for some days past ; noisy, discontented, violent, destructive. R. Bal. calid. 100 Fah. q. d. per hor. unam.

13th. Excitement subdued, pulse 86 and small, countenance haggard, skin sallow ; ever dissatisfied and complaining. R. Mass. pil., hydr. ext. conii. aa $\mathfrak{D}$ ij. m. and div. in pil. No. xvi.—i. m. and v. Baln. omit.

29th. Has been at the main building about a fortnight and more rational than he has ever been since here ; but to-day begins to talk wildly again, eye sallow. H. Hydr. submur. $\mathfrak{D}$ i.

30th. Again destructive and talking incoherently about the Indians, &c.

December 2d and 3d. Raving, violent, destructive. Ap. C. C. occip.

4th. Though the blood flowed freely, still wild and incoherent ; says he is on Bosworth field.

17th. Somewhat better.

23d. Entertains ideas of greatness, says he has all along been at the head of affairs in England ; combative and destructive propensities both active. Rep. baln. calid.

February 2d. The baths proving useless, have been discontinued; destructive of clothes yet. Setaceum in nucha; continue vegetable diet.

March 8th. The seton produces a most copious discharge; and although it has been in only a month, he has been quite rational for a fortnight, has been brought back to the main building; had an interview with his brother last week for the first time, and is no worse in consequence; bowels costive, pil. aloes c. ij., pil. coloc. c. i. h. s.

26th. Continued to improve until this date, when he was discharged *recovered*.

After leaving the institution, he embarked immediately for England, continued sane during the voyage, and until he reached a large town in the interior, not many miles from his native place, when he retired to a room in a hotel and committed suicide. When S. Y. recovered from derangement, he learned that the mercantile house of which he was a member had failed. Mortification at returning home reduced to poverty, broken down in health, and shattered in mind, together with the dread of meeting his father, may be supposed to have hurried him to this last fatal act.

[Case II. will be given next week.]

CASE OF GUN-SHOT WOUND OF THE HAND, FORE-ARM, AND ARM, WITH FRACTURE OF THE HUMERUS, SUCCESSFULLY TREATED.

BY R. W. LINDSAY, M.D., OF ALEXANDRIA, D. C.

L—— E——, ætat. 10, was wounded April 11th, 1840, by the accidental discharge of a fowling-piece, whilst holding it by the muzzle and drawing it towards him. The load entered the upper and thick part of the palm of the hand, slightly grazing the wrist for about an inch, then tearing up the muscles in the most shocking manner, half way up the fore-arm, exposing the tendons to view; it entered the arm anteriorly a few lines above the bend of the elbow, fracturing the os humeri about an inch and a half above the joint, then passing upwards, about half way up the arm, it made a slight opening posteriorly, but without any portion of the load apparently having made its exit.

On the first view, this case presented a very formidable appearance, and considering the situation of the wound in the arm, it appeared almost impossible that the brachial artery could have escaped very serious injury; but on examining the pulse, it was found to beat with the same force and regularity as in the sound arm, which showed that if the artery was injured at all, it was not so seriously as to endanger sloughing and hæmorrhage.

Professor Gibson says, that in some cases, large arteries are pushed entirely to one side, without sustaining injury. On examining the course of the artery at the time, and since the wound healed, this must have taken place to some extent in the case under consideration.

On introducing the finger between the ends of the divided bones, there appeared to be simply a transverse fracture; no loose pieces of bone could be felt. The arm was now swelled to double the natural size, the pulse