Clinical Cases.

CASE OF MICROCEPHALIC IDIOCY.

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IN addition to the two cases of Microcephalic Idiocy described by Dr. H. R. O. Sankey in this Journal ('BRAIN,' October 1878), there is at present a third patient similarly affected under the care of Dr. Parsey (Warwick County Asylum).

E. F. was admitted into the Warwick County Asylum on the 20th of September, 1876, from a remote workhouse, where she had been detained for five years.

Mr. Hitchens, of Shipston-on-Stour, has kindly obtained the following facts from her father. Her parents were not related before marriage, and were of average intelligence, sober and industrious. Her father is now seventy-four years of age, a hale old field-worker. Her mother died of phthisis twenty-five years ago, was always delicate, and for the last fifteen years of her life did but little work.

She had seven children, three—still alive and without mental defect—born before E. F. Two born after E. F. were also healthy, but one of them died, *æt.* 16, of rheumatic fever. The last child was seven years younger than the patient, and had an abnormally small head, though not so small as hers. This girl had more intellectual capacity than E. F., but she never walked, and suffered from general marasmus till her death, when nine years old.

The family, as a rule, appear to be fairly healthy. The only ascertained history of nervous disease occurred in a niece of the mother's, who had a paralytic seizure.

During Mrs. F.'s pregnancy with E. F. she had no disease, and met with no accident; and there is no history of any extraordinary maternal impression. At birth the cranium of E. F. was noticed to be very small, the medical attendant stating that her brains were all in the back of her head.

When in the workhouse she was very passionate, noisy, and excitable; and was reported in the certificate of insanity to be getting more unmanageable.

On her admission she was in a similar condition to her present state, though during her residence here she has become quieter and more tractable, and has also improved in her habits.

She is now forty years of age, but looks considerably older. Her attitude is peculiar. She perches herself on the edge of a chair in a simian posture, the hands being invariably crossed on the breast, constantly intertwining in a nerveless, purposeless way to an accompaniment of a rhythmical swaying of the body to and fro. Her back is bent till her head appears to be set on at right angles to her body, and her neck is usually on the full stretch; she is either craning forward in her contortions or her head is bent down to the utmost. In summer her chosen place is by the corridor door, in winter hard by the fire. She is shrivelled and aged-looking. The wrinkles on her face are deep, and her breasts are withered and pendulous. She is slightly built, with small bones, and insignificant muscular development. Her habit of stooping has brought her shoulders forward to the utmost, but otherwise she presents no extraordinary deformity of body or limbs, save for a slight inequality in the length of forearm and hand—the right being the longer by half an inch. Her head at once attracts attention by its minute size, which somewhat luxuriant grey hair is perfectly inadequate to compensate for. Her complexion is sallow, and her expression in repose fatuous in the extreme. At other times it varies between fear and pleasure, rarely showing attention or curiosity.

The shape of her head is oxycephalic, tapering to a cone-like summit. Her nose is long and prominent, surmounted by well-developed frontal sinuses, immediately above which the frontal bone bends suddenly backwards, and slants upwards on a parallel plane with the nose. The remaining upper incisors project from the alveolus and the chin suddenly retreats beneath a wide and capacious mouth. The cheek-bones form the widest part of the face. The occipital spine is boldly marked, and forms an excellent tubercle for measuring from. The cranial sutures are closed.

She walks in an exceedingly clumsy manner, lifting her feet high from the ground and rolling at each step. She runs but seldom, and when she does, it is with an indescribable shuffle, with head thrust out in front and a feeling of tottering insecurity. All her motions are clumsy and express a want of co-ordinating power. Notwithstanding she possesses a fair amount of strength, and in anger has been known to pull

another patient down on the floor. Her grasp is apparently feeble under ordinary circumstances, and her intelligence so limited that she cannot exert it on command. It is easy, for instance, to pull a tea-cup out of her hands, but the nurses sometimes find it rather difficult to persuade her to enter a bathroom-door. She claps her hands sometimes, but without eliciting much noise. Though ravenous at meal times, her haste in eating is owing to the quantities she stuffs in her mouth, not to the rapidity of arm motion.

Her days are spent sitting, as above described, on a chair, from which she very rarely moves unless when summoned to meals or to bed. She is passionate when tormented, but appears on the whole to be of an amiable temper, with the characteristic confiding simplicity of idiocy.

With regard to her bodily condition, she is in fair health. On her admission she was often sick after food, but now this rarely happens. Her tongue is clean and moist, her appetite good, her bowels regular. The teeth are yellow and chalky, and several have dropped out. The palate is low and smooth. Her skin is moist and free from eruptions.

The organs of circulation present the usual characteristics of congenital idiocy. The pulse is slow, weak and small. The heart's impulse is feeble, the sounds normal. The feebleness of circulation is manifested by the constant swelling, œdema, and lividity of the feet and legs, which sometimes indeed necessitates her detention in bed.

Respiratory organs apparently normal. The inspiration is extremely shallow and feeble.

She used to menstruate at irregular intervals till about three years ago, when the catamenia suddenly ceased for six months, at the end of which time she suffered from a menorrhagic attack, after which all menstruation ceased. She has never been known to manifest any sexual feelings. Her genital organs are apparently normal. Her sight is intact, for long and short range of vision. Hearing is also apparently perfect. Smell is but feebly developed. Taste is evidently present—she prefers bread and treacle to bread and butter—and touch is sensitive if not indeed hyperæsthetic.

Her intelligence is extremely low. She recognises strangers, if in a different garb to the ordinary asylum dress; and she knows, at any rate, one patient who is her especial aversion. She recognises her name, also simple words and phrases—as, dinner, bed, bath, music, &c.—but her vocabulary is extremely limited.

She is perfectly helpless in regard to dressing herself. The only use she can make of her hands is in feeding; she can use a spoon.

Her language is confined to interjections; her whole stock being, "Oh dear!" "Now then!" "Ah = Yes!" "Hulloa!" "Ah!" and "No." And these are pronounced so indistinctly that it requires some experience to determine which is which. When asked to go to the bath, she will sometimes say "No." She is fond of pretending that she is ill, saying, "Ah!" with indrawn breath and a very good imitation of suffering expressed by hands pressed on stomach and piteous noise.

Attention is hardly present. It requires considerable motor power to rouse her attention, and then it is but a momentary exhibition. For instance, she can be roused to scream at the sight of a penknife being opened, but would take no notice of a dog in unaccustomed attitudes.

There does not appear to be any imitative faculty in force.

She has no fund of amusements, no fondness for any toy or ornament. A doll will lie in her lap unheeded, and picture-books are beyond her range entirely.

She seems to have a preference for little children, and has on more than one occasion given them portions of bread and butter.

Her memory is certainly rudimentary. She remembers having an abscess in her leg opened by a lancet two years ago—witness her screams on seeing a penknife; she certainly recognises tape and callipers, and has a lively recollection of my stealing her bread and butter at tea.

Her fondness for music is remarkable. This is evidently not a mere liking for noises; but she can really appreciate musical rhythm. Her great delight is to hear the band play, and when the music is in full swing her contortions are most pronounced, and her grunty noises are at their loudest.

Identity is present—evidenced by her knowledge of her own ward, her own bed, and her own seat.

She would pay no attention to the calls of nature; and is only preserved clean by being taken to the closet daily. She never makes any attempt to find her way there herself, but when there gives no farther trouble.

She is very timid and easily frightened.

Exhibits no affection or preference for any single patient. In fact her habits are perfectly solitary.

She still continues very passionate, though her opportunities of showing this have been much diminished. She is also revengeful as regards one fellow-patient only. This girl has a most objectionable habit of staring into her neighbours' faces from a very close proximity, and E. F. will at once take the offensive on her approach. With an evident memory of former encounters, she makes hideous noises

and clutches at the object of her wrath with a ferocity that could scarcely be credited to her slight figure and nerveless fingers.

Occasionally, though now not so frequently as in former years, she lies down, refuses to move, and has to be carried to bed.

Curiosity is very faintly developed.

Pleasure is manifested by smiles and a quickened rocking of the body, and a more rapid interlacing of fingers. This is chiefly manifested on hearing music.

She often exhibits mortification and jealousy when she is overlooked by the nurse or her fellow-patients going out to the garden. At these times she becomes noisy, and is only pacified on being allowed to join her neighbours.

DIAGRAM—HALF LIFE SIZE—OF HEAD MEASUREMENTS.

Sympathy, and all the more complex psychological phenomena are quite beyond her ken. In fact her mental capacity might be rudely gauged at something below that of a fairly intelligent house-dog.

She sleeps in the foetal position, covered entirely by the bedclothes.

MEASUREMENTS.

	Height	4 feet 9½ inches.	
	Weight	85 lb.	
Head.	Curves	Circumference (A B)	16½ inches.
		Antero-posterior (A B)	9 "
	Forehead	Bi-auricular (O C)	10 "
		Breadth (B E)	3½ "
	Diameter	Height (A D)	1½ "
		Longitudinal (A B)	5½ "
		Transverse (F F)	4½ "
		Bimastoid (G G)	4 "
		Bizygomatic (H H)	4½ "
		Fronto-mental (A I)	4 "
		Occipito-frontal (B D)	5½ "
		Occipito-superciliary (B A)	5½ "
		Occipito-nasal (B K)	7½ "
		Occipito-alveolar (B L)	6½ "
	Callipers	Tragus to chin (O I)	4½ "
		" Alveolus (O L)	4½ "
		" Nasal prominence (O K)	5 "
		" Superciliary ridge (O A)	4½ "
		" Top of forehead (O D)	4½ "
	Curves	" Occiput (O B)	3½ "
		" Chin (O I)	5½ "
		" Alveolus (O L)	4½ "
		" Tip of nose (O K)	5½ "
		" Superciliary ridge (C A)	4½ "
		" Top of forehead (O D)	4½ "
		" Occiput (O B)	4½ "
	Ears	Palate width	1½ inches.
		Length	2½ "
		Breadth	1½ "
		Length of Arm	11 "
		" Forearm	9 "
		" Hand	6½ "
		" Thigh	16½ "
		" Leg	17½ "
	" Foot	8½ "	
	Round Arm	7½ "	
	" Calf	10½ "	
	Width of Shoulders	10½ "	
	" Pelvis	10½ "	