Clinical Department.

PERSISTENT ATTEMPTS AT SELF-DESTRUCTION; A REMARKABLE METHOD OF SUICIDE.

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IN November of the year 1894, I was called to attend A. B., a man who had passed middle life, was unmarried and lived alone. He had for years been troubled with indigestion and was a confirmed pill-taker. He now believed he had heart disease, but after examination I informed him that he had not. He wished me to visit him as often as I considered necessary and I called two days later; during this time he was frequently on the street, and made several social calls. He was noticeably despondent.

In the afternoon, five days after my first visit, responding to a summons, I found my patient in bed. In the early morning of that day he had made an attempt upon his life. I found an incised wound two inches in length, beginning over the apex of the heart, extending towards the sternum, and penetrating the chest near the sternum, the organs contained in the chest being apparently uninjured; a second incised, non-penetrating wound was found just above the one described; there were two incised wounds on the anterior surface of the left forearm near the wrist, but the arteries were not cut. There was a small wound of the skull and its coverings at the vertex in the median line at the point of junction of the coronal and sagittal sutures which he informed me he had made by driving a nail through his skull with a hammer. While penetration of the skull was quite apparent a probe could not now be made to pass through it. A small wound was found near the one described, which had probably been made by a nail, but which had not penetrated the skull.

He informed me that he was tired of life, believed he had water around the heart, and had made an incision for the purpose of letting it out; he also desired to know the exact location of the heart and vital points in the brain. The implements which he had used could not be found. Just after the attempt on his life he had called a woman occupying a portion of the house, who found him sitting in a chair with a basin in which there was considerable blood, which had flowed chiefly from the chest wounds. His clothes had absorbed considerable blood. She observed the head of a nail protruding from the skull, but on returning after a short absence from the room it had disappeared. It would seem that the skull wound had been first made, as it would apparently be impossible to make it when weak from the loss of blood. The end-cutting wire pliers by means of which he had extracted the nail were found. He progressed favorably, and after a few days gave every evidence of recovery. The highest temperature noted was 100.5°. As his condition improved his expressions of dissatisfaction at the failure of his attempt became more pronounced.

On the ninth day after his first efforts at suicide I was informed that the nurse had left him for a short time, and during his absence the patient had arisen, obtained a hammer and nail, and made a second attempt at suicide. The point of entrance of the nail into the brain was the same as before and it was extracted by the nurse with the pliers which the patient had himself used on the former occasion. The nurse stated

that the head of the nail was so close to the skull that it was with difficulty he secured sufficient hold upon it to allow its extraction; he also stated that the nail was so tightly held by the bone that a considerable outlay of strength was required for its liberation. The first nail used was now found and identified by the blood which had clung to it. It was the ordinary smooth, round, wire nail so much in use, and measured five inches in length and three-sixteenths of an inch in diameter. The nail used on the second occasion was somewhat larger, and measured five and one-half inches in length and one-fourth of an inch in diameter. The hammer was an ordinary-sized one, having a claw for nail-extraction. The knife used was a fish-cutter's knife; an idea of this knife is obtained if we imagine a six-inch bread-knife with the cutting edge ground out in a uniform curve from the handle to the end of the straight portion of the cutting edge, that is, the end of the knife is as large as formerly, the blade narrowed at the centre.

A rise in temperature followed this second attempt, the highest recorded being 102°. Death occurred on the fifth day, or on the fourteenth day after the first attempt at self-destruction. Power to communicate ideas by speech was lost two days before death; but his mind readily responded, and showed normal understanding until death. Two days previous to death a twitching of the muscles of the right side of the face was noticed, and was soon after apparent in the right arm and hand.

Laceration of the brain and its coverings was demonstrated after death. The course of the nails was downward and backward towards a point one inch to the left of the junction of the longitudinal and lateral sinuses.

Reports of Societies.

CLINICAL SECTION OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

JOHN L. AMES, M.D., SECRETARY.

REGULAR Meeting, Wednesday, January 16, 1895, DR. G. M. GARLAND in the chair.

DR. G. G. SEARS read a paper entitled,

REMARKS ON TWO HUNDRED CASES OF PHTHISIS.¹

DR. V. Y. BOWDITCH: Dr. Sears's paper brings up several interesting points for discussion. Certainly, in regard to the point of heredity in consumption, I have been led to adopt the belief that it is not transmission of a tuberculous condition from parent to child, but that a vitiated system can be handed down which makes a fruitful soil for the germ to grow in.

In reference to our methods of diminishing the liability of infection from one case to another and the action of boards of health, it has always seemed to me that a middle ground is the safer. I had the strongest feeling against the action taken by some of the boards of health at first who would almost ostracize the poor patient the instant the bacillus was found in his sputa—it seems to me a cruel and unnecessary position to take. I do believe that certain measures, especially those adopted by the Massachusetts Board of Health and the City Board of Health, are capable of doing a vast amount of good. I have

¹ See page 323 of the Journal.