however great or wherever located the hemorrhage.

Procedure. Having selected the site for operation, the scalp flap is turned down and the bone exposed. Every drop of blood which it is possible to conserve should be saved, for it is drops, not ounces, which count with the new-born child. A trephine may be used or not, as seems necessary; if the opening is made near one of the sutures, it will not be required. A little careful use of the chisel or gouge without the hammer will usually affect a sufficient opening for the use of the DeVilbis forceps or heavy shears.

However, there is no objection to the use of the trephine, if it is used delicately. The Hudson drill is too powerful an instrument for use in the babe's skull. If the clot is epidural, it is reached immediately underneath the skull, and can be quickly removed. A little pressure with cotton will generally control any oozing. If the clot is sub-dural, it can usually be felt or seen beneath the dura, and that membrane is then opened and the clot withdrawn. It goes without saying that the hazard of the operation is materially increased if the dura is opened. It is a delicate procedure in the infant, and must be done skilfully. In the great majority of cases the clots are near the surface, and generally near the sutures, and more frequently epidural.

Rapidity, conservation of blood, and delicacy, are the essentials to success in these operations.

It is not, I am sure, exhibiting an optimism born of mere fancy, to express the belief that we shall some day be able to recognize and successfully treat so many of these cases of meningeal lacerations of the new-born, that the tragedy of having an imbecile child grow up in the family in consequence of such accidents, will be of the rarest occurrence.

SELF-MUTILATION BY THE INSANE.

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AFTER consulting all available literature, I find very little said about the propensity of certain of our patients to mutilate themselves. A paragraph or perhaps a single sentence here and there, is apparently deemed adequate. Attempts at suicide and homicide, and various other morbid and maleficent tendencies are given ample consideration, and justly so.

When an insane person mutilates himself in any way he may not only cause a permanently injurious effect on himself, but he also may inflict great discredit on his medical attendant and the institution where he is treated. Relatives and friends will complain and often cause great trouble to those who have the charge of such cases. Sometimes instances of self-mutilation are exploited in the newspapers, only too often in a distorted or exaggerated manner.

The writer, therefore, feels that a brief résumé of cases of self-mutilation which have occurred either in his own service, or within his personal observation, will have a practical value. By no means do all these cases occur in the hospital. Very many happen before commitment.

It is convenient to classify somewhat arbitrarily these cases:—

- A—Mutilation of head and neck.
- B—Mutilation of body.
- C—Mutilation of limbs.
- D—Mutilation of sexual organs.
- E—General mutilation.

Again, cases of self-mutilation may be divided into major and minor. Among the former we may mention amputation of fingers, hands and feet; emasculation; gouging out eyes; gashing or slicing the flesh; disembowelling; and thrusting one's self into fires. "Cleomenes, King of Sparta, struck with madness, demanded a sword. As soon as he received it he began to cut the flesh off his legs. He ascended to his thighs, from his thighs to his loins, till at length, making gashes in his belly, he died."*

Among the minor self-mutilations are, beating the head, or dashing it against the walls or furniture, causing ecchymoses and wounds; picking various parts of the person with finger-nails, needles, pins, bits of scrap iron, or glass; biting the nails to the quick; removing surgical dressings; self-flagellations; excessive constriction of various parts of the body.

A. MUTILATION OF HEAD AND NECK.

CASE 1. R. F., male, colored. This man, who presents all the classical and typical symptoms of catatonia, gradually picked at his right nostril until he finally removed it entirely, leaving a large, cavernous and unsightly opening. Various means to restrain him and thwart his object were futile. If he wore mittens or camisole, he would rub his nose against the side of the bed or the wall. Employing special nurses to keep him constantly under observation did not succeed, as in some way or other he would elude their vigilance for a moment, and tear at his nose. Having finally accomplished his purpose, he seemed satisfied, and for years has contented himself with designing and applying the most absurd and fantastic substitutes for the nostril, such as scraps of rubber or other cloth, pieces of paper, ravelings, and so on. Sometimes he uncovers his nose, and exhibits it, with an air of pride, to his fellow patients and others. As he had numerous religious hallucinations in the early years of his psychosis, he probably mutilated himself in response to an order from some divine being. However, he has never given any explanation.

CASE 2. J. S., male, epileptic. This man averaged four attacks of grand mal yearly, with occasional dreamy states (equivalents?). In one of these he cut his neck with a piece of scrap iron he removed from the bed spring. The wound was quite large, making a curved flap about four inches in width, just over the cricoid cartilage, which was not injured. On emerging from his dreamy state

* D. Hack Tuke: Dictionary of Psychological Medicine.

three hours later, he remembered nothing that had happened, and was amazed to find his neck banded.

CASE 3. F. M., male, epileptic. Has several attacks of furor yearly, during which he will thrust his fingers into his mouth and lacerate the mucous membrane, and will also tear his face with his nails.

CASE 4. M. W., female, paranoid condition. After sustaining a slight injury of left eye, gradually enucleated it, the complete extirpation requiring over four weeks.

CASE 5. J. R., male. With one movement enucleated an eye, and displayed it, in the palm of his right hand, to the visiting physician on his morning visit.

CASE 6. M. D., female, manic. Whenever excited tears her face and neck, and beats her head against the wall, sustaining severe injuries without any manifestation of pain. Often the attacks come on suddenly. Careful watching and special nursing have been quite successful in abating or mitigating these outbreaks.

Several other patients have injured themselves by inserting foreign bodies—as nails, buttons, bits of glass, splinters, rags, etc., in nose, ears, mouth, or even eyes. One woman for years used to stick deeply in scalp over frontoparietal region innumerable pins, needles, and even tacks. At times she applies soft soap as a depilatory. One of her fellow-patients called her a “walking pin cushion.”

Milder forms of self-mutilation—rubbing or picking the skin in spots, causing unsightly sores—are comparatively frequent. One man rid himself of three wens by manipulating them with wire rings, pieces of crockery, and handles of discarded tooth brushes. At this writing three women in my service amuse themselves by pounding their faces, thus often causing “black eyes.” Another woman for years pounded the top of her head with the seat of a common chair, and now has a marked depression of the skull. No cerebral lesions resulted. Two women cut off, or pulled out, their eyelashes.

B. MUTILATION OF BODY.

In my personal experience this has been very infrequent. One case was of great interest to me:—

CASE 1. J. L., male, dementia praecox, catatonic form. On December day he burned his left arm, either intentionally or accidentally, on a radiator. The tissues sloughed, exposing the muscles. It was found that not only was there absence of sensibility (pain) in and around the wound, but also over the entire surface of the body. Reflex action was markedly diminished. The wound healed rapidly, but the analgesia and anesthesia persisted, and soon a new feature appeared. Whenever he was in the hall he would try to get to the radiators, or the hot water pipes, or the gas jets, when lighted, and endeavor to burn himself. When he succeeded,

which he occasionally did, he manifested no pain, but usually smiled. Failing to burn himself, he would scratch or tear his skin. He never attempted to injure himself in any other way, and his motive was evidently not suicidal. He was very sensitive to cold, and would cover himself with several blankets, although his room was heated. This propensity to burn continued until his death two years later.

CASE 2. C. R., male. On one occasion a large inguinal hernia became irreducible by taxis, posture, etc., even under complete anesthesia. While preparations were being made for an operation, patient reduced the hernia by rubbing it with his rings and other implements, which he had craftily secreted in his bedding. He said: “After using my tools three times, I hit my rupture with the back of my hair brush, and it went back with a big ‘blob.’ You doctors ain’t going to cut me up.” Strange as it may seem, no evil results followed this novel surgery, and the patient lived for several years without further trouble.

Several men, all paretics, have lacerated various parts of their bodies, each choosing, as a rule, some special locality, but generally without any serious results.

C. MUTILATION OF LIMBS.

CASE 1. J. P., male, epileptic, with aura proceeding from his feet “something like a wave.” Whenever possible, he would remove his shoes and stockings. One summer evening, just as the writer entered the ward, he saw patient stoop suddenly, and tear out the nail on each big toe. This was done in an instant, before writer, who was close at hand, could intervene. The mutilation apparently caused no pain, and patient said, “Now, I hope I will have no more fits.”

CASE 2. A. S., female. Some years ago sustained a Colles’ fracture of right arm. She would not wear splints or any dressing, removing them as fast as they were applied. Being very excitable and irritable, she often vented her spleen by pounding the table, or chairs. In this way, she caused a wound over site of fracture. This wound eventually healed, the fracture finally united, and every motion of the wrist and arm was restored, although a moderate deformity persists.

CASE 3. H.B., male, a catatonic, who for three years has assumed a very constrained position with marked muscular tension, and who has not spoken more than a dozen times during that period, a short time ago, suddenly bit off the distal half of the third phalanx of the left middle finger. The bone, which was cut by the teeth as cleanly as if done by a saw, protruded slightly. Patient would not allow any dressings to remain, but he eventually got a good stump.

CASE 4. G. G., male. Whenever possible, would turn on the hot water faucet and scald his hands. He did this on three occasions, notwithstanding the careful vigilance of his attendants. This act seemed to give him pleasure, and he tried in every way to prevent the blisters from healing.

CASE 5. M. M., female, melancholia of involution. Without any warning, went to the barn, and with an axe nearly severed her right hand, cutting through all the flexor tendons. An operation, at the Hartford Hospital, by Dr. Philip Bunce, was a perfect success. Patient regained complete use of arm and hand, and only a faint scar is left. She was later committed as insane.

Several imbeciles, with irregular periods of sudden furor, have a habit of thrusting their hands through the windows, thus sustaining, in some cases, very severe cuts. In one case I succeeded in stopping this propensity, by keeping the cuts open for about two weeks, and not allowing them to heal. Several women have forced on their fingers rings much too small, causing extreme swellings, and even cutting through the flesh. Sometimes they have wound pieces of wire about a finger, producing a similar result.

Three men, with residuals of old varicose ulcers of the leg, have scratched and dug the scars until they succeeded in reproducing a very fair replica of the original ulcer.

Although not strictly germane, it may be added that many patients will remove surgical dressings again and again, thus causing self-injury, and increasing the tribulations of the physicians and nurses.

D. MUTILATION OF SEXUAL ORGANS.

CASE 1. C. McC., male, delirium tremens. Was admitted to New Haven Hospital 16th, inst. (May, 1882), with delirium tremens, and a contused wound of glans penis, which he had inflicted under the delusion of thus expiating some imaginary sin. The local injury resulted in a slough, but under charcoal poultices a line of demarcation is now present. He also labored under a stricture which before dilatation rendered aspiration of bladder necessary; past two days has urinated naturally, but slowly and with effort. At times during the week he has been so violent that he has been confined in a straight-jacket.

May 26. Continues to urinate without aid. Talks rationally and cheerfully; is interested in the healing of the injured penis; tongue looks cleaner. Pulse improving under digitalis. This morning all symptoms encouraging. This afternoon, when all the others were out for exercise, placed what was left of his penis on the foot-board of his bedstead and hammered it with the heel of his slipper until a ragged stump about an inch long remained. Faint from hemorrhage and shock he was found abed almost pulseless.

May 28. Was restrained by muff during the night and given stimulants and milk freely, cold water dressing during the night; cataplasms today. Urinated twice this afternoon. Takes nourishment with relish. Pulse moderately full.

June 10. The mutilated portion of the penis has sloughed off, leaving a granulating surface; patient urinates without difficulty. During the past week has had a general eruption (red maculae in irregular patches) accompanied by some fever, referable

June 17. Rapidly recuperating. Is abstaining entirely from tobacco, which, as well as alcohol, he has formerly used excessively.

July 7. The wound on the penis has healed. During the past ten days has suffered from inflammation of conjunctiva and cornea, which under anti-syphilitic treatment, with instillations of atropia and zinc, has nearly subsided. Has grown quite fleshy. His mind perfectly clear.

CASE 2. K. M., female, imbecile. Has marked erotic tendencies. On one occasion a profuse vaginal discharge, coming on rather suddenly, led to the discovery that she had inserted twenty common hairpins into vagina. These were almost inextricably twisted and mixed together, and had to be cut apart before removal. The mucous membrane had several lacerations, which healed rapidly.

CASE 3. M. R., male. Forced a finger ring over penis, causing great tumefaction and edema, and temporarily suppressing micturition. The ring was removed with great difficulty, and some laceration was inevitable. Several small sloughs formed, but eventually recovery ensued.

Two men now under care have a propensity for tying rags and strings around the genitalia, to ward off imaginary evils, in reaction to persecutory hallucinations and delusions. On several occasions, when the constriction was too great, unpleasant symptoms have appeared, necessitating surgical interference. It is now a matter of daily routine to examine these men at least three times daily—morning, noon and night, in order to prevent similar occurrences.

E. GENERAL MUTILATION.

Several of my cases have a tendency to mutilate any or all parts of their persons, sometimes abrading or pounding at the same time various portions of the head, body and limbs, and again taking certain territories in rotation.

I have records of forty-seven cases coming under my own observation where the self-mutilation might fairly be called major cases. Minor cases, such as picking at the skin or parts of the body not covered by clothing—as face, neck, hands and wrists—are not uncommon, especially in the melancholia of involution, and in catatonics. Some patients effect what might be called a secondary mutilation by refusing to wear or by removing necessary medical and surgical appliances, as splints, bandages, trusses, etc. Some of these, not content with the above, irritate sores, abscesses, ulcers and wounds, by applying all sorts of unsuitable materials, as salt, pepper, vinegar, and even urine and feces. These patients give us much trouble and worry, and require *incessant care* and watching. Some can be restrained by suggestion and advice, some (not many) abandon the habit spontaneously, and a small number continue more or less regularly their efforts at self-mutilation throughout life. In every case a careful record should be made, and the relatives and friends should be informed, thus enabling us to forestall unjust and unwarranted accusations.