

vascular system of the cerebral substance, but likewise a highly carbonized and vitiated state of the blood, caused by the stagnation of one of nature's chief processes for its (the blood's) purification; for, according to Dr. West, "all nations regarded the menstrual functions as a great depurative agent, a means supplemental to the lungs themselves for eliminating carbon from the system." And again, "Of all the various processes of development which at times go on in the system, none seem to make such great demands on the circulating fluid as those which concern the respiratory organs."

If, then, congestion of the brain, with an abnormal congesting fluid, be a pathological condition of insanity, and we get this state of things in amenorrhœa, owing to a vicarious congestion, we must necessarily have the concomitant—madness. Some able pathologists, however, go so far as to deny the existence of simple congestion as a cause of mental derangement, and affirm that at the best it is but a consequence of the disordered mind, a collateral phenomenon, brought about by the irritability of the nerve-cells, and in no ways accountable for its (the mind's) departure from a healthy standard. Granting this to be true, we must do away with the theory of vicarious congestion, and fall back upon the irritation of the blood, and its paucity of material requisite for the nutrition of the nerve-cells, as the probably true cause of the eccentricities in the cerebral functions; and this condition we have already seen does exist in amenorrhœa. But I think that the weight of evidence of writers is overwhelmingly in favour of congestion as the precursor, and not the after effect of insanity.

II. *A short Note on some cases of Pellagra (Erythème Pellagreu).*

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Communicated by Dr. W. A. F. BROWNE, Commissioner in Lunacy for Scotland.

EARLY in the winter of 1862 one of the writer's patients, an elderly man, had a very considerable swelling of the fingers, first of one, then of both hands, slightly itching, but not hot nor painful; soft and yielding, but not pitting on pressure; glistening, and of a marked and deep-blue colour, which was made paler, but not removed, as often as pressed upon.

Shortly after this one of the female attendants (who alone of all the household had at the same time chilblains on her feet) had not only this blue swelling of the fingers, but slight bullæ on several, followed by small abrasions of the cuticle.

By degrees first one and then another of the patients, to the number of fifteen, had the same swelling, with slight differences in

appearance. In some few instances fissures extended across the knuckles, as in badly chapped hands. In one patient only, a stout young lad, the swelling was firm, and so extensive as to prevent closing of the hand. In this case no itching was complained of, but there was an evident uneasiness, and the patient, watching his opportunity, scarified the back of the fingers freely with a table knife. For some time the wounds thus made presented an unhealthy appearance, having everted edges and a serous exudation. Considerable swelling of the face, without discoloration, was noticed in this lad, but in none of the others.

The occurrence of this affection in about one tenth of the household led to inquiry as to its probable cause. It could neither be traced to any particular article of diet, nor to the want of nourishing food. Those who kept the season of Lent too rigidly were no more subject to it than those upon full diet. It was not owing to exposure, since those who carefully avoided the cold were no less affected than those who took daily out-door exercise. It was not caused by the soap used in washing, for this varied in the different wards; but it appeared to be aggravated by too frequent immersion of the hands in water. The young, the middle-aged, and the old, males as well as females, the robust and the feeble, private as well as pauper patients, the industrious and the sedentary—all appeared equally liable to it.

It differs from *pernio* in not being caused by cold, and from *pellagra* in coming on in winter and ceasing in spring. The colour was too deep and persistent to be mistaken for erysipelas, and too equally diffused, as well as too clearly localised, for purpura or scorbutus. Except a certain degree of lassitude, no constitutional symptoms presented themselves, nor could any general cause be ascertained to which this peculiar affection was attributable. The situation of the hospital is good, aspect cheerful, drainage satisfactory, ventilation attended to, temperature uniform. Several of the wards were crowded, but not all. The only cause the writer can surmise, with any probability, may have been a humid state of the air throughout the building, owing to the, perhaps, too frequent scrubbing of the floors; and yet, if owing to this, why was not the same effect produced in former years? The affection is believed to have been limited to the hospital.

Failing to ascertain the cause with any certainty, the treatment was chiefly local. A liberal use of a camphorated creasote wash appeared most beneficial. As the absence of any great variety in the vegetable food used during the winter might be supposed to have some influence, fruit was given freely—apples, oranges, and lime-juice; but whether with or without any beneficial result, it is difficult to say. The affection has gradually subsided, and scarce a vestige of it now remains.

[Until very recently the appearance of pellagra, or of an affection supposed to be identical with that prevalent in Italy, and so designated in the Hospital de St. Louis, Paris, was regarded as worthy of commemoration. Those, however, conversant with foreign psychological literature must be aware that various observers have described a condition peculiar to the insane confined in asylums, and regarded by them as a variety of pellagra, if not as the typical affection. It is characterised by emaciation, weakness, diarrhœa, and, in a more advanced stage, by an erythema of different colours, but generally red or dusky, which follows exposure, and covers the back of the hands, the arms, feet, neck; there being concomitantly an earthy or bronzed tinge of the skin, which is dry and rough. The eruptions may be vesicular, papular, squamous, or furunculoid. The extremities are occasionally œdematous, and present scorbutic patches. Remissions take place during winter. M. Billod, who had previously examined the true pellagra in its native haunts, and contributed much to our information upon the subject, was the first observer who traced a connection between that disease and the special cachexia of the insane. Since the publication of his paper, 'Ann. Medico-Psych., 1859,' cases have been recorded as occurring in the asylums of Mareville, Fains, &c., and have been described in the 'Archives Cliniques,' t. i and ii, by MM. Fougères and Auzony. With a knowledge of these facts, I was struck by some remarks of Dr. De Wolff, in a private letter upon professional matters; and speculating upon the possibility that what had attracted his attention might prove to be a modification of the érythème pellegreux, occurring in a different climate and under totally different circumstances, I encouraged my friend to transmit a more detailed account of the cases which he had treated. It is to be regretted that the author has been so brief; but his sketch is such as to enable those familiar with the subject to form a judgment as to the connection between the affections now grouped together by name, and, perhaps, by their nature.—W. B.]