

thus not be obtained. There is still another way in which a satisfactory course might be formed. On notice being given to the Home Secretary he might request the President of the Royal College of Physicians and Commissioners in Lunacy each to appoint a man to join with the official referee.

Personally, I believe it would be a very good plan if the Commissioners in Lunacy had the giving the decision or appointing the committee of reference.

I know at present that they are not numerous enough to be able to spare time for such a duty themselves, but they are surely the proper authority. It has seemed to me each time when I have had to perform the function a very unpleasant one, and yet one from which I had no right to withdraw. If I was sure that the responsibility would be shared, *i.e.*, divided and lessened, if, too, I knew newspaper publicity would be absent, I should have felt more happy in performing a duty which, in most cases, is painful, and is generally harassing.

The points of this paper are: That we have duties as experts, that the present methods are clumsy, and that some plans for improving them are suggested.

P.S.—Dr. Orange pointed out, in the discussion which followed the reading of the paper, that provision does already exist for an official inquiry into the mental state of a criminal alleged to be insane. Therefore all that is needed is to set it or one of the processes above recommended in motion in all cases in which the allegation is made, whether before trial or after conviction.

CLINICAL NOTES AND CASES.

*A Case of Delusional Insanity.** By Dr. KEAR, Medical Superintendent of the Mavisbank Asylum, Edinburgh.

The following notes of a case of delusional insanity, in which recovery took place after nine years, may be of interest to the members of the Medico-Psychological Association:—

W. J., an unmarried lady, fifty years of age, was admitted into Mavisbank Asylum on 17th March, 1881. On both sides of her family there was a well-marked hereditary tendency to mental disease, but no exciting cause was known. Her temperament was somewhat reserved and suspicious. She was a woman of considerable intellectual ability, and well educated, being a good linguist and musician.

* Paper read before the Scotch Meeting of the Med. Psych. Assoc., Nov., 1890.

Her bodily health and condition were unsatisfactory. She was of small stature and feeble muscularity, very anæmic, and a constant sufferer from chronic rheumatism.

The attack of insanity commenced about a year before her admission into the asylum. At first her natural suspicious disposition seemed to become exaggerated, so as to amount to eccentricity, and later on definite delusions were evolved. There was no excitement. At the time of her admission she had the ordinary delusions of suspicion, believing that her father and other relatives were plotting against her, and that her food was poisoned. She had also delusions of unseen agency, complaining that people directed jets of noxious gases at her, and "worked on her" at night by some mysterious means. For several months she remained free from excitement, firmly believing in the treachery of her relatives, but on moderately good terms with those around her. She then began to suspect individuals in the asylum, particularly members of the staff, of trying to injure her, and became most irritable, excitable, and violent. She accused people of visiting her at night, sticking darts through her, and whipping her, and stated that on awakening from sleep she frequently felt that she had been beaten all over. Auditory hallucinations then began to trouble her, and when lying awake she had altercations with her imaginary enemies, and abused them to her heart's content. She continued in this state—irritable, suspicious, abusive, and delusive—for about five and a half years, that is, till four years ago, when she came under my care.

I found her the most troublesome and trying patient in the asylum. She accused members of the staff of assaulting her at night by stabbing her with darts, twisting her limbs, and "torturing her on the rack." She made constant demands for liberty, asserting that she was unjustly detained, there being nothing the matter with her. She was frequently extremely violent, striking and spitting at one without the slightest provocation. When out walking or driving, or when the door of her gallery was unlocked she constantly made attempts to escape.

This state of matters was so unsatisfactory that it became an urgent necessity to bring it to an end. First of all everything possible was tried to induce her to occupy herself in some way, but this was quite unsuccessful, she absolutely refusing to do anything while "in prison," as she called it. It then occurred to me that as her great craving was for liberty, it might probably make her less discontented and unhappy, and consequently less excited and violent, could it be granted to her. With this view the experiment was tried of giving her a room to herself in another part of the asylum, she being allowed to keep the key. I relieved her of all supervision by nurses, and gave her permission to go in and out of the house and grounds as she pleased, the only stipulation being that she was to keep her room in good order (thus ensuring her a little occupation), and was not to run

away. She refused to make any promise, and in about an hour it was reported to me that she had disappeared. She was found on the Edinburgh road, and brought back safely. A day or two afterwards she again escaped, and was brought back, and this was repeated a third time. After this, however, she gave us no trouble. Instead of leaving the grounds she went to the gardens and busied herself with the flowers, of which she was exceedingly fond. She became tolerably contented and happy, and the excitement gradually diminished, though she was still troubled by delusions of suspicion and of unseen agency, with hallucinations of hearing and of smell, and complained of being badly treated at night. At this period of her illness she exhibited a good deal of insane pride, spending a great deal of time in dressing and decorating herself, and appearing at the asylum entertainments arrayed in what she called a "Grecian costume," a fantastic attire scarcely suited to her age and style of beauty.

Her mental state now remained apparently unchanged for about two years, when the delusions seemed gradually to lose power. She complained less about them and the nightly persecutions, and in another six months they had entirely left her. At this point it is worth noting, I think, that as the delusions and hallucinations lost their force, she complained more of rheumatism. The rheumatic pains were not at this time really more severe, but she began to interpret them more correctly. She was discharged recovered in December, 1889, and up to the present date continues quite well.

In its mode of origin this case of monomania followed quite a common course. The patient had a strong hereditary predisposition to insanity, coupled with a naturally reserved and suspicious temperament. She had weak bodily health, being thin and anæmic; the brain, therefore, was badly nourished. For years she had been a sufferer from chronic rheumatism, the twinges of which in her joints and bones when misinterpreted easily became blows and twists inflicted by imaginary enemies. It would be impossible to fix the time when such a person becomes insane. Her suspicious disposition becomes more intensely so—is exaggerated. Delusions are evolved which she keeps to herself as long as she possibly can, being naturally reticent. It is only when they become so strong as to overcome her self-control that she expresses them, and is looked upon as insane. Cases of delusional insanity such as that here recorded, in which, without a preliminary maniacal attack, there is a slow and steady evolution of the disease, are looked upon as the most unfavourable of all.

The dovetailing of the different varieties of monomania, so well marked in this case, occurs in a greater or lesser

degree in nearly all, a pure case of any one variety being comparatively uncommon.

The attack of mania complicating the case is interesting. I believe the exciting cause of this was the irksome confinement in the asylum. She was a refined and over-sensitive gentlewoman, predisposed to insanity, and it seems reasonable enough to suppose that to be ordered about and controlled by nurses might have this effect. It is to be noted that when relieved of this confinement and control the acute symptoms abated.

Perhaps the maniacal attack was a fortunate complication, and led to the ultimate recovery of the patient from the chronic insanity. In delusional insanity there is probably an anæmic condition of the cerebral cortex generally, with ill-nourished cells in the sensory centres, lessened activity, and disturbed relations with the other centres. A diseased habit of cell nutrition is set up with irregularity of cell development. The acute maniacal attack takes place. Relaxation of the blood vessels and hyperæmia of the cortex occur with increased activity of cell nutrition and development, and when the acute symptoms subside the centres are left in a condition more nearly approaching the normal. The diseased habit has been, in short, changed by the stimulation of the cells affected. The same thing would probably have occurred had the patient been attacked by an idiopathic fever.

Post-Mortem Appearances (some of which were difficult to explain) of certain parts of the Nervous System in a Case of Spastic Hemiplegia. By EDWIN GOODALL, M.D.Lond., B.S., M.R.C.P., Pathologist and Assist. Med. Officer, West Riding Asylum, Wakefield. (With Plate.)

J. R., æt. 26. Diagnosis of mental state—idiocy. Degraded in habits, and of low degree of intelligence. He could appreciate simple orders, and express assent and dissent: speech possessed up to this amount only. The clinical notes of the physical state are unfortunately scanty. They are as follows:—Right arm generally smaller than its fellow, and wasting is more evident in certain places. The forearm forms an acute angle with the upper arm, the flexor muscles being rigid and prominent; passive extension possible only to the extent of a few inches. Muscles of upper arm evidently wasted, but those of the forearm and hand are notably so. The entire limb is held in close contact with the chest; passive abduction to a limited degree is