

presence in urine was first announced many cases were reported in which no melanotic growths were present, but an analysis of these cases seems to show that all of them were examples of extreme indicanuria. Since, however, the publication of the iron test by von Jaksch in 1889 a ready means of differentiating the two conditions exists, and it is now almost universally believed that melanuria is pathognomonic of the existence of melanotic neoplasms. Not all cases of such, however, give the reaction, and the weight of evidence seems now in favour of Garrod's opinion—that melanuria occurs only when the tumours have extended from their primary site to the internal viscera, and more especially to the liver. In this case it is, of course, impossible to say at what time the reaction appeared, but the *post-mortem* findings are at any rate in agreement with his opinion that the amount of melanin present is in direct relation to the liver involvement.

In conclusion, it is interesting to note the large number of years that the tumour remained localised and the rapid progress, measured by weeks, which the case made once the primary barrier was overstept.

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ART. XIX.—*Notes on a Year's Asylum Work.*<sup>a</sup> By W. R. DAWSON, M.D., F.R.C.P.I., Medical Superintendent, Farnham House, Finglas, Co. Dublin.

THE following are a few brief notes with reference to some of the more interesting points which have arisen in the practice of the year ending March 31st, 1905 :—

*Causation.*—On looking over the admissions of the year, it appears that hereditary diathesis played a part in the causation of no less than 66.6 per cent. of the cases, and was judged to be the chief factor in 33.3 per cent. These percentages include a case of alcoholism, not exactly insane, in which there was an inherited tendency to alcoholism only, so far as known. The admissions for the year therefore showed a larger proportion of cases with inherited diathesis than those of the previous year, in which it was known to be present only in 50 per cent. of the cases ; but, on the other hand, diathesis

<sup>a</sup> Modified from a paper read in the Section of Medicine in the Royal Academy of Medicine in Ireland on Friday, November 10, 1905.

was judged to be the chief factor in nearly 36 per cent. last year, as against 33.3 this. Mental and physical wear and tear formed the predominant cause in an equal number of cases, 33.3 per cent., but the toxic factor was more prominent than usual, accounting for 33.3 per cent., as against 21.4 per cent. in the previous year. It will thus be seen that the three categories into which the causes of insanity may be roughly divided were each mainly answerable for the same proportion of the admissions, but of course more than one factor was usually present. The toxic agent chiefly at work was alcohol, but one case was the result of influenza, and syphilis played a part in another.

*Forms of Mental Disease.*—The proportion of cases which might be classed as mania was again large, one-third of the admissions being of this character. Of the remainder, an unusually large proportion were cases of dementia, including two of the so-called dementia præcox, and the balance consisted of cases of *folie circulaire*, melancholia, and alcoholism. Half the cases of mania recovered rapidly during the year. An alcohol patient, who came as a voluntary boarder, was not insane in the ordinary sense of the term.

One of the cases of *mania* illustrates the tendency to recurrence in adolescent insanity. It was that of a young girl who had been treated in the previous year for the same form of disease, and had been discharged recovered in two months. She was admitted again just eleven months after the previous admission, but on this occasion was not discharged for five months. Cases such as this require very judicious treatment until adolescence is complete, the tendency to the establishment of recurrent insanity, and finally dementia, being very great. From the increased duration of the second attack, one is inclined to fear that another breakdown might prove permanent. A case of senile mania was the only instance of disease due to old age, and even in this influenza was the exciting cause.

*Dementia Præcox.*—The controversy which still rages about this alleged morbid entity is by no means settled, but there seems to be a general opinion in these countries that the name at least is a bad one, as implying a very doubtful hypothesis. Be this as it may, however, it must be said that cases con-

forming more or less to the descriptions of the disease, if such it be, do occur not so very infrequently in practice, and therefore until some better term is devised it is convenient to use the existing one. Three cases of this class were under treatment during the year, and in view of the present interest in the subject it may be worth while to study them more in detail.

CASE I.—Married woman, aged thirty-two; very bad heredity. She seems to have been always somewhat childish for her age, and was very untruthful, but her physical health was good. Five years before, after some monetary worries, she had an attack of mental disease which was diagnosed as delusional insanity, the delusions taking the form of suspicions of poisoning, doubts of the identity of her relatives, and others. For this she was treated in an English asylum for about four months, during part of which time she was excited, violent and dangerous. She was ultimately discharged relieved, contrary to advice, and since then seems to have been a perfect thorn in the side of her relatives. She was sufficiently acute to avoid being certified, but was silly in other respects, had no work or interests, drank at times, and had occasional attacks of hysterical excitement. She was finally persuaded to come to Farnham House as a voluntary boarder. On admission she looked worn, neurotic, and out of health, but except for slight cardiac weakness her organs were sound. Her mental state was one of permanent dementia; her ideas on general subjects were infantile—*e.g.*, she thought that Rhodesia and China were close together, she showed total inability to grasp the simplest game, never read or occupied herself, lied freely on the smallest provocation, and was generally sly and untrustworthy. From time to time, about once or twice a month at first, she had hysterical attacks, in which she was noisy and violent for fifteen to thirty minutes, but these soon began to diminish in frequency, and towards the end of the year had practically ceased. Otherwise she cannot be said to have improved mentally, but her bodily health has shown the most marked change for the better under the tonic and dietetic treatment to which she has been subjected.

In this case we have the bad heredity showing its influence by certain mental stigmata; an attack of apparent paranoia in later adolescence in which, however, the delusions proved

temporary; and finally a state of dementia in which perception was well maintained, while interest in surroundings and the power of judgment are largely lost; together with occasional attacks of excitement. There can be little doubt, therefore, that Kraepelin would class this as an instance of the paranoid form of dementia præcox. The outlook is of course bad, the utmost that can be expected being a maintenance of the present state.

The second case was partly described in the notes for last year (Case III.), but may be briefly recapitulated:—

CASE II. — Student, aged twenty-one; some neuropathic heredity. He broke down from overwork for an important examination about two years before, and five or six months previous to admission he began to suffer from hysterical attacks, and complained of mental dulness, which, indeed, seems to have persisted from the time of the first break-down. During about six weeks before admission he had three short maniacal seizures. He came as a voluntary boarder, and at first seemed to benefit, his bodily health being particularly good: but after about a month he suddenly became very depressed, with high blood-pressure and lessened sensibility to pain. This was treated by the bed method, but he then developed a hallucination and delusions, including the idea that he was dead. When obliged to walk he showed attitudes, and there was a good deal of stupor varied with hysterical ecstasy. After a few days, however, he suddenly became acutely maniacal and violent, with delusions, sleeplessness, and refusal of food, and had to be certified. He was treated mainly with the wet-pack, and the excitement passed off after eight days, leaving him thin and weak. He soon recovered strength, however, and mentally showed great improvement, so much so that he was allowed to leave on probation in a month. At first he did not do so well outside, but on going to stay with some friends to whom he was attached he at once began to improve, and after two months was discharged absolutely. So long as he remained with these friends he continued to improve, the chief sign that he was not quite well being a tendency to wander off for a night. These escapades, however, became less and less frequent; he began to do some mental work again, showing unimpaired intellectual capacity; and all appeared to be going so well that his relations brought him back home and proposed to send him abroad. He had one or two more wandering

escapades owing to the worry so caused, and when abroad made two attempts at suicide, one of which was nearly successful, so that on his return home he was sent to an asylum.

The symptoms of this case, as well as its ætiology and general features, leave little doubt that it also is one of dementia præcox, but the termination might have been very different to that of the last had the relatives shown a little more patience and allowed a year or so longer to elapse before removing him from the congenial surroundings where he was doing well. Even yet one would hesitate to say that the case is hopeless.

In the third and last case the result has been still more favourable.

CASE III.—Lad of eighteen, with slight neuropathic heredity, but showing stigmata of degeneracy in the form of congenital left-sided ptosis and a high, deformed palate. He looked overgrown, poorly-developed, and young for his age. Five days after having some teeth extracted under ether he began to complain of being stared at, and on the following days was excited, chattering incoherently, repeating words meaninglessly, and refusing solid food. After a week he was sent to Farnham House, and then had a slightly raised temperature, and was somewhat exalted, facile and cheerful, but abstracted and silent unless spoken to. He walked with a peculiar stiff pacing gait, hands hanging, head drooped forwards, but from the beginning could be got to play cricket. In fact he did anything he was told, sometimes with an exaggerated alacrity, though when not directed to do things he usually remained apparently absorbed in contemplation. During the earlier months of his treatment he manifested various delusions, such as that a wasp or moth was in his room and would kill him, that he was to be fired out of a cannon, and so forth, and also hallucinations, auditory (inarticulate sounds and voices), visual (insects), and of smell (bad odour from his person). He was put on tonic treatment, fed up, and made to take such exercise as his strength allowed in the form of walking, wood-cutting, cricket, hockey, &c., and in about three months some improvement was manifest, which from that time progressed without interruption, until finally he was discharged perfectly well in less than six months, a cheery, pleasant, active lad, in good bodily health, and eight pounds heavier than on admission. It may be noted that his blood-pressure, which was

high on admission, dropped before his discharge. All subsequent accounts of him have been favourable.

This case has been dealt with at some length with a view of showing that it was undoubtedly one of dementia præcox of the hebephrenic form, most of the classical features being present. Yet this patient made an excellent recovery, notwithstanding the statements of some authorities that such cases never get well. From it, therefore, and to some extent from the preceding case, we are entitled to conclude that the prognosis in dementia præcox is by no means so hopeless as has been supposed.

*Alternating Insanity.*—In previous years stress has frequently been laid on the fact that the recurrent forms of insanity are most frequently, if not invariably, found in persons with a hereditary neuropathic diathesis. Of no form is this held to be more true than of the rather uncommon alternating insanity or *folie circulaire*, two cases of which were admitted during the year: yet in one of these at least the evidence of heredity is wanting.

CASE IV.—A well-to-do man of business, aged fifty-three, free from hereditary taint, so far as known. That there was probably some neuropathic tendency, however, was shown by the fact that one of his children is paralysed in both legs, and was formerly addicted to alcohol. The patient himself seems to have been what is commonly known as “wild” in his youth, and was given to moods. When he was about thirty-eight the first pronounced attack of mental depression occurred, lasting about three months, and was followed by a period of high spirits, which then passed off. Since that date the succession of depression and exaltation has occurred about once every two years, and the attacks have been increasing in violence. In one of his maniacal periods he became violent and dangerous, and was sent to an asylum in 1899, where he had recovered by the end of 1902, and remained well up to the summer of the following year. His wife then became ill, and as a result he was seized with an attack of depression which has persisted ever since, being the longest which he has yet had. His melancholia, as usual in alternating insanity, is not very acute. It is hypochondriacal in form, as it has been throughout; and though a very healthy man, with an excellent appetite and digestion and able to play out-door games

and take other exercise, he maintains that he is seriously unwell and very weak.

Regarding the antecedents of the second case, no facts are forthcoming.

CASE V.—It is that of an old lady, aged over seventy, who was for many years an inmate of a small private institution, now broken up, previous to which she was in various other asylums. The original cause of her insanity is said to have been alcohol, and it is stated that she had a large number of distinct attacks, the last before that for which she was admitted having taken place about six months previously, and lasted about three months. Between the attacks she seems to have been mildly demented. She was rather excited on admission, and complained of hearing voices, which said annoying things to her, and kept her awake at night. She was very talkative and incoherent, and remained in the same condition for about two months, when she improved and became comparatively sane. Since then she has had two attacks, and, though not so well-defined as those in the last case, they consist of a short period of hilarity followed by a longer one of depression, which gradually passes into the state of slight mental weakness which is the nearest to normal for her. The auditory hallucinations are never absent, but when at her best she does not mind them much, and is almost persuaded that they are not real.

In this case it will be seen that the order of the periods is the reverse of that in the previous one. In both the prognosis is, of course, bad as to complete recovery.

*Physical Disorders and Symptoms.*—A subject of the irritable type of mania, admitted during the year, was found to be suffering from mitral incompetence, and two other patients admitted (one of dementia præcox, the other of melancholia) had weak hearts without actual disease. Another case of dementia præcox had a quick pulse *with* high arterial pressure. The *arterial pressure* was taken in eight new cases, in two of which (simple acute mania and chronic alcoholism respectively) it was found to be normal. In two others it was low, and these, strange to say, were both depressed, being thus exceptions to the almost invariable rule that blood-pressure is high in melancholia. No circumstance explaining this anomaly was to be found in one case, but in the second the heart was very weak and the

patient debilitated, this, no doubt, being the cause of the low pressure. The remaining four cases (two of dementia præcox and two of mania) showed high pressure, and thus two were apparent exceptions to the rule. It has been found, however, that low pressure is less commonly found in mania than high in melancholia, and, as a matter of fact, it appears to depend on the precise form which the mania assumes. Both of these were examples of angry mania, which delusions of an unpleasant cast rendering the patients somewhat unhappy, and were not instances of the cheerful, hilarious variety, where in all probability the pressure will be found to be low almost always.

A chronic alcoholic suffered on admission from the usual dyspepsia, which speedily yielded to treatment.

A number of cases had transitory *albuminuria* on a single occasion, generally slight. No particular conclusion could be drawn from the mental character of these cases, but about half were more or less depressed. Albumen in large amount was present for a long time in the urine of an old paranoiac, who died early in the year, and a small quantity was habitually found in that of a senile melancholiac who had long suffered from chronic nephritis. It was also met with twice in a case of mild dementia due to alcohol and syphilis. This patient was not depressed.

*Glycosuria*, often slight, was found in twelve cases, usually only once or twice, during the year, but one case of minor epilepsy showed it practically continuously. Some of these cases had had the symptom on previous occasions. The general character of the mental symptoms was in accordance with previous observations, and showed that glycosuria most commonly occurs in conditions of depression or dementia. Beyond this it appears to have no particular significance when occurring merely as a transient phenomenon.

The following case offers some points of interest on the physical side :—

CASE VI.—Male, voluntary boarder, aged thirty-one, single; neuropathic heredity probable, but not ascertained. The patient was always very eccentric and lived a wild life, drinking heavily, more than once to the verge of delirium tremens. He also contracted syphilis about ten years before admission.

Four years later a series of seizures commenced, in each of which he was unconscious at the time, and more or less paralysed afterwards, recovering gradually. He continued to drink, and finally, four years before admission, he had an attack in which he was unconscious for days, since when he has been partially paralysed and somewhat weak-minded, seems to have been somewhat erotic, and was given to fits of rage at times. For some weeks previous to admission he was treated with iodide of potassium in a general hospital, and is said to have improved somewhat. While there the muscles of his back and legs were found to be weak, with ankle clonus and the Babinski reflex, but those of the arms were fairly strong. On admission he was found to be facile and good-humoured, with a fair memory and intelligence, and free from delusion or other gross abnormality. He was, however, given to boasting and "drawing the long bow," but not to an insane degree, and it may be said once for all that, although some mental weakness existed, he was not considered to be certifiable. His face was rather immobile and his lips weak, as also the muscles of deglutition. The legs were weak and the muscles somewhat atrophied, but not excessively so, and with help he was able to walk slowly. All his movements were slow, and he could not button his clothes; but there were no intention tremors, and he could write and pick up a pin. Speech slow and monotonous, but not syllabic or slurring. Knee reflexes exaggerated; ankle clonus present. Eyes normal, except that the right pupil was a trifle the larger. The sphincters sometimes failed to act, and nocturnal emissions were troublesome at times. He was treated with lecithin for some time without result, later with strychnin and quinine, and finally with potassium iodide. None of these drugs produced any marked effect, but the net result was considerable general improvement when he was discharged after some five and a half months' residence. It should have been mentioned that he had been ineffectually treated, at various times before coming here, by massage and electricity.

There are so many points in this case inviting discussion that too much space would be occupied in dealing with them; but a few words may be said on the diagnosis. One naturally thinks of general paralysis, and in view of the great variability of the symptoms in that disease, it cannot absolutely be excluded. Still the slight degree of dementia, the non-

progressive character of the paresis and its partial distribution; the absence of signs almost universally found in general paralysis, such as certain ocular phenomena, speech-slurring and the like, and the persistence of the sexual nismus at so late a period of the disease, render this diagnosis in the highest degree improbable. One must suppose that a degenerative process with a more localised distribution, and practically non-progressive, had been set up by the alcohol in a brain weakened by syphilis, and that secondary degenerative changes then took place downwards along the spinal cord.

*Treatment.*—Hydropathic treatment in the form of the *wet-pack* proved very useful in an exceedingly acute maniacal attack occurring in the course of dementia præcox (Case II.), cutting short the attack in a few days. It was also frequently used in a more prolonged case of mania with numerous fits of restlessness and violence, though in this case the results were not so conspicuous.

A short course of general *massage* was tried in a case of agitated melancholia, combined with a good deal of stupor, but did not prove sufficiently effective to justify continuance. The same patient was subjected to *thyroid treatment* later in the year, but proved so susceptible to the drug that it had to be stopped after only 175 gr. had been given, owing to symptoms of collapse and an attack of asthma. The patient is said to have been subject to the latter, but is the only instance in which this symptom has occurred in this institution as an effect of thyroid. The treatment produced no immediate improvement, but about four months later a change for the better set in, the patient being nearer to mental recovery than at any time since her admission. It is very questionable, however, if the thyroid treatment can have had anything to do with this.

A case of chronic alcoholism of some seventeen years' standing underwent a course of *atropin treatment*, at first with excellent results.

CASE VII.—Man of forty-nine, with alcoholic heredity. He had drunk to excess for about seventeen years, with occasional intervals of some months. Before admission he was taking six to eight glasses of whisky in the day, but does not seem to have been made actually drunk by it. He had been living on milk

only for some weeks, with a little soup, owing to want of appetite and morning sickness. There was some general tremor, and toxic amblyopia was present, but beyond this the bodily condition was fair. Treatment by means of strychnin and atropin injection was started at once, beginning with  $\frac{1}{60}$  gr. of the former and  $\frac{1}{200}$  of the latter thrice daily, and rising gradually to  $\frac{1}{15}$  and  $\frac{1}{50}$  gr. respectively. The atropin was stopped after twenty-three days, but the strychnin injections were continued for thirty-eight days longer. A mixture containing extract of cinchona and compound tincture of gentian was given at the same time, a little cascara being subsequently added. A small quantity of whisky was allowed for the first three weeks, and the patient was carefully dieted. On the third day of treatment he began to suffer from hallucinations of a vivid description, mainly visual, but also auditory, and—in one instance—of touch, the nature of which, however, he recognised. The atropin was discontinued for a couple of days, and large doses of morphin were given, with the result that the hallucinations soon passed off, and did not return again. The patient's general health, as well as his mental powers, improved rapidly, and he was soon able to take ordinary diet. Any craving for stimulants likewise disappeared (although there was no actual distaste such as has been described); and notwithstanding that he could have obtained stimulants, being allowed to go into Dublin, there had been no relapse up to the end of the year, over four months from the commencement of the treatment.

On the whole this case was so far satisfactory that the alcohol was discontinued and the craving broken without any great discomfort. The hallucinations evidently signified an attack of delirium tremens due to the action of atropin superadded to the alcohol, but it was fortunately possible to abort it.

*Hypnotic suggestion* was tried, at first with some success, in the following case :—

CASE VIII.—Man, aged forty-eight, with neuropathic heredity, who was admitted as a voluntary boarder suffering from mild mental depression, the result of insomnia due to overwork and worry in an onerous and responsible post. The insomnia was of about a year's standing, but had been cured for a time by a sea voyage. He soon relapsed, however, and found himself unfit for his work, easily tired and depressed. His general bodily

health was good and his organs were sound. On going to bed he would drop off to sleep, but always awoke about 3 a.m., and did not sleep again, frequently owing to an attack of flatulence. Under ordinary treatment with sedatives and carminatives he got sufficient sleep and improved greatly in health and spirits. As, however, his sleep was still not so good as to guarantee continuance, it was thought advisable after five weeks to try hypnotism. He proved an easy subject, and was hypnotised six times and told that he would sleep until after 6 a.m., which he did. He then went to England for a change, and remained well for three weeks, but on his return to Dublin lost his sleep again. Henceforth, though still easily hypnotised, he seemed to have largely lost his susceptibility to suggestion so far as sleep was concerned, as he could not be got to sleep after 4 a.m. Hypnotic suggestion combined with friction to the abdomen during hypnosis, however, invariably relieved his flatulence and abdominal discomfort. Some degree of depression returned, but had passed off during the last few days of his residence, the blood-pressure, which was 130mm. on re-admission, falling to 115mm. He was finally discharged after about six weeks, and advised to go back to his work.

In this case the failure of suggestion when tried after the relapse may have been partly due to the fact that on the second night, after being hypnotised, he was kept awake owing to the illness of his wife. (Hypnosis was tried while he was staying in Dublin, in order to avoid, if possible, a return here.) He had slept well after being hypnotised on the previous night, but this break in the effects of suggestion seemed to impair his faith in its efficacy, and hence to lead to failure.

A case of minor epilepsy, described in last year's notes (Case VIII.), who at that time had been for over three months kept free from attacks by a mixture containing potassium bromide combined with digitalis, continued perfectly well, and was discharged just before Christmas. All accounts of him up to the end of the year were favourable, but he was still taking the mixture, though in reduced strength.

*Cerebrin* (Poehl) tried in another case of epilepsy, in which it had done well before, seemed to have lost its effect, and the combination of digitalis and bromide also failed to yield any conspicuous results.

*Lecithin* also was ineffective in one or two cases of a degenerative character in which it was tried.