In these trials of sulphonal I used that manufactured by Bayer, of Elberfeld (Sulfonal-Bayer), one of the makers who guarantee the purity of the drug.

Since the foregoing was written I have, by the kindness of Dr. Conolly Norman, of Dublin, received a copy of his paper upon the same subject, read at the Quarterly Meeting of the Association held in that city in November last, and I am gratified to find that the results I obtained correspond so closely with those he has published.

CLINICAL NOTES AND CASES.

Case of Attempted Suicide. By Dr. URQUHART, Murray's Royal Asylum, Perth.

The following case presents unusual features of interest, and is placed on record towards a better understanding of these unexpected developments in patients apparently more careful to save their lives than to destroy them. I trust that it is not too sanguine to express the hope that the physician may yet arise who will show us a more excellent way of determining the suicidal tendency than we at present possess.

During the nine years of my service in Perth Royal Asylum we have had no fatal accident of this nature, but several very determined attempts have been made. Among these was a particularly difficult patient, who was transferred to Dr. Turnbull's care after several months passed with us in the constant endeavour to put an end to her existence by swallowing every possible material, by strangling, by suffocation, etc., etc. But in such a case the precautions taken and the obvious responsibility laid on the staff eventuated in the prolongation of life until a pneumonia carried her off. It seems to me that, however great may be our difficulties in dealing with patients of pronounced suicidal tendency, the *indications* of treatment at least are simple enough as far as regards the constant care that must be provided. The case to which I would specially refer to-day, belonging to a group with which we are only too fatally familiar, presents difficulties apparently insurmountable, and adds to the responsibilities of asylum life a horror that requires all our philosophy to combat.

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R. H., a voluntary patient, admitted into James Murray's Royal Asylum on the 29th September, 1883. A married merchant, æt. 59, of good education. His father was "melancholic," and his mother died of "softening of the brain." He had been unfortunate in business, and had much domestic trouble. R. H. engaged in several different kinds of business, and was unsuccessful in all, having lost a considerable amount of money. He also suffered from domestic worries.

He was reported to have had four attacks of depression—two before marriage, and two after marriage. On the 11th April, 1883, six months previous to his admission to Perth Royal Asylum, he found it necessary to become a voluntary patient in the Glasgow Royal Asylum. Dr. Yellowlees kindly supplied me with the following extract from his Case Books:—

"Admitted 11th April, 1883.

"Came to the asylum himself and alone, and was admitted as a voluntary patient into the West House. He is married and a Protestant.

"Says that for two years past he has felt nervous and sleepless, could not depend on himself, and could not face society. He has so little confidence in himself as to require an attendant with him. Felt he was getting worse, and was compelled to come here for relief.

"He is shaky and nervous, easily agitated, and low in spirits. Bodily health rather indifferent, tongue slightly furred; is spare in body—says he is falling off.

"September 29th, 1883. Left to-day, having given the usual three days' notice.

"Relieved."

On the same day he travelled to Perth, accompanied by his wife, and at once detailed the circumstances of his case in the fashion usual with hypochondriacs. He proclaimed his misery, inability to think continuously, or to carry on his business. He appeared very nervous and excitable, and complained of continuous pain in the head. There was no apparent bodily disease, and he was in good physical condition.

For a couple of years Mr. H. continued much in the same state. There is no note of interest in our books until 10th February, 1886, when he began to state that he was the "victim of progressive sclerosis of nervous matter." He then began to wear a wet handkerchief on his head from time to time, saying it had a calmative effect on the brain. Towards the end of the same year he ceased to open any business letters, said that he must have no worry as to the settlement of his affairs, and in consequence of the dead-lock that ensued it became necessary to appoint a *curator bonis*. On his arrival here he had presented me with a copy of a medical certificate which he had obtained in Glasgow. It set forth that he was not a lunatic, and that he was merely suffering

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from *depression*. When the law agent requested certificates for the appointment of *curator bonis*, I thought it best to have outside opinion. Drs. Stirling and Bramwell, of Perth, thereupon stated that he was incompetent to manage his own affairs, being of unsound mind, and the court relieved him from further trouble in this respect.

In 1887 it was noted that towards the end of each quarter he showed signs of depression, and made some manifestation of insanity, and in time these quarterly exacerbations came to be looked for. He would ask for a blister to be placed on his neck, or request extra and sustaining food to ward off the progress of his disease, or insist upon electrical diagnosis of the "sclerosis," or foretell his early death. These symptoms were set down as his demonstration of inability to resume his place in the world; for as soon as the new quarter had been entered on, and he was assured of another three months in safety and quiet, the manifestations forthwith ceased. He was jocular and bright, an ardent politician, full of interest in his companions and surroundings. There was nothing done about the asylum that he did not ascertain and discuss, and he was a most valuable check on the attendants and servants who abused their trust in any way. He would never, of course, admit that his hypochondriacal fancies were incorrect, and could always be led to talk of his early decease; but his regular habits of life and quiet enjoyment of the world were patent to all. Once he foretold the impossibility of his living for another month, and promised that he would say no more on that subject should be live till Christmas—a very much longer period. On being reminded of this promise he freely admitted that he had taken too gloomy a view and never again pinned his statements to a date. He was always on full parole, but never went out beyond the grounds, as he had many old friends in our neighbourhood whom he did not wish to meet. In the morning he would be in the garden, chatting with those employed there, and in the afternoon in the billiard room. In the evening he did not retire to rest till 10 p.m., when he went to bed in a single room, where he never was visited during the night.

He was always much annoyed after his wife's visits, when the conversation was mostly about his money matters and the necessity of his return home. In 1887 he made a complaint that she had been insulted by the assistant medical officer and matron looking into the visiting room while his wife and he were talking together. The occasion was quite inadequate to the fuss he made about it, by letter and personal complaint, and we translated it to mean an excuse for his wife discontinuing her visits. At any rate he did not speak to the assistant medical officer for five months and repeatedly complained to me of the "fearful outrage."

But with all these ebullitions, there never seemed to be sufficient cause to restrict the freedom he had enjoyed for so many years,

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nor to place him under certificates as an ordinary patient. When I last saw him, before leaving on a fortnight's holiday, he was bright and cheerful, full of talk about the affairs of the house, and apparently the last man to put an end to his life.

On the evening of the 23rd September he retired to rest as usual. The head attendant had a long talk with him and can recall nothing unusual even now on looking back on the conversation. The assistant medical officer also had a chat with him and found him interested in the affairs of the day, as on many previous occasions. In the morning he was found to have inflicted a series of wounds on his person, none of them deadly, but some of them attended by very considerable bleeding—estimated at not more than thirty ounces. These wounds were such as might have been caused by a pointed piece of glass, and are now described :—

1. Transverse cut over the hyoid bone, 2 inches long and $\frac{1}{2}$ inch deep. Edges ragged, shape fusiform, with several scratches in the neighbourhood.

2. Cut over left median cephalic vein, about 2 inches long and $\frac{3}{4}$ inch deep. The edges were very ragged, and it had evidently been much hacked at. The vein was not injured, nor were the underlying structures disturbed.

3. Cuts over middle of left forearm—quite superficial and of no great moment.

4. Skin-deep cuts, three in number, over the inner side of the right leg.

5. Deep three-cornered wound on middle of left leg—about $1\frac{1}{4}$ inches deep. It had evidently been torn by many incisions, like the other injuries, but lay behind the internal saphenous vein. Both legs were varicose, and the bleeding had evidently been abundant from this last wound.

When the charge-attendant got up in the morning he found Mr. R. H. lying on a sofa in the day-room and his room floor covered with blood. He at once sent for aid, and on examining him he was found to be pallid, and the cervical wound did not account for the amount of blood lost. His clothes were removed and the other wounds were discovered seriatim and dressed. The hæmorrhage had entirely stopped, except for a small arterial twig in the arm, which started afresh when being bound up.

The room was bespattered with bloody footmarks, and pools of blood were on the floor. The ewer, with a bloody sponge, was filled with bloody water, and he had apparently consulted the mirror from time to time. He had evidently not attempted to go to bed. His bedroom door not being locked, he could move about the gallery, and from the presence of a few drops of blood on the staircase and water closet lobby, it was evident that he had made full use of his liberty. But the visit to the staircase was to all appearance quite aimless, whereas he stated that he had put the lethal weapon down the closet.

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When seen by the assistant medical officer he was pallid, and somewhat faint. The pulse was rapid and feeble, and he seemed to be remorseful. He begged them not to let anybody know about it, and refused very decidedly to give any information about his wounds, but kept saying "Poor Doctor." Otherwise, he could move about freely and was much as usual. Indeed, he was able to walk downstairs to the infirmary without aid—a considerable distance—as it was thought better to remove him from the convalescent ward, where he had been. He was ordered a little brandy and egg, and on partaking of it he spat up some clots of blood. At that time he denied having done anything to cause this, but merely said that he had made the cuts with an old knife—"quite blunt, which he had got when out." He stated that he had put it down the water closet, but though immediate search was made in the various traps nothing could be found to support his statement.

At that time he was under no apprehension of death, and seemed much ashamed of his position. The bloody sputa continued, and a rattling noise in the throat became audible. On applying the stethoscope, gurgling noises were heard in the left lung and dulness was ascertained. On pressure he said that he had poked a piece of stick down his throat; some six inches of walking-stick roughly broken off had previously been found in his pocket. No mark or wound of the throat was discovered, and no evidence of the stick so being used was forthcoming. The sounds gave the impression of fluid being in the lung, and the supposition that he had caused some internal injury seemed most tenable. Dr. Stirling, of Perth, concurred in this view.

The sputa now became tenacious and rusty; pulse 80, resp. 30, temp. 100. Face flushed and hot. Tracheal sounds very loud. Speech indistinct and produced on great effort. A hypodermic injection of ergotin ($\frac{1}{100}$ gr.) was administered and ice applied to the throat. Brandy, eggs, and beef-tea in small quantity were frequently given.

In the afternoon the pulse had now fallen to 76, resp. 33, temp. 102°. Sputa less abundant. Tracheal sound as before. A tent was formed and turpentine steam injected.

At 11 p.m.	Temp. 100	Pulse 98	Resp. 32
„ 2 a.m.	„ 100	„ 102	„ 42
„ 5 a.m.	„ 101·5	„ 112	„ 46
„ 8 a.m.	„ 102	„ ?	„ 44

He was then pale and collapsed, and the pulse could not be counted. He was somewhat irritable, and seemed as if he desired to recover. Towards afternoon his pulse continued to flicker, the extremities grew cold, and the breathing more distressed. Sometimes he was conscious, but at other times he wandered and sank rapidly in spite of ether injections, etc. At 10 p.m. he suddenly rose up and fell back dead.

On the arrival of his wife, for the first time we learnt that he

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had threatened suicide previous to his admission to Gartnavel, having spoken of throwing himself out of window. But neither the case-books nor my own recollection indicate the slightest hint of such a statement.

The post-mortem examination was conducted by Dr R. de Bruce Trotter.

Brain large and well developed. Dura mater adherent on vertex. Pia mater opaque in this neighbourhood.

Larynx normal. Epiglottis injected and very slightly swollen. Pharynx inflamed. Œsophagus normal. Not the slightest abrasion or wound could be discerned in these parts.

Trachea and bronchi injected. Both contained purulent matter. He had been subject to winter cough, and always spoke with a husky indistinct voice.

Left lung emphysematous in front and congested behind.

Right lung firmly adherent to diaphragm and mediastinum. Two-thirds of its volume was solid, like a rounded indefinite ball in the centre of the lung. On section a purulent liquid mixed with air escaped. The colour was dark red, and the mass seemed on the point of total disorganization.

Heart loaded with fat. Walls extremely thin, flabby, and collapsed. Fibrinous clots in aorta and right auricle.

Stomach empty—omentum loaded with fat.

Liver small.

Kidneys healthy.

Rigidity and hypostasis well marked. There was a large amount of blood in all parts of the body and the general appearance indicated vigour of bodily functions and a very well nourished body.

Microscopic sections of the lungs showed many pus-cells and inflammatory products. At one point a lymphatic gland showed a ruptured capillary vessel.

I formed the conclusion that death was due to the inflamed and suppurating lungs, and not to the wounds and hæmorrhage. In that opinion the medical men in charge of the case and post-mortem coincided. I believe that the pneumonia was the primary cause of the fatal termination—that Mr. R. H. was seized with that disease, and that the systemic disorder consequent on that malady, together with the recurrence of an habitual period of anxiety (*not* to be sent out), caused him to inflict the injuries described. That he designed to make a show of suicidal intention there can be no doubt, for he left a letter to his wife and another to me underneath his pillow. He put down the cause of his self-destruction as the "insult" offered to his wife. An insult to himself he might forgive, but to his wife,

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never. He also left a codicil to his will leaving the attendants small legacies, and a note stating that an incision at the back of his neck would reveal the cause of his troubles. These letters were absolutely the first indication we had of any suicidal intention, and were, of course, only discovered after the fact.

Tumour of the Pituitary Body. By JAMES B. WHITWELL, M.B., Assistant Medical Officer, South Yorkshire Asylum, Sheffield.

As neoplastic growths in connection with the pituitary body are decidedly rare, and as their presence is not unfrequently associated with and characterized by exceedingly vague, and, in some cases, inexplicable symptoms, the following case may be of some interest and value, more especially as the psychical derangements brought about by intracranial tumours in various regions are at present by no means definite and clear :—

The patient was a married female, E. M., æt. 30. She was admitted into the South Yorkshire Asylum on June 18, 1888, on certificates which indicated that she was depressed, anxious, and incoherent, and had hallucinations of sight and hearing, and delusions. This was her first attack of mental disease, and it had been in progress for a period of about three weeks. She had during that time shown no suicidal tendency, and had had no fits of any kind, and she was attentive to the calls of nature. As regards her personal and family history, she had apparently been quite healthy, mentally, up to three weeks previous to admission; but, bodily, had been in poor health for some months; also having been in somewhat reduced circumstances on account of her husband being out of work. She had, for an unascertainable period of time, suffered from headache, which she says was worse at the time she was pregnant. She has had seven pregnancies altogether, and has now five children living, her second and fourth pregnancies not reaching full time, but no further details could be ascertained on this head. She has suckled all her children, and her last baby was born in February, 1887, and was weaned six months prior to admission, menstruation not having occurred since. Her mother has been in an asylum for ten years. Herself and all her relatives have "liked beer," but to what extent their desire has been indulged cannot be ascertained. No phthisical, malignant, nor syphilitic history obtainable.

On admission.—She was found to be a woman rather below the

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