2. The form of this mental disease presents, as well through the nature of the delirium as also through the accompanying paralytic symptoms and intercurrent attacks of loss of consciousness, partly with convulsions, a certain similarity to the so-called general progressive paralysis of the insane; in common with which it has also (as seen in two cases) great emaciation.

3. While, however, in the mental disease with disease of the spinal marrow the patients stagger and fall down in walking and standing with shut eyes, this does not take place in the so-called progressive paralysis. At the same time it is characterised, lastly, by the absence of disturbance in the articulatory power of the tongue.

4. The paralytic appearances in the bladder and extremities in the cases with disease of the spinal cord, deviating from the usual course in progressive paralysis, precede for a long time the mental affection. Whether the early appearing, peculiar pains of the lower extremity also occasionally precede the ordinary progressive paralysis, cannot yet with certainty be determined; but, at all events, similar appearances occur in its course, especially before the outbreak of epileptiform attacks.

5. Disease of the brain substance itself, analogous to the gray degeneration of the spinal cord, was not perceptible. The nature of the succeeding cerebral disease is unknown; it seems, however, to be accompanied by hydrocephalus internus.

Illustrations of Phthisical Insanity. By T. S. Clouston, M.D. Edin., Medical Superintendent of the Cumberland and Westmoreland Lunatic Asylum.

In a paper which appeared in this Journal for April 1868, on "Tuberculosis and Insanity," I described a form of insanity which had appeared to me to be sufficiently distinctive in its symptoms to rank as an order in any classification of insanity that was based on causes, and sufficiently often associated with tubercular deposition to warrant its being called "Phthisical." "Phthisical *Mania*," the name I ventured to give it, may have been an unfortunate one, in that it appeared to make it merely a form of the division *Mania*, whereas I meant it to describe a form of insanity as distinct as *Mania* itself. "Phthisical Insanity" would have been a more appropriate term, and by that name I shall speak of it in the remarks which follow.

As an appendix to that paper, I had proposed to give a few typical cases out of those that had come under my own observation,

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illustrating phthisical insanity; but the limits of the space at my disposal prevented me from doing so at that time. But I have since then found so many illustrations of the truth of all I said about phthisical insanity, that I think the histories of a few cases, along with a short commentary on each, may help to confirm the truth of my former conclusions, and to direct the attention of the profession to the subject.

To my description of "phthisical insanity," as given at p. 36 in the number of the Journal referred to, I have now nothing to add, nor have I any reason to correct or alter in any way the account of the disease as there laid down. It is difficult to recapitulate shortly the chief symptoms of phthisical insanity; but suspicion, irritability, want of fixity of mental condition, want of regular periodicity, unsociableness, disinclination to exert the mind and body rather than inability to do so, want of tone and energy in the system, rather weak bodily health, and the absence of any acute symptoms, may be said to be the most common characteristics.

In answer to those who say that they have not found any such special form of insanity connected with tuberculosis, I can only say that their experience has been different from mine and from that of others who have abundantly confirmed mine in this matter; and in answer to those who say that even if such cases of insanity do exist very commonly where phthisis is present, yet they are ordinary cases of insanity which take this form from the general weakness of the system induced by the tubercular deposition—to this I can only answer that such cases of insanity assume that form from their commencement, and often long before tubercles can be detected. Others of my critics have said that in those cases, neither disease can be said to be specially dependent on the other, as both are the result of the tubercular diathesis, and it is merely accidental that one disease is developed before the other. No doubt both diseases may be manifestations of hereditary defect; but it would seem to be more accurate to say that the defects of constitution that predispose to insanity and tuberculosis are perfectly distinct, but so far allied that among the tubercular or those in the pretubercular stage, insanity is very apt to make its appearance. We know so little what the tubercular diathesis or the tendency to insanity means, that it would merely be useless speculation to discuss whether they are identical or allied, or to take up our time in saying much about them. All we can do at present is to note the statistics of the two diseases, to observe how they influence each other, and try to form conclusions therefrom. The following cases may assist in showing how they influence each other when they occur together:

Case 1.—M. M—, æt. 43. The history of this case was not known very accurately, but this seems to have been the first attack of insanity, and it

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had not existed more than a few months. She resided in London, and came to Edinburgh to seek her son, who had been dead some time. This she had known before she became insane. No hereditary predisposition was known. She had been wandering about and troublesome, but not violent.

On admission, she was apathetic, and when roused, suspicious-looking, not answering questions correctly or even intelligently; but showing her insanity much more by her peculiar expression of face, and her conduct when spoken to, than by her conversation. Hair dark, complexion dark. She seems to have been always of a melancholic temperament. She was thin and weak, but appeared before becoming insane to have enjoyed good bodily health on the whole.

After being some time in the asylum her mental state was the following:

"She has many delusions, which she only shows at times, and is not very consistent in her expression of them. She fancies that she is pregnant, that the fœtus is extra-uterine, and that she will require to be operated upon. She is very suspicious, and especially of her food, sometimes starving herself in case of being poisoned. She also, at times, seems to imagine that she has much property that is being kept away from her. She is very idle, cannot by any means be persuaded or compelled to employ herself. At times, without any cause, she becomes abusive to those about her and much excited. She remains thin and pale, but takes her food well, and has shown no symptoms of suffering from any disease. She is unsociable, takes no interest in her friends, does not want to get away from the asylum, or, at least, expresses no wish to do so. She gets excited for short periods of a few hours at times, and during these attacks of excitement all her symptoms are much worse."

And in the course of two years her state was the following:

"She is now much thinner and weaker than she was, but no symptoms of any disease have manifested themselves, and she refuses to have any examination made of her chest. She is more taciturn and less seldom abusive, except when she is spoken to or interfered with. She never speaks to any one except to ask for anything she wants, resents being interfered with in any way, and treats all about her as if they were her enemies. When asked about her health she frequently becomes abusive, and seems to think some insult or harm is meant her. She is never pleasant by any possibility, and never thankful for any attention shown her. She distinguishes by no signs those who are kind to her from those with whom she has nothing to do. At long intervals now she becomes excited, abusive to some one who has given no cause for such conduct, and she gives no cause for such abuse."

She remained mentally as described, but in bodily health became weaker, lost flesh, and did not take her food so well, but no cough nor spit appeared till two months before her death, which occurred after she had been in the asylum five years. For two or three years before death she had been thin, pale, weak, capricious in her appetite, inclined to keep her bed, and evidently labouring under organic disease. She resisted an examination of her chest so very strongly that it was never made. There was never any diarrhœa, but all the other symptoms of phthisis were present in great severity for two months before death.

Post-mortem examination.—The brain was atrophied, anæmic, and œdematous. The white substance composing and surrounding the fornix and septum lucidum was almost diffluent. The left lung was everywhere infiltrated with masses of tubercle, each tubercular spot soft in the centre. The cavities so formed were many of them very old evidently. The upper lobe of the right lung was in this condition also. The mesenteric glands were enlarged and tubercular. The mucous membrane of the cæcum and ascending colon was ulcerated, thickened, and red.

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Commentary on such a case is almost superfluous after what I have said in my former paper about phthisical insanity. A woman has a family, and lives till she is forty-three. She then becomes insane, never having very acute symptoms, but *suspicion, irritability,* with causeless, unaccountable exacerbations, and a *want of interest in anything,* being the chief symptoms. She is thin and in weak bodily health when she becomes insane, and although getting good food and fresh air, never gets stronger. She gets weaker, and paler, and thinner gradually, until she is exhausted and very weak; and then a severe cough and spit comes on two months before she dies. Can any one doubt that in this case the insanity was almost contemporaneous in its appearance with the development of tuberculosis?—that the ordinary symptoms of the latter disease were obscured by the state of the brain?—and that it was the tuberculosis, and not the insanity, that kept the patient thin and weak bodily? And do not the mental symptoms resemble in some degree those of an exhausted man whose brain has been starved of a sufficient supply of nourishment by a disabled stomach, an exhausting discharge, or unsound lungs? I have selected this case, where *no* examination of the chest was at any time made, in order that the similarity in all points between such unexamined cases and others which were examined, and the date of the deposition of the tubercle in them determined, may appear. The majority of such cases are apt to go on without any examination of the chest for a long time; but if their subsequent symptoms agree in all points with those of the cases where tubercle was early discovered in the lungs, surely it is no unwarrantable inference that if the tubercle had been looked for earlier in those cases it would have been found. The state of the lungs in this case showed conclusively that they had been the seat of tubercular deposit for a long time, for years at least, before the ordinary symptoms of phthisis appeared.

Case 2.—H. S—, æt. 20, a map-colourer, of ordinary education, cheerful disposition, steady and industrious habits. She had been subject to "fainting fits," but otherwise had been in good health. She had been engaged to be married to a respectable young man, but shortly before the commencement of her illness—or rather, perhaps, at the commencement of her illness—she began to entertain fears that he was not a Christian, and she came to the conclusion that in those circumstances it was her duty to postpone her marriage. She then became melancholy, took a gloomy view of everything, and proposed going as a missionary to the Indians. She then began to fancy her food was poisoned, became irritable and dangerous to her relations when in a passion. She was sleepless and her appetite was diminished, and she was sent to the asylum.

On admission, she was excited, her eyes were very bright, her countenance animated and expressive; she talked freely; she did not express much surprise or astonishment at finding herself in an asylum. She evidently, though apparently pretty rational, did not appreciate her position. She had

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dark hair, beautiful dark eyes, and delicate, refined features. Phthisical symptoms and physical signs were well marked.

At first she became very melancholy at her catamenial periods, but under the influences of fresh air, good food, and quiet, she became apparently well and was removed from the asylum. Her phthisical symptoms abated also. But in a very short time she was brought back to the asylum with all her symptoms aggravated. She was more suspicious, and more incoherent when excited. She was very listless and weak, suffered from cough, night sweats, expectoration, and pain, when free from excitement. But when she became excited she got out of bed, dressed herself, walked about the ward, never coughed, never spat, talked almost constantly, imagined herself a person of importance, or hinted her suspicions in a vague way to those about her. Her pulse was quicker when excited, however, than when free from excitement. Those attacks came on irregularly till, in six months, she died. Her appetite was better during her excitement, but she did not sleep then. When free from excitement she sometimes was quite rational but listless, and was so before she died. Both lungs were completely disorganized.

This was a very characteristic case of *acute* phthisical insanity. The suspicion, listlessness, and disinclination to exert the mind or body when free from excitement, the latency of all the lung symptoms when she was excited, the obvious advance of the disease during the excitement as well as during the quiet periods, but the insensibility of the cerebral excito-motor centre at the former times to the irritation of the disease of the lungs, were all very characteristic of such cases. They are more common in the young; the slower, more demented cases are more frequent among those further advanced in age.

Case 3.—J. R—, æt. 31, a joiner. Father had been insane. Had led a dissipated life at times. Had always made his living at his trade. Was married, and had a family. The first symptoms of insanity were noticed more than a year ago, and he was then sent to an asylum, but having apparently quite recovered, he was discharged. He was never quite well after this, however. He was unsettled, would not work at his trade with any one master for more than a few weeks at a time. He accused his wife of poisoning him, of conspiring against him, and of getting her relations also to plot against his life. His having been in an asylum at all he attributed entirely to their desire to get rid of him for their own purposes.

On admission into the asylum, he was quiet, reserved, and suspicious in look and manner, without showing much suspicion in his words generally. He was a man in average health, with a fair complexion, dark-brown hair, and a more than usually intelligent face. He was very reticent about his delusions.

For some time after admission he wrought in the joiners' shop, but then began to fancy that his working there kept him in the asylum, and refused to work any longer. He became more unreserved in his expressions of dislike and suspicion of his wife and her relations. He might often be seen to exchange his own dish for that of his next neighbour at meals, when he could do so without attracting much attention. He looked as if he "knew all about it" when asked about this proceeding, but could give no explanation of it. He evidently had strong prejudices against the head male attendant, and shook his head and laughed, and said, "You know very well," when asked why he disliked this man. At one time he became so well that his discharge from the asylum was contemplated.

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He had not been in the asylum six months till he had slight hæmoptysis, and when his chest was examined thereafter the presence of tubercular disease was indicated by dulness on percussion, and crepitation on auscultation at the apices of both lungs. He said, however, that he had often, before he came into the asylum, spat blood. Shortly afterwards his state was the following:—

"He now works in the joiner's shop only when he is almost obliged to do so. He often requires to be told that he will be carried out if he will not walk. He is not asked to work hard, and is only asked to work at all for his own sake, because when he is employed in any way he is much happier and more content than when quite idle. He sometimes abuses the head attendant in most unmeasured language. He imagines he is the heir to large estates, and is kept here a prisoner by his wife's relations to exclude him from his inheritance. No amount of persuasion will convince him that this is not the case. He is suspicious of almost every one round him; he tries to exchange the portion put before him at every meal for that of some one else. He is at times very irritable, and gets much excited. He took cod-liver oil for some days, but then imagined it was poisoned, and refused to take it on any account. He is constantly asking for changes of diet, and when he gets them he remains as dissatisfied as before. He is still pretty strong, and is in good condition; but complains when at work of shortness of breath. It is not for this that he refuses to work, however; he imagines that it will be the means of keeping him longer here. His most common question to the reporter every day is, "When will this have an end?" referring to the conspiracy which he imagines is being formed against him. At times he is entirely reticent, merely shaking his head significantly when asked how he is—"Oh, you know well enough, why ask me?"

A year after admission he was attacked with a cough, and spit, and his difficulty of breathing became increased and he was no longer asked to do any work. He got much worse mentally immediately after he was allowed to be quite idle. He could never be induced to take any kind of medicine for more than a day or two, and the extra diet and stimulants ordered for him were almost forced down his throat. His lung disease was evidently advancing rapidly. He became worse every week, while his suspicions and irritability became the cause of more and more misery to him. He gasped reproaches against the medical officer as he sat coughing and breathless, for giving him the medicines intended to relieve him. Everything that was done for him he imagined to be for a sinister purpose, every one who was kind to him he suspected of being an enemy, and all the symptoms of his disease he believed to be caused by his food or medicine. All his symptoms were as severe, when they once had fairly commenced, as in ordinary cases of phthisis among the sane.

To the last he retained his suspicions unchanged. He died within eighteen months from the time of his admission. He was much exhausted, but not quite emaciated when he died.

Post-mortem examination.—The brain was on the whole almost normal, except that the arachnoid was very milky, and the pia mater infiltrated with opaque serum, while the lining membranes of the ventricles were thickened and, in the anterior part of the lateral ventricles, covered with small granulations.

The lungs were both almost entirely infiltrated with tubercle. This tubercle was very hard, however, except in some softened spots. It was intermixed with the fibrous pneumonic lung, and, as was seen from the appearance of some of the vomicæ, as well as the consolidated fibrous lung, had been deposited there for a long time. The cavities and the densest parts of the tubercular deposit in both lungs were at the bases. There was

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no ulceration of the cæcum or colon. The mucous membrane of the stomach and duodenum was of a very dark colour and very soft.

This is a good example of those cases of pure monomania of suspicion, almost all of whom, according to my statistics, die of tuberculosis. The insanity was strongly hereditary. In this case some of the exciting causes of phthisis had been present. He had led a fast, irregular life. The suspicions about his being an heir, and about being kept in the asylum by a *conspiracy* against him, are very characteristic of such cases. So, too, was the usual reticence about those delusions, the actions and expression, rather than the words, indicating suspicion, with the violent outbursts at times, when all the pent-up thoughts would find expression, and the want of self-control of the insane man be exhibited. And in this case, too, there was the usual aggravation of the mental symptoms, when the bodily disease was being developed more than usually rapidly; and lastly, the most painful symptom of all, the utter want of sympathy with any one about him, the suspicion of every one and everything, the inability to see or understand kindness of any kind, and the suspicions being most directed against the relatives. In such cases the functions of the brain are less impaired than in any other form of insanity with tuberculosis, and hence the latency of the symptoms of phthisis is least marked, if indeed there is latency in those cases at all.

Case 4.—J— M—, æt. 25, domestic servant, with no hereditary predisposition to insanity. Had for many months laboured under consumption. Had never been insane; was in a weak, exhausted condition when she first showed signs of mental aberration. In a few days she became violently excited, sleepless at night, utterly incoherent in conversation, and destructive to windows, furniture, and linen. She was in a very fevered state during all this time. In the infirmary, where she had been sent before arrangements could be made for her admission into the asylum, she became more quiet and rational. On admission she was confused, weak, and slightly incoherent in conversation. She had some delusions about her treatment in the infirmary, and her mind was especially disordered on religious matters.

A good diet, wine, fresh air, change of scene, and quiet, seemed to have a very beneficial effect on the mental disorder, and also to improve her bodily health for the first month after admission. At the end of that time there only remained an inactivity and apathy of mind, a capriciousness in her likings and dislikings, and a slight tendency to be morbidly suspicious. She spat much purulent matter, but coughed little, thus indicating the diminished sensibility of the excito-motor nervous centres so universal in the insane. She gradually sank, from the advance of the lung disease, her mental apathy becoming greater as she got weaker, but she had no return of the maniacal symptoms, nor any other form of marked mental derangement.

On a post-mortem examination the lungs were found to be tubercular throughout, but the deposit was in two very different states. In the upper lobes it was infiltrated, and disorganized into cavities; in the lower lobes it was in the form of miliary tubercle, with the intervening lung tissue

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crepitant. At some places those miliary deposits were so abundant that they ran into each other, and formed a solid mass. The mesenteric glands were large and tubercular, and the cæcum and Peyer's patches ulcerated.

In this case I think the insanity had been developed at the time those miliary tubercles were deposited. They were evidently much more recently deposited than the tubercle in the upper lobes. The deposits and the disorganization of the tubercle in the upper lobes had been gradual and steady, but at a particular time the tendency to tuberculization had evidently become very much greater, increasing the fever, and upsetting the healthy action of the already ill-nourished brain.

I have selected these four cases as representing the four most common forms of phthisical insanity. The first two are the most typical, the one being a chronic and the other a more acute form; the last two represent forms of phthisical insanity, connecting it with insanity from other causes. The first connects it with ordinary cases of monomania, and the last with ordinary cases of acute mania. In J— R—'s case the functions of the brain generally, were least interfered with by the tuberculosis; in J— M—'s case they were most interfered with, but the disturbance was of short duration, and much more allied to the disturbance of the cerebral functions in the delirium of fevers and inflammation than any other form of insanity.

I have lately had two cases in which disease of the cartilages of the knee and ankle-joints respectively has taken the place of the lung disease, or rather has been engrafted on it. The deposit of tubercle in the chest was stopped in both cases, and the vicarious affection of the joints and bones seemed rather to improve the mental state in both cases.

Case 5.—J— M—, æt. 48. Had been insane for six months. This was his third attack. Had been incoherent in conversation, violent in conduct, and jealous of his wife.

On admission he laboured under many delusions, but these were stated somewhat incoherently. He fancied the house belonged to him; said he was God; thought Queen Victoria had robbed him. He was a spare man, of about the middle height, with dark hair and a dark complexion.

For the first year and a half of his residence in the asylum he was at times excited, violent, and dangerous, and at times quiet and useful. He evidently deemed himself as holding some office in the institution, and was very careful of the furniture and attentive to the sick patients. He remained very incoherent in long conversations, mistaking the identity of many people around him, and yet in casual, ordinary remarks, did not show any incoherence. He remained in good bodily health apparently, taking his food well, looking very well, and showing no symptoms of any bodily disease whatever.

About a year and a half after admission his left knee-joint became the seat of what appeared to be at first ordinary synovitis. But, in time, abscesses formed round the knee-joint, not at first communicating with it, and rather obscuring the chief seat of disease. The small joint between the head of the fibula and the tibia was the first place where ulceration of

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the cartilage began, judging from the pain and swelling, and the formation of an abscess around it. The disease was very chronic, and often showed temporary signs of amendment, which, along with the fear that an operation would not prolong his life for any very long time, prevented the leg from being taken off. From the time of the commencement of the disease of the joint, the patient had been cachectic in his appearance, and had been taking cod-liver oil, quinine, iron, wine, and extra diet. He died ten months after the commencement of the local disease. During all the time the latter existed he was more rational, mentally, than he had been before in the asylum, though far from being perfectly well in that respect.

After death his right lung was found very tubercular in its upper lobe, the tubercle having evidently been deposited for a long time; it had been slowly ulcerating, and breaking down at some parts. The cartilages of the knee-joint affected had disappeared, and the ligaments almost entirely ulcerated away, the ends of the three bones being rough, exposed, and bare. The marked disease of the ligaments accounted for a very strong tendency to dislocation of the tibia backwards posterior to the condyles of the femur.

Case 6.—J— W—, æt. 23; has been insane for about six months; parents in poor circumstances. Had two sisters, who died of consumption; was himself a weakly child, and had been pronounced by the doctor in attendance on him in childhood likely to die from the same disease. In appearance, form, and complexion, he was like the two consumptive members of the family, and unlike the others. He had been in somewhat delicate health during his adolescence, but had shown no positive signs of disease of any kind. His insanity commenced gradually; he became melancholy, listless, and absent-minded; he then became restless at nights, peculiar in his temper, and irritable; especially he was so at times, the periods of exacerbation being irregular and quite unaccountable. He quarrelled with his father and struck him in one of his periods of excitement, and this was the cause of his being sent to the county gaol, and thence to the asylum. No hereditary predisposition to insanity in the family.

On admission he was mentally composed, absent-minded, and restless; he made faces, and put himself into curious attitudes; he answered questions half a minute after they were asked, and then hurriedly, as if he was thinking of something else. He seemed in good bodily health, though thin, and very pale. He had a fair complexion, and light hair, and was very tall and overgrown-looking.

He remained in much the same state as on admission for some time; he was obstinate and destructive, and could not be got to employ himself. He then became worse, going about undressing himself, fighting, swearing, and refusing to do anything he was told, while he gave the impression to the attendants that this was entirely through obstinacy and wilful ill-behaviour. He remained for several months better and worse, in that way. When fairly roused and his attention fixed, he could answer intelligently questions put to him even when in his worst states; and when he swore, and used abusive language, he did so in a *rational* way, if I may be permitted to use the word as describing the impression his manner would have made on a non-professional person seeing him in this state. All this time his state of bodily health depended apparently on his mental condition, but I believe the reverse was the case, and that when he got thin and weak-looking, he became worse mentally. When, by means of a liberal allowance of stimulants, cod-liver oil, and extra diet, he recovered in some degree his bodily strength, his mental symptoms showed signs of improvement. Phthisis was suspected, but beyond prolonged expiration at the apices of the lungs, there were no physical signs of tubercular deposition.

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After being seven months in the asylum he refused his food for three weeks, assigning no reason, looking composed and absent-minded, resisting much when fed, and losing flesh rapidly, notwithstanding his having an abundant quantity of strong beef-tea, custard, and wine, administered to him. He appeared to suspect poison. At this time the physical signs of tubercular deposition became evident, but there was no cough or spit, and no complaint on his part. After refusing food for nearly a month he began to take it again with much difficulty, and required much pressure. A fortnight after he began to take his food his right ankle began to become red, and painful, and weak. He was confined to bed, but the inflammation of the ankle-joint increased. His mental symptoms became much better as his ankle got worse. The joint became weak and a little swollen, and he began to answer questions more quickly and rationally. The joint became quite unable to support his weight, got weaker, more red, and gave signs of there being pus outside of it. At the same time he assumed a more sane expression of face, and appeared to get almost well, mentally. The crepitation and other signs of *active* tubercular deposition in the lungs also ceased; his appetite increased until it became enormous, while he actually gained in flesh and strength, notwithstanding the discharge of pus from the ankle. It was now evident the cartilages of the joint were much affected, for the bones grated on each other when the joint was moved. An abscess then formed over the shoulder-joint, and discharged a large quantity of matter, but it could not be ascertained whether it communicated with the shoulder-joint. The parts about it are very much thickened and swollen. In this state the patient remains at present.

These two cases, if we admit that in them the tubercular deposition in the lungs and the disease of the joints were equally the result of the same diathesis—and few surgeons would deny it—if we admit this, they would show that—

1st. Tuberculosis, as disease of the joints, may be connected with insanity, and may occur in the peculiar form of insanity I have called "phthisical" (J— W—'s case), taking the place of the lung disease.

2nd. Active disease of the joints occurring in tubercular subjects may not only cause a remission of the symptoms of phthisis, but may also cause a remission of the symptoms of insanity.

Cases of Primary Carcinoma of the Brain: with Observations.

By John W. Ogle, M.D. Oxon., F.R.C.P.; Assistant-Physician and Lecturer on Medical Pathology, St. George's Hospital.

The consideration of the two interesting cases* of "Primary Cancerous Tumours of the Brain," related by Dr. Mackenzie Bacon in the April number of this Journal,† having led me to inquire whether the results of our experience at St. George's Hospital of

* One of which occurred in the Norfolk Asylum, and the other in the St. Maria Nuova Hospital, in Florence.

† P. 74.

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