state into one of deep natural sleep; various drugs were tried with varying results, the best effect being obtained from sulphonal. This drug (the action of which was very thoroughly investigated by my chief, Dr. Conolly Norman, to whose favourable reports on it its present extended use in this country is mainly due) was given for one prolonged period in thirty-grain doses at supper, and at no time did it produce disagreeable symptoms. Its use was interrupted now and again, with the result that sleep became disturbed, appetite fell off; and there was an increased disquietude during the stage of depression. I have little doubt that it very materially affected the favourable result in this case.

It may, perhaps, be considered that too much has been said on this isolated case, but the writer's desire is very great that a mental condition so complex may be discussed by competent judges. Hypnotism is fast taking its place as a science, and anything touching it should be carefully considered, and though asylum physicians may not hope for very much from it as a therapeutic measure, it cannot fail to be of the highest interest to them as psychologists. Dr. Moll,* of Berlin, says "it is a mine for psychological investigation," and confidently expresses the hope "that the study of it will help to clear up the hitherto dim field of mental life, and will help to free us from the mountain of superstition instead of increasing it." He is supported in this view by Krafft-Ebing, Max Dessoir, and Beaunis, the latter being of opinion that "hypnotism is to psychologists what vivisection is to physiologists."

A Case of Homicidal and Suicidal Insanity.† By Frank Ashby Elkins, M.B., C.M., M.P.C., Assistant Physician, Royal Edinburgh Asylum; late Assistant Medical Officer, Greenock Parochial Asylum and Poorhouse.

William W., aged 33, a married man, who had lately been employed as a hall-porter, having made a homicidal attack upon a citizen of Edinburgh, was, by a warrant of the Sheriff, admitted from the Calton Jail to the Royal Edinburgh Asylum, on April 26th, 1890.

Disposition.—He was sensitive, cheerful, very excitable, rather proud, and sometimes quarrelsome.

Habits.—Although alcoholic, he had led a fairly steady and industrious life until two years ago.

* "Hypnotism," Albert Moll, p. 333.

† Reprinted, with some alterations and additions, from the "Edinburgh Medical Journal" for September, 1890.

https://doi.org/10.1192/bjp.37.156.86 Published online by Cambridge University Press

Previous Attacks.—These had been four, and all of them had occurred since November, 1888. He had been treated at Londonderry, Perth, Greenock, and Edinburgh Asylums, having been discharged "recovered" from each asylum, after an average residence of three months' duration.

Hereditary History.—A great aunt was insane, a brother was alcoholic and died of kidney disease, and a sister died of phthisis.

History.—He was the youngest child of his parents. As far as can be ascertained, his childhood and youth appear to have been normal. When a lad he had two severe falls from scaffolding, and in one of them he injured his back, and is said to have been unconscious for a few minutes. In 1874 he came to Edinburgh, and was employed as porter and "boots" in various hotels. For the long period of eight years (1880 to 1888) he was hall-porter at the Liberal Club in Edinburgh, a position of some trust, and requiring a good deal of intelligence. The manager of this club says that he did his work well, but that he was very excitable and inclined to quarrel and fight when off duty, especially after taking a little drink, which "went to his head" and made him quite unreasonable and unmanageable. The members of the club speak highly of him, as having been obliging, attentive, and of agreeable manners, and he was very popular among his own acquaintances.

In 1885 W. consulted Dr. John Playfair for "fainting fits," one of which seized him in the doctor's consulting room. Dr. Playfair knew W. well, and has some indistinct recollection of his becoming faint in the consulting room, but thinks he must have regarded the faint as a slight temporary heart weakness and nothing more.

During the general election of 1886 it was part of W.'s duty to receive and post up a great many telegrams, and taking the keenest interest in politics, he became greatly excited, and behaved "crazy like." He was at last dismissed for drunkenness, but on account of his long service he was taken back at reduced wages. However, a short time after he left the club of his own accord, and was then idle and drunken for several months, until at last, deciding to try his fortunes in the New World, he left Glasgow by the s.s. "Ethiopia" on the 8th November, 1888. Before leaving Glasgow he had a drinking bout with some old friends, and during his first night on board he was sleepless and suspicious of his companions. He was afraid they wished to torture and otherwise maltreat him. Labouring under these delusions, next morning, when off the coast of Ireland, he deliberately attempted suicide by throwing himself overboard. By a splendid act of heroism, Dr. D. Scott Moncrieff, a passenger on board, jumped over the side of the vessel and kept him afloat until both were rescued. W. was then taken to Londonderry Prison, and ultimately to the asylum. Dr. Hetherington has kindly supplied me with notes as to W.'s condition at that time. He was depressed, strongly suicidal, rather excited and restless, and fancied that he

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heard his wife's voice; but his memory was good, his speech was quite coherent, and he could answer questions. He had a furred tongue, his heart's action was very quick, and the patellar reflexes were exaggerated. He was discharged quite well on 27th December, 1888. W. himself says:—"Whilst I was at Londonderry Asylum I thought I was being drugged, and I believed I was being watched by Orangemen,"—the latter delusion, taking into account that he was a fervid Liberal, that he was in a disordered mental state, and that he had been landed unexpectedly on the north coast of Ireland, was certainly not very extraordinary. Leaving Londonderry, he went to live with his wife in Perthshire, and for a time did not drink at all, but nevertheless suffered from "queer thoughts." One day he came into Edinburgh, took a good deal of drink, and returning to Perthshire, attempted to cut his throat. At that time he imagined that his wife was urging him to cut their child's throat; and he became so greatly afraid he might commit an act of violence upon it that he was most anxious to be sent to an asylum. He was then, in consequence, admitted to Perth Asylum. From the notes of the case, placed at my service by Dr. Campbell's kindness, it appears that W. was then depressed, had hallucinations of sight and hearing, and delusions of electrical agencies; he confessed to past suicidal impulses, and showed partial forgetfulness of the more marked maniacal outbursts. Dr. Campbell, from his observation of the case, gathered the suspicion that while under the influence of drink he had epileptiform seizures. Otherwise he appeared an ordinary *Mania a Potu* case. After being in Perth Asylum for two months he was dismissed well, but soon became ill again, entertaining suspicions of his wife without cause, and particularly imagining that she never told him the truth. In consequence of these symptoms he was sent to stay with his brother in the Forfarshire hills, and was there employed in felling trees. He did not drink whilst there, but presently getting depressed and unsettled, he left and became for a short time hall-porter at a hotel in Inverness. The manager says he was quiet and unassuming, but rather absent-minded. One morning W. asked the manager if he might leave, as he was insane. He said he felt depressed, and as if he were being hunted down. Getting work next at St. Rollox Station, Glasgow, he attempted suicide by placing his head upon the rails before an approaching engine, but was rescued by his fellow-workmen, and taken to Greenock Asylum. By Dr. Wallace's kind permission, I am able to say that W. was then depressed, strongly suicidal, and had delusions that people were following him, and that everything was against him. Dr. Wallace writes:—"Though unquestionably suicidal when brought to Smithston, it is remarkable that when affected with strangulated hernia, for which I had to operate on him, he showed the greatest eagerness to get well, and as a surgical patient I could not have had a better." Leaving Greenock Asylum after four months' treatment, he went to

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Glasgow, and again falling a prey to drink, and having once more attempted suicide by throwing himself in front of a heavy van, he was admitted, four days after leaving Greenock, to the Royal Edinburgh Asylum. At the time of admission he was depressed, suicidal, and with delusions that people were following him, and that he was going to be killed. He also stated that just before making the suicidal attempt he had a "fainting fit" similar to those for which he consulted Dr. Playfair four years ago. His left forearm and hand were much bruised in his attempt to commit suicide. A few days after admission he volunteered the statement that his muscles were urging him to do things that he knew were wrong. He made steady progress towards recovery, his delusions left him, and only for a day occasionally would he show any lowness of spirits. Ultimately, after all signs of depression were gone, and as he was cheerful and working well, he was dismissed. He had been in the asylum three months; he had been kept in a much longer time than would have been the case but for his history; his wife was urgent for his dismissal, and he himself thought it "very hard lines" to be kept in so long. Seven days after, he was re-admitted, having, in the interval, made the homicidal attack. His wife, who fetched him from the asylum, noticed that he was strange in manner immediately after leaving. He was absent-minded, and did not seem to notice her speaking to him. After a walk together, she was obliged to return to her work, and left him with sufficient money for immediate use. This money has been accounted for, and was not spent in drink. That night he went to the theatre, but says he did not enjoy himself, as he had the old suicidal longings, and the old idea of being hunted. At the lodging-house where he stayed, he was very uncommunicative, and the following day he appears to have done little else but walk about in an aimless manner. He met his wife, who noticed he was worse and more depressed. He told her to go away and leave him to his fate, and when she left him he said, "This is the last time you will see me." Being conscious of his state, and wishing to be re-admitted, he came twice on the next day to the asylum gate, and asked to see Dr. Clouston, who was unfortunately out. Meeting Mr. N., whom he knew and whom he afterwards assaulted, W. conceived the idea of killing him, and bought an ordinary clasp pocket-knife for the purpose. He had absolutely no ill-will towards Mr. N.—indeed, ten years previously Mr. N. had been instrumental to some extent in getting W. his post in the Liberal Club. He walked about all that night and all the next day with the homicidal feeling uppermost in his mind, and quite supplanting his suicidal desires. There is little doubt that W. dogged Mr. N.'s steps, until, at about midday, finding him alone and in Lover's Loan, a sequestered narrow lane in the city, he rushed upon him from behind, threw him over, and stabbed him twice.

W.'s account is:—"I had queer thoughts; I thought everything

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was coming to an end; I felt I could not leave the city, and dogs kept me from getting work. When I looked towards Mr. N. and determined to kill him, I felt happier and more satisfied, and as if I were doing right; the rain seemed to stop, and the sun got brighter; but when I turned away, and was frightened to do the act, the sky seemed to darken and it rained."

During the attack W. never spoke a word, he appeared very confused, and had a determined, fixed, fierce look. After he had inflicted the injuries and had been disarmed, he sauntered quietly away without giving any explanation of his conduct. When arrested he was just going to the infirmary to have his hand dressed, as it had received some slight cuts in the struggle, owing to the clasp knife closing upon him. To the police he gave a wrong name and was very reticent, but when taxed with the assault he admitted it. In the evening he told a detective that "Jesus Christ made him do it," and "when the electricity which comes in at my toes and runs up my body gets to my head, then I do these things."

State on Admission.—He was depressed and nervous, and laboured under the delusions that dogs kept him from leaving the city, that he was being hunted down for crime, that electric shocks were going through his body, and that some evil-disposed persons had marked him (showing some slight marks upon his skin). He was coherent in his speech, his memory was good, and he could answer questions. He was quite conscious of his insanity, and deplored his suicidal and homicidal tendencies. In appearance he was a well-developed, muscular man, with a fine open countenance, which the accompanying portrait, admirably sketched by Mr. Williamson from a photograph, will show. He had a left internal squint, the eyes were placed rather near to each other, and as the outer orbital angles were directed a little upwards, he had a slightly Japanese expression. The eyebrows were continuous in the middle line, and the beard was very sparse and patchy. All the tendon reflexes were exaggerated, and he complained of numb and "electric" sensations. There were two scars upon the head, one upon the chin, and another over the seat of the strangulated hernia. The bodily health and condition appeared to be excellent.

Tried for the offence before the Sheriff, W. was sent to the Lunatic Department of Perth Prison during Her Majesty's pleasure.

Causation.—His hereditary predisposition, his previous mental illnesses, his former alcoholic habits, and the falls in his youth, all may have tended to produce the attack: but there is also the question as to whether he is an epileptic. The history of "fainting fits," the distinct "electric" *aura* which preceded the homicidal attack, together with Dr. Campbell's suspicions as to his having had epileptiform seizures, all point in the direction of epilepsy. No doubt the alcoholic habits had much to do with the production of the first three attacks, but the last was certainly not so induced, and was probably the result of being sent away from the controlling influence of

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TO ILLUSTRATE DR ELKINS' CASE.

WM CATHIE, LITH.

https://doi.org/10.1192/bjp.37.156.86 Published online by Cambridge University Press

asylum life, when he had no home to go to, and no work to occupy his mind. To him the asylum was indeed a refuge, and he was fully conscious of its steadying effect upon him, as is abundantly proved by his two separate attempts to gain readmittance when labouring under the recurrence of morbid feelings, and by his frequent observation, during his last attack, that he felt "safe" in the asylum.

Notes on the Case.—This is the case of a once respectable man who, owing to his mental disease, has now become a criminal lunatic; but it is impossible to regard him as, in any proper sense, an ordinary criminal. Yet one is disposed to ask whether there be not much in common between the case of this man and those cases which are constantly brought under notice in the pages of the daily press, as for example where a parent, after a drinking bout, suddenly murders his or her children and then attempts or commits suicide. In W.'s case, as we have seen, the mental storm soon spent itself, so soon indeed that, after being in the asylum but for a short time, it would have been extremely difficult for a medical man to have certified that he was insane, except for the light thrown on the case by the man's previous history and by his own acknowledged feeling, that when he at any time took a little drink he habitually lost all self-control.

Dr. Clouston, in his book on "Mental Diseases," writes:—"Homicidal impulse is often spoken of by lawyers, publicists, and ignorant persons, as if it were a thing that did not really exist, but had been set up by the doctors to enable real criminals to escape justice." No better example than this case could be brought forward in proof of the real entity of the homicidal impulse.

One of the latest published books dealing with insanity from its legal aspects,* says:—"The criminal premeditates his plan and of necessity selects his victim. The impulse has no premeditation, and has not of necessity a selection." Yet W. selected his victim, bought a knife, chose a quiet place for the assault, and gave a wrong name when arrested.

Such an attempt upon life is of course naturally so alarming, and so calculated to excite the keenest interest in the public mind, that it was to be expected extreme views on the subject would find expression in the press. One daily paper,† after asking how it was W. came to be at large, goes on to say that the fact of his having attempted suicide so

* "Williams' "Unsoundness of Mind," 1890, p. 211.

† "Scottish Leader," June 7th, 1890.

https://doi.org/10.1192/bjp.37.156.86 Published online by Cambridge University Press

frequently surely rendered him a case for detention. It is almost unnecessary to say that asylum officials have no right to keep a sane man in detention because of his having an attack of insanity consequent on a drinking bout, even if during the course of it he had attempted suicide. That a person is liable to become insane is no argument for continuous detention in an asylum. It would be interesting to know for how long the writer of the article here referred to would, under the above circumstances, take away the liberty of the subject. According to statistics taken in Morningside Asylum,* four-fifths of all cases of melancholia have the suicidal impulse, and thirty-nine per cent. have actually attempted suicide, many of the latter more than once, so that, if all these people are to be detained after recovery, the size, or the number of our asylums, must be vastly increased.

Glasgow Royal Infirmary: Case of Acute Dementia. Treatment by heat and cold to head, electricity, general massage, etc.: Recovery. By ALEX. ROBERTSON, M.D.

Dr. Robertson stated that the patient had been admitted under his care on the 10th of January last, when she had been ill for about seven weeks. She was a girl of 24 years of age, and her occupation was a linen-dresser. There was no known cause, and her family history was good, except that her father had been subject to some sort of "fits." She had become gradually weaker, both in body and mind. At first there had been hallucinations both of sight and hearing, and she had complained of headache; but it appeared that these had passed away or been superseded by the advancing stupor. Menstruation had been quite regular, but on the last occasion her mental state had been worse while it continued. When admitted she had a vacant expression of countenance and seemed unable to understand any remark, however simple. She was of filthy habits and required to be fed by the nurse. She was quite passive in every respect. There was marked emaciation; the heart's action was very weak, the pulse was very feeble, and there was coldness and blueness of the extremities. The tongue was coated and brown, the lips were blackish, and there were sordes about them and the teeth. The bowels were constipated, but had been acted on by medicine before admission.

The treatment, in the first instance, was chiefly directed to stimulation and support of the general system. Fluid food and brandy were administered at short intervals night and day. Care was taken to keep the bowels free, both by stimulating enemata and laxatives by

* Clouston's "Mental Diseases," p. 117.

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