the case, viz., the long interval between the affection of the right and left upper limbs, and the occurrence of valvular heart disease rather rapidly (?syphilitic, as supposed in certain cases where occurring in conjunction with tabes dorsalis).

Cases of Insanity in General Practice. By A. H. Newth, M.D., Haywards Heath.

It is very possible that if medical men were asked to give an account of cases of insanity treated by them in general practice many, especially those who have given attention to the subject, would be able to show some good results. As, however, they do not have the accessories for successful treatment in every case, such as specially-trained nurses, the quietude and repose of asylum life, freedom from the worries of friends and relatives who, from want of judgment and tact, often do much harm, and from whom it is impossible in private life to isolate the patient entirely, physicians in general practice cannot be expected to be able to do so much as those engaged in asylums.

In order to show what may be done in this respect, I have collected a few cases, amongst many, that have come under my care. No attempt has been made at classification, nor to give details of the history of the cases; they have been taken just as they suggest themselves.

Some years ago a well-known revivalist held a camp-meeting in this neighbourhood, with the result that many persons became insane and were taken to the asylum. Some of them came under my care, but not one of these was sent there.

In one instance I found the patient in an ecstatic state, almost entirely oblivious to all around her, gazing earnestly forwards as if at some distant object. She kept exclaiming, "I see a bright and shining light; the heavens are opened; the Son of Man is standing before me; He calls me; I must go to Him," etc. She would then endeavour to rush forwards as if to fly away into the clouds. She neglected her household duties, would not take food, was sleepless and restless. When I was called to see her she did not notice my presence, but went on with her delusive ravings. Waiting awhile for her to calm, I went up to her, and, taking her by the shoulders, gave her a good shaking, and said, "Mrs. C—, you are ill; your liver is out of order; you must attend to yourself." She came to herself for a time, awaking, as it were, out of a dream, and answered questions rationally. I persuaded her to

https://doi.org/10.1192/bjp.38.160.80 Published online by Cambridge University Press

take a mild mercurial purge, and prescribed nitro-hydrochloric acid and gentian, for I noticed a yellowish tinge of the conjunctiva, and she appeared sallow and unhealthy-looking. Under this treatment she soon recovered, and has had no relapse.

A short time after I was requested to see another person who had been attending these revival meetings.

She was a poor miserable creature, with a dirty, unhealthy complexion, sunken eyes, dark rims round them, cold, clammy hands, pale fissured tongue, and other evidences of an anæmic state, with disorder of the digestive organs. She was exceedingly depressed, constantly bewailing her lost condition, saying she "had fallen from grace," that "there was no hope for her in this world nor the next," etc. She was strongly suicidal, had made several attempts to drown herself, and it was necessary to have her constantly watched to prevent her doing herself harm. This was a case that seemed to call for immediate removal to the asylum, for, as a rule, I consider it is desirable that if a person is dangerous to himself or others no time ought to be lost in placing him under restraint. However, as there were at least two sensible persons who could look after her, I determined to try what medical treatment could do before taking so serious a step. There was considerable mental agitation, with physical weakness, headache, and derangement of the digestive organs. I therefore prescribed a mixture containing small doses of bromide, with sodium bicarbonate, salvolatile, and a little bitter infusion, and a blue pill and seidlitz powder, with liberal diet frequently administered. The effects of this simple treatment were almost magical to the friends. Her morbid fears disappeared in a very short time, her suicidal impulse passed off, and she became quiet and contented; a simple tonic completed the cure.

There has been no relapse in her case. Some time after Mrs. P— wrote me a very nice, sensible letter of thanks. These are very ordinary cases, and the treatment seemed simple enough; but I am firmly persuaded that if powerful sedatives had been given, the already weakened brain, excited from deprivation of proper blood supply, would have been still further weakened by them, and these patients would have probably been ill for some time.

About this time I was called up at night to see a Mrs. B—, who was delirious and unmanageable. She had been under my care for catarrhal fever and anæmia, was naturally of a melancholic frame of mind, and, having lately lost her husband, was depressed in consequence, and also anxious as to her future possibilities of earning a livelihood. When I saw her she was in a semi-unconscious state, excited, restless, and unreasonable. She was full of perverted religious delusions, constantly raving about the blood of

https://doi.org/10.1192/bjp.38.160.80 Published online by Cambridge University Press

Christ. "I cannot see it," she cried. "I want it applied to me; I have been a great sinner, and I want to see my sins forgiven," etc. She would not attend to anything that was said to her.

I thought I would attempt something in the way of argument. Speaking firmly and decidedly to her, though unaware whether she could really appreciate what I said, I pointed out how she might derive all the benefits of the atonement without actually seeing the means used or even understanding them; giving her as an illustration how medicine might be given to her without her seeing it or knowing what it was, and yet would do good. I daresay my theology was not quite orthodox, but it had the desired effect. She became calmer, and after a quiet night's rest, obtained by a mild opiate, was tolerably cheerful and quite rational in the morning, referring to her delirium and thanking me for what I had said to her. She has continued clear in mind now for many years; is, in fact, better in health than she has been for some time, and though she occasionally suffers from severe headaches, is able to conduct a large infant school.

In treating cases with strong mental delusions, it is always well to avoid making light of them or speaking of them with levity. To the patient these delusions are a terrible reality, and the arguments that must be used ought to be such that the person can himself turn them to account.

Another case of religious mania, so called, came under my care about this time, which was to a great extent influenced by reasoning. She was a young lady, aged 20, residing in London, of somewhat phthisical tendency, though there was no history of phthisis in the family. Her father and grandfather had both committed suicide, and her mother was rather weak-minded; she had a sister who was congenitally deformed. She was homicidal, had attempted to throw a child of a friend with whom she was out walking into the canal, but the attempt was frustrated by some passer-by at the time. She had also been found wandering along the banks of a canal as if meditating suicide, which it was feared she might commit. She had been attending some exciting religious meetings, had gone long distances to attend them, and had neglected her meals in consequence. She was in low, feeble physical health, but with no particular organic disease, little appetite, torpid state of bowels, and deficient menstruation.

Two or three medical practitioners had been consulted, who all told her that she had upset her mind by attending the religious meetings, that she must give up going to them, that they were all nonsense, etc., and advising, instead, attending theatricals, balls, concerts, entertainments, and so on. This

https://doi.org/10.1192/bjp.38.160.80 Published online by Cambridge University Press

levity in respect to the religious services which she had attended, and in which she felt deep interest, only shocked her and made her more depressed. I carefully avoided saying anything myself against them, on the contrary, I said they were very good, and quite sympathized with her in the interest she took in them. But at the same time I told her she had upset herself by going so long without proper food, walking so far, and being present in hot, imperfectly ventilated rooms.

She acknowledged the uncontrollable impulse she had either to drown herself or her friend's child, and cried bitterly at the thought of her wickedness. This, I pointed out, was the result of her physical weakness, and that unless she did what I told her she would have either to go to prison or to an asylum. I advised her, for a time at least, to give up attending religious meetings, to take more food and rest, and prescribed a ferruginous tonic, with aloetic purgatives, as there was some menstrual irregularity. She seemed to appreciate my sympathy thoroughly, and following my advice and treatment, rapidly improved in health and became cheerful and happy, and has continued in good health, both mentally and physically, for some years.

The strong hereditary tendency to insanity was a most unfavourable factor in her case, and I am strongly persuaded that, had she not been induced to follow my advice in this early stage of her malady, she would have committed either suicide or homicide, or have become hopelessly insane.

Mrs. V., a lady of dark-olive complexion, with one child, had resided in India some time, was now separated from her husband. For some time she had been eccentric in her manner and excitable, giving way to passion and taking fanciful dislike to persons. In the middle of the night she was suddenly seized with a violent attack of mania. The friends thinking she was possessed with the devil had sent for the parish priest, who, however, declined to have anything to do with her, and advised them to send for me. I prescribed some chloral and bromide which produced sleep and quietude. On examining her in the morning I discovered that she had an ulceration of the cervix uteri, which I treated successfully, and the maniacal symptoms ceased. She left the neighbourhood, after a few months, better than she had been for some time, but I entirely lost sight of her and do not know whether she had a relapse or not.

I am strongly inclined to think that there are many cases of insanity due to reflex irritation of the womb or its appendices, which if treated in an early stage might be cured. This special treatment is difficult in asylums, the presence of young unmarried girl attendants, the fact that the assistant medical

https://doi.org/10.1192/bjp.38.160.80 Published online by Cambridge University Press

officer is himself a single young man and the superintendent is also frequently unmarried, and the morbid feeling and ideas of the patients themselves, make an examination both difficult and unpleasant. So the case is neglected, the brain cells become diseased, and the patient is allowed to drift into an incurable maniac. The following case will show what may be done in this respect:—

Mrs. G., an elderly lady, residing near London, was sent to be under my care. She had been more or less insane for many years and had been placed in an asylum several times. There was an hereditary tendency; her brother committed suicide, and several of the family are or were insane, whilst others are more or less neurotic.

By nature a most gentle, quiet, retiring lady, when she came to me she was violent in her manner, using strong and obscene language. Her restlessness was extreme, she could not be induced to remain still a moment, and was most persistently suicidal. She obstinately refused food, and was brought to the extreme verge of starvation. Her complexion was sallow and unhealthy, her pulse extremely feeble, intermittent and rapid, skin cold and clammy. The treatment of this case was most difficult. She strenuously resisted feeding, spat out all that was put in her mouth, and obstinately refused all medicine. I used the stomach pump several times, but the difficulty and unpleasantness of using it was so great that I gave it up and relied solely on a method I have adopted of artificial feeding, which is simple, safe, and efficacious. Though the lady was constantly asking for her daughters I deemed it better that they should be sent away and the patient left entirely in my care with the nurses.

There was an enormous accumulation of fæces in the rectum and colon, which came away with much difficulty by repeated enemata; the lady fancied she was being delivered of a child. I also found, some little time after she had been under my care, that she had prolapse of the womb; this I relieved and supported, giving appropriate treatment.

Her condition was so precarious that her case seemed utterly hopeless.

After two months' anxious care the lady slowly improved in physical health, and one day suddenly recovered her mental faculties, with the remark, "I have been very ill, have I not?" She did not have the slightest recollection of what had taken place during her illness. Her health, both mentally and physically, rapidly improved, and she went home to her friends better than they had known her for many years.

She has lately, after six years, somewhat relapsed, I understand, but not sufficiently to be placed under special care. It is very

https://doi.org/10.1192/bjp.38.160.80 Published online by Cambridge University Press