Notes on the Reparative Power in Insanity. By J. A. Campbell, M.D., Garlands, Carlisle.

(Read at a Quarterly Meeting of the Medico-Psychological Society held in the Hall of the Faculty of Physicians, Glasgow, March 3rd, 1876.)

The short notes which I am going to bring before you refer more directly to the power of repair of bony structures and soft tissues in fractures and wounds, occurring in cases of insanity; and I have the less hesitation in calling your attention to the subject, because I see by the last "Commissioners' Report" that during 1874 twenty-six fractures occurred in the Scotch Royal and District Asylums. I hope, therefore, to hear some useful remarks on the subject from the members present.

Case 1.—August 3rd, 1868. R. C., male, æt. 44 years. A general paralytic. At an early stage of the disease, while walking in the airing-court, was kicked in the chest by a fellow-patient (a clergyman of the Church of England, of great energy and agility), who fancied R. C. was the devil, and gave as his reason that he intended to kick him back to hell. R. C. was immediately taken in, examined, and found to have fracture of more than one rib on the right side—the sixth and seventh, at least, between their sternal attachments and angle. A strip of Emplastrum Roborans was put round the chest and a flannel roller above this. During the first week after the fracture his evening temperature rose once to 100°, but never above it. There was no apparent discomfort—he took his food well and lay quietly. The bandages were removed at the end of a month; his ribs seemed firmly united.

The patient died in May, 1872. At the post-mortem the sixth and seventh ribs of the right side bore evidence of old fracture, and had a mass of bony matter between them, though not quite uniting them by bony union. The fifth rib was rough and thickened, with some nodules of bone at its edges; but on sawing it along, it showed no appearance of having been fractured.

Case 2.—T. B., male, æt. 33 years. Admitted October 10th, 1871; labouring under acute mania. On June 6th, while amusing himself by playing at leap-frog over a fellow patient, came down on his right hand, fracturing his radius close to its articular end above wrist. The arm was put up in pasteboard splints, but as he was constantly wetting his arm, and making water on it if he could not wet it otherwise, wooden splints were substituted. He was most restless, and though a canvas sleeve was sewed over the splints, he managed on several occasions to take the splints off; but they were replaced each time,

https://doi.org/10.1192/bjp.22.98.222 Published online by Cambridge University Press

and when finally removed at the end of six weeks, a good union, as regards position and firmness, had taken place.

Case 3.—G. S., male, æt. 66 years; labouring under melancholia; for many years an inmate of the asylum. On September 22nd, 1872, a general paralytic fellow patient stumbled against him and threw him down; he fell on his right arm, causing a comminuted fracture of humerus at its middle third. The fracture was put up in short wooden splints. The day after, as the hand was œdematous, the splints were taken off and reapplied. The splints were kept on for seven weeks, when the humerus was found quite united by bony union.

Case 4.—H. T., male, æt. 57 years. A general paralytic, admitted December, 1869. On May 28th, 1873, he had for some time been so paralysed in the lower extremities as to be unable to stand, and was confined to bed, without a bedstead, in a single room with a half shutter up. He was found lying opposite the window with his left femur fractured at its lower third. It was put up in a starch bandage, and he was restrained by sheets; but as he was continually wet, the starch bandage was found useless, and the next day the fracture was put up in poroplastic splints, and a little extension applied to leg. The patient was restrained by sheets for six weeks and five days, except for two hours daily, when his bedding was changed, his back washed and rubbed with carbolic oil. When the splints were removed the femur was found firmly united, with much new bone about the union, with shortening of leg to about one and a half inch. This patient is now alive—a general paralytic, with his disease of more than six years' duration.

Case 5.—C. D., female, æt. 65 years. Chronic mania. Noisy and restless. October 21st, 1874. Was to-day pushed over by a fellow patient, fell on left shoulder, fractured left clavicle. Her left arm was fixed across breast and supported at elbows. Patient was kept in bed. Fracture united firmly, and in good position, within a month,

Case 6.—N. T., male, æt. 80 years. Chronic mania. While working, fell off the edge of a dung-heap and fractured his right clavicle. He would not allow any treatment, so he was let alone. He was continually moving his arm about. Clavicle united, and he was at work within six weeks.

Case 7.—July 1st, 1874. J. F., male, æt. 58 years. Chronic mania. Had necrosis of proximal phalanx of index finger of right hand. I removed the finger at the metacarpal joint, and dressed the wound antiseptically. In spite of very bad treatment from the patient, who tore the dressings off and used the hand as if it was well, the wound was perfectly healed within three weeks.

Case 8.—M. M., female, æt. 39 years. Chronic mania. June 16th, 1875.—Had been in the asylum for four years; two months ago had complained of pain in right knee, for which various modes of treatment had been resorted to—rest, blisters, and lastly the actual cautery. She had been getting nourishing diet, stimulants, and iron and

https://doi.org/10.1192/bjp.22.98.222 Published online by Cambridge University Press

quinine; but the knee had gradually become swollen and more painful, and the patient had fallen off in condition. Acting on the advice of our consulting surgeon, I removed the leg by Carden's operation above the knee joint. Antiseptic dressings were used, and in this case the patient was most careful of the stump.

July 1st (fourteen days after the operation).—The patient has done well; the stump is almost completely healed, and, except along the ligature—where, till they came away, there was daily a drop or two of pus—the flaps simply stuck together at first, and united without any suppuration. Bodily health improved; is much fatter.

Case 9.—J. R. P., male, æt. 31 years. Epileptic mania.

This patient took numerous fits in succession, and then for some time remained in an exhausted state, with vitality lowered and circulation feeble. During his comparatively lively stage he had in some way hurt the fourth toe of his left foot. He had been in bed for some time on account of this when the ungual phalanx necrosed and came away, but the toe got no better, and the foot was blue and swollen. On May 18th it looked worse, so I removed it. The patient got tonics and stimulants, but was in a low state of vitality. The line of section was almost healed, when an abscess formed in the sole of the foot, which was opened. The wound at last healed, all except one point, when an abscess formed over the ball of the great toe. This was opened, carefully washed out with solution of boracic acid, and dressed daily, but the foot got worse.

On June 20th, after making some exploratory incisions, and consulting with Mr. Page, Carlisle, I removed the foot by Syme's operation. The patient lay still for several hours, but then got much excited, became restless, and before the medical officer reached him had caused considerable hæmorrhage by the rough way he used his stump. He was at once restrained by sheets, and the restraint retained for thirty-four hours. Considerable oozing took place the first night and day after the operation, but after that healing went on rapidly, and on the 1st of August (a period of five weeks after the operation) the stump was healed.

Case 10.—T. J., male, æt. 51 years. Epileptic mania; always in feeble health. November 3rd, 1875. Had disease of right ankle joint for some time; after consultation with Mr. Page and Dr. Maclaren of Carlisle, it was decided to remove the foot by Syme's operation. I did so, but found caries in the centre of the tibia. After sawing off its articular surfaces, I turned up the periosteum for about an inch, and sawed off another slice, but found the bone still diseased. I then gouged the centre of the bone, but found it diseased for at least an inch in the centre of the shaft; so I amputated through the lower part of the middle of the leg, making a long anterior flap, and put up the stump in carbolic dressings. The patient was very restless, got out of bed, and had to be kept under the influence of chloral at night; during the day sitting with his leg bent, and would not lay it down.

https://doi.org/10.1192/bjp.22.98.222 Published online by Cambridge University Press

The flap united well; at the end of six weeks the line of section healed, and the stump was firm and serviceable; but an abscess formed above the edge of the tibia, and remained discharging small quantities of watery pus. It seems now quite healed (February 28th). The patient is still in weakly health.

Cut Throat Wounds.—In six cases of this nature treated at Garlands healing took place rapidly. In two cases the trachea was opened into. In one, reported by Dr. Macleod, in the "Journal of Mental Science," July, 1875, the pharynx was opened into, and the epiglottis divided, and in one case the tongue was cut away from the hyoid-bone.

In 1870 I reported in the "British Medical Journal" a case of fæcal abscess connected with the caput cœcum, which discharged at a point in the upper part of right groin. The patient recovered and is still in Garlands Asylum.

Scalp Wounds.—Though I have seen a large number of very serious scalp wounds caused by epileptics falling in fits, or by attacks of fellow patients, I have never, except in one case, and that an elderly man in an advanced stage of general paralysis, seen any erysipelatous drawbacks to healing; usually shaving a small portion of the scalp, drawing the edges of the wound together with adhesive plaster, and putting some dry lint over it, being all that is needed, the wound healing by first intention or scabbing.

Excluding general paralysis and epileptic insanity, in the other forms of insanity, while the digestive powers are good and the patient taking a fair amount of nutriment, repair, as regards fractured bones, or divided soft tissues, takes place quite as well as in sane patients; in cases of fracture where there is considerable restlessness, there is more swelling round the fracture, and union seems speedier. Considering the difficulty of treating fractures in insane patients, I have been more than once surprised by the excellence of union as regards position and freedom from shortening that I have noticed in such cases.

In epileptics and general paralytics healing power of skin wounds is at times greater, according to my experience, than even in perfect health, during the period that epileptics are free from taking fits, and while general paralytics are at the stage that they eat ravenously and are getting fat.

In epileptics, after a succession of fits, and in general paralytics, in an advanced stage, or in an early stage after epileptiform fits, vitality is so much lowered that bedsores

https://doi.org/10.1192/bjp.22.98.222 Published online by Cambridge University Press

may appear after lying in bed one night, and remain without any healing going on till the nervous system rallies.

In general paralysis the inequality and uncertainty of the power of repair are marvellous, while the digestive apparatus remains nearly always efficient to the last; death of structure without outward cause may take place in one part of the body while fat is being laid on in another. The peculiarities in regard to healing and death of structure in epileptics and general paralytics are, of course, due to the diseased trophic nervous action affecting the blood supply and nutrition of the tissues.

The Plea of Insanity in Cases of Murder—Cases of Macklin and Barr. By D. YELLOWLEES, M.D. Edin., F.F.P.S.G. Physician Superintendent, Glasgow Royal Asylum.

The two following cases, which were tried at the Glasgow Circuit Court, in May, 1876, seem of sufficient importance to deserve record and comment in the "Journal of Mental Science." In both the facts were undisputed, and the interest centred in the mental condition of the prisoner.

James Macklin, aged 29, single, a labourer and fireman, deliberately shot his mother in their own house near Airdrie, on 17th December, 1875, killing her on the spot. He immediately ran away, and spent the night in the fields to avoid the police; next morning he borrowed an old table-knife at a roadside cottage three miles from his home, and having sharpened it on a piece of slate cut off his scrotum and testicles, returned the knife, and was subsequently found by the police lying at the foot of a coal heap almost dead from hæmorrhage.

The wound healed very quickly, and without a bad symptom. He told me that he intended to have killed himself rather than be hanged, and he thought this was a better way than cutting his throat.

The prisoner's mental condition is succinctly described in my evidence, which I quote from the "Glasgow Herald" of May 10th, 1876:—

Dr. Yellowlees, Superintendent of Gartnavel Asylum, deponed—I saw the prisoner on two occasions. I came to the conclusion that he was naturally somewhat silly or imbecile, and that he was labouring under various delusions. These delusions were chiefly with

https://doi.org/10.1192/bjp.22.98.222 Published online by Cambridge University Press