CLINICAL NOTES AND CASES.

Insanity associated with Contracted Kidneys. By Dr. Savage.

Clara L., single, aged 35.—No insane relations. Governess. Has enjoyed good general health.

Of sober habits. Anxiety was given as the cause of her present illness, which dated from March, 1879. She became dull and depressed, negligent in her habits, and unable to follow her occupation. She passed from bad to worse; she ceased to menstruate after April, and lost flesh. She was said to have had a severe blow on the right side of the head some five years ago, which rendered her insensible; this was accompanied by fright, as it was inflicted by a robber. Before her admission, in August, 1879, she had had a fit, rendering her left side weak.

On admission she talked at times incoherently, at others she would not answer questions. She thought her friends were unkind to her; she wandered about the house in an objectless way, and was violent at times, attempting to bite those near her; she bolted her food ravenously; she came out of her bedroom naked and micturated on the door-mat; she had hallucinations of sight, was cataleptic at times; she had hallucinations of hearing; thought she was very wicked and a great hypocrite, and that God was angry with her. She was of middle height, thin and sallow, weighing 7st. 6lbs.

Pupils widely dilated; sight, especially of right eye, very weak. For six months no alteration took place; she was unoccupied and untidy, remaining where placed for hours. She ate most ravenously, and would eat till she vomited. She complained of pain in right side of head, and the eye-balls, especially the right, seemed prominent. I therefore examined her optic discs, and found most marked optic neuritis. This was most developed in the right eye, where some hæmorrhages were visible. At this time the vomiting became severe and the pain in the head markedly worse, but her mental symptoms were better, and she could tell us more of her feelings and history. The left arm and leg were very feeble, the arm being the more weak. At first the history of the blow and the other symptoms led one to suspect tumor cerebri, but Dr. Davidson, of St. Thomas's Hospital, having made a careful examination of the eyes, suggested that the neuritis looked like that due to renal disease, and after some trouble we were able to get the urine, which proved to be abundant, of low specific gravity, containing a large quantity of albumen.

The bodily weight had increased to 8st. 4lb. She was treated with iron and occasional saline purges. Her appetite continued ravenous, and we had great difficulty in preventing her eating to excess.

In February, 1880, the neuritis was very well marked, both discs

https://doi.org/10.1192/bjp.26.114.245 Published online by Cambridge University Press

being swollen, and indistinct, veins dilated and tortuous; hæmorrhages and scattered white patch well seen in right eye. The heart's action was heaving and forcible, and the pulse showed high tension, so that seven ounces pressure were required to get a perfect tracing. On February 10 she had a fit—at least, she was found in a semi-comatose state; she had lost much power in the left side. Her speech was thick, and she was unable to swallow solids.

Her mental condition varied very little; she was in a state of partial weakmindedness, emotional, unoccupied, and incapable of self-control. She continued in this state, regaining very little power, till April 20th, when, at 7 a.m., she became suddenly convulsed, her head being drawn to the right side; frothy mucus escaped from her mouth, which seemed drawn equally on both sides. At 10 a.m. the breathing was stertorous; pulse feeble, 145; Cheyne-Stokes' respiration 12 a minute. This lasted a short time, but passed off before death, which took place at 4 p.m., without any return of consciousness.

Post-mortem 19 *hours after death.*—Body fairly nourished. No dropsy or œdema; calvarium thick; dura mater normal and free; arachnoid normal; pia mater somewhat adherent. The brain escaped, as from pressure, on the removal of the calvarium; the surface was pale, the convolutions being much flattened. Brain weighed 49½ ounces; the substance was very soft.

The lateral ventricles were greatly dilated, with serous fluid, so that each was large enough to hold an orange. No growth and no hæmorrhages.

Cerebellum normal; two small hæmorrhages in the median line of anterior part of pons, each the size of a split pea. Some atheroma of vessels at base. Heart large (with clot), 13½ ounces; great hypertrophy of left ventricle; liver and lungs fairly healthy, some emphysema in the latter.

Right kidney two ounces, left 2½; capsules adherent; surface granular; cortex wasted, mottled; spleen soft.

We have here a case that at first misled me, by its history and symptoms, to suspect a crass cerebral lesion in the form of a glioma due to injury, but the ophthalmoscope set me on the right track. Doubtless I ought to have discovered the albuminuria, but asylum physicians know the difficulties one has in obtaining urine of patients. The optic neuritis, associated with hallucinations of sight and also imperfect vision—which latter is not essential according to Dr. H. Jackson—is interesting; and I have seen at least one other case with neuritis and loss of vision due to syphilis producing similar hallucinations.

The mental symptoms were those of a feeble, badly-nourished organ, one imperfectly supplied by bad blood;

https://doi.org/10.1192/bjp.26.114.245 Published online by Cambridge University Press

ravenous appetite was added, and must be considered along with vomiting, which is met with in such cases.

The most interesting point is the pathological one—as to how to look upon the excess of fluid in the ventricles. Was this a true dropsy, or was it due to old hydrocephalus? Dropsy was found nowhere else in the body, it is true, but the woman had been healthy, and mentally above the average. I should like to hear of the experience of others. We know that in some cases of general paralysis which have been described by Dr. J. Mickle, excess of fluid is found in the ventricles, but they do not exhibit such marked changes in the kidneys. The smallness of the kidneys and the hypertrophy of the left ventricle satisfy me that the renal disease was primary. If this is the case, and the dropsy of the ventricles is to be so considered as the only dropsy due to renal disease, I believe the case is unique.

I regret I was out of town at the time the post-mortem was made, but Dr. Wood and those present examined very carefully, and found no changes in veins or skull itself to point to venous obstruction or old hydrocephalus. At present I have not had time to examine the tissues microscopically, but do not expect to gain much further knowledge thereby.

The questions to be answered are—Was the insanity due to kidney disease primarily? Was the fluid in the ventricles due to the kidney disease, or to some venous obstruction or old hydrocephalus? Or was the case one allied to general paralysis, in which general degeneration took place in brain, kidneys, and other organs? At the same time, I must say that after examining the viscera of nearly 50 general paralytics, and having the kindly assistance of Dr. Sharkey, Pathologist of St. Thomas's Hospital, I am persuaded that it is rare to find advanced kidney disease in such cases, though the slighter changes are common.

Notes of a Case illustrating the Question of Criminal Responsibility. By G. Mackenzie Bacon, M.A., M.D., Med. Superintendent of the Cambs. County Asylum.

It may be of some use to record this case, not so much on account of its intrinsic interest as of its relation to the greater question of the unfair punishment of persons of weak or impaired mind.

At the present time the "plea of insanity" is only urged in

https://doi.org/10.1192/bjp.26.114.245 Published online by Cambridge University Press