*A Case for Diagnosis.**

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In the month of December last year, J. A., a patient in Winson Green Asylum, Birmingham, killed two of his fellow patients soon after being put to bed in a dormitory. A few days afterwards J. A. was transferred to Broadmoor Criminal Lunatic Asylum, where he died on the 12th of August last. The case had several points of considerable interest, which may be gathered from the following extracts from the clinical notes taken while J. A. was at Broadmoor, and from the evidence which was given at the Coroner's inquest held on the two victims.

It was given in evidence at the inquest that J. A., aged 37, a carter, was admitted into Winson Green Asylum at noon on December 11th, 1892, and was immediately put to bed in the observation dayroom, where he remained until a quarter before eight o'clock in the evening, at which time he was removed to a bed in an adjoining dormitory, together with four other patients. The dormitory was visited by a night attendant at a quarter-past eight, and between that time and the attendant's next visit J. A. violently attacked two of the other occupants of the dormitory. One of these patients succumbed to his injuries in half-an-hour; the other died five days afterwards. From the time of J. A.'s admission into the asylum at noon till the time he was put to bed in the dormitory at eight p.m. he behaved quite quietly, and gave no indication whatever of being a dangerous lunatic, but, on the contrary, had shown a very benevolent disposition. When seen by one of the medical officers of the asylum a few minutes after the murderous assault took place J. A. repeated several times, "God told me to do it."

J. A. was transferred to Broadmoor Asylum on December 22nd, eleven days after the above occurrence. On admission his conversation was, to a certain extent, incoherent and rambling, but as long as one carefully kept his attention on one subject he was able to answer questions on that subject fairly connectedly. He had delusions of wealth; he stated that he had over £100,000 in the Bank of England. He also had delusions of persecution; he said his food had been poisoned at Birmingham, and that everything had been done to injure him. On being questioned as to the crime, he on every occasion stated that he was absolutely ignorant of it, and denied having committed it. He several times said, "I had no reason to kill anyone, so why should I have done it?" also, "If I did it why didn't they hang me?" On being examined more

* This case is referred to in "Journal of Mental Science" for July, 1893, p. 458.

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closely as to what had taken place on the day he was taken to Winson Green, he remembered, and gave a fairly clear account of what had occurred up to the time he was put to bed in the dormitory; but he said he remembered nothing more "until he woke up the next morning in a different place." The first night he was in Broadmoor he slept in a room by himself. He was very restless all night, and tore one of his blankets. When seen by the medical officer the following morning he said he had "slept all night," and being questioned as to the torn blankets he said "somebody must have come into the room and done it." He did not take any breakfast because "there was poison in it." On physical examination his heart and lungs were found to be sound. His pupils were moderately dilated, of equal size, but reacted to light slowly. The other reflexes were normal. There were no muscular tremors. After the medical officer's visit he dressed and went to the airing-court and afterwards to the day-room. The following night he slept well. From this time he improved rapidly, being occasionally restless and noisy at night, but giving no trouble whatever during the day. On January 3rd, 1893, it was noted that all delusions had disappeared, and that his conversation was coherent and rational. At this time he was interrogated again minutely as to what happened during the time he was at Winson Green, but still his memory was a complete blank as to the attack on his fellow patients. Being unable to write himself, he dictated a letter to his wife, which was rational and coherent. On January 20th it was noted that the above improvement had been maintained, but that he was dull and apathetic, taking very little interest in his surroundings, and seldom speaking unless first spoken to. The patient continued in much the same condition from this date until March 20th, when he was very restless, walking about his room the greater part of the night, and shouting at intervals. When seen by the medical officer the following morning he said he had slept well all night, and did not remember having been out of bed at all during the night. He continued to be very restless, but particularly so at night, until the night of March 24th, when he slept well. The following day he was much quieter, and spoke coherently; but gave expression to delusions of persecution, saying "They are all on to me," "They won't let me alone," etc. At this time his memory was extremely defective, more especially that for recent events. He now again settled down into the apathetic and irresponsive condition above referred to, and there was very little change to be noted for the following four months. On August 2nd he appeared to be "dazed," and practically insensible to what was going on around him; he, however, could be roused, and when spoken to he would, after a short interval of time, answer in an incoherent and irrelevant manner. He remained much in this state, though at times brighter than others, until August 11th. On one occasion during this time, when visited by the

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medical officer, J. A. was standing in the corner of his room, and when asked by the medical officer why he was not in bed he replied, "I am in bed." On the evening of August 11th it was evident that some change of a grave nature had taken place. It was much more difficult to rouse him, he was extremely prostrate, and his temperature was found to be 104·6°. Leeches were applied to his temples and aperients administered. His temperature gradually rose to 108·3°, and he died eighteen hours after the above acute symptoms had manifested themselves.

At the autopsy there was found extreme congestion of the meninges and some inflammation of the pia mater. There was some hypostatic congestion of the base of both lungs. The other organs were healthy.

What form of insanity did the patient suffer from?

In the first place the behaviour of J. A. in Winson Green Asylum, on the night of December 11th, 1892, was the behaviour of an epileptic. The extremely sudden change in his mental condition from one of benevolent quietude to one of wild excitement —the commission, during this latter state, of the homicidal acts related above; the hallucinations of hearing—the voice of God telling him to do it; the fact that after the attack had passed off he remembered nothing of what occurred during that night—all point, I think, to the case being one of epilepsy. At the Coroner's inquest evidence was given that in the magistrate's order for his removal to an asylum the petitioners stated that he was subject to epilepsy. There was, however, no record of his having had a fit while in Winson Green Asylum. On the patient's admission into Broadmoor Asylum, the prominence of delusions of wealth and the patient's general benevolent disposition suggested the possibility of general paralysis of the insane, and with regard to this, it might have been that what was stated in the magistrate's order to be epileptic fits were really general paralytic convulsions; on the other hand there was the absence of any muscular tremors, the equality and normal dilatation of the pupils, and the absence of any defect in speech. At the same time the types of general paralysis are so varied and the sequence of symptoms so irregular that the possibility of his being a general paralytic was not put entirely out of the question. The rapid disappearance of the above delusions and the general mental improvement, however, indicated that either he was not suffering from general paralysis, or that this was an example of that remission which occasionally takes place in that disease. The attack of mental excitement which J. A. passed through between March 20th and March 24th was so very similar to an epileptic attack—minus the fits—that again attention was drawn to the possibility of this being a case of epilepsy. The attack which took place on August 2nd was in every way similar in character to the one which occurred in March, with the exception that it was of much longer duration, and the stupor at times more profound.

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I would suggest that this is a case of *epilepsie larvée*, or *masked epilepsy*, and further that the last attack, which was of longer duration and more severe than the others, and which terminated in acute meningitis and death, was the analogue of the *status epilepticus* which so often terminates in meningitis.*

OCCASIONAL NOTES OF THE QUARTER.

Sir Andrew Clark, Bart.

It will always be a subject of regret that the late Sir Andrew Clark left unfinished an article on "Gouty Melancholia," which he contributed to the "Journal of Mental Science" (Vol. xxvi., p. 343). In this paper, consisting mainly of an imaginary dialogue between the physician and a medical practitioner who consults him about his patient, he graphically describes the symptoms in reply to the inquiry what Sir Andrew really meant by "gouty."

"What it exactly means to other people I do not pretend to know; what it means to me I can tell you very shortly. By the gouty state I mean the state brought about in certain constitutions by the retention in the blood and tissues of the body of certain acid and other waste stuffs, and their effects thereon."

He proceeds to describe these constitutions as characterized by "a certain type of nervous impressibility, but a feeble capillary circulation, by tendencies to venous congestions, and by deficient excretory powers."

The practitioner humbly asks how this gouty state is to be recognized? His teacher replies that there is hardly any tissue, or organ, which does not at one time or another become the seat of these symptoms. "There is the glazed, the dusky, congested throat, catarrhal, acid, and painful indigestion, localized persisting abdominal pains, recurring diarrhœas, portal congestions with diminished bile excretion, and neuralgias, and the like, fleeting albuminurias, asthma, bronchitis, etc., bouts of irregular action of the heart, with transitory murmurs, venous congestions, etc. In the nervous system itself curious head-

* I may take this opportunity of correcting a statement made by Dr. Whitcombe at the Coroner's inquest. Dr. Whitcombe there stated that some years ago a Commissioner in Lunacy was killed in Broadmoor Asylum by a patient who was the subject of homicidal impulse. Dr. Whitcombe, no doubt, was referring to the murder of Mr. Lutwidge by William McKave, which took place at Fisherton House, Salisbury, and not at Broadmoor. During the thirty years Broadmoor Asylum has been open, no murder has been committed by any of the inmates.

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