great practical interest, because I have shown that if you can get rid of the sugar from the urine you cure your patient of mental symptoms, and even bring about his discharge from the asylum. In answer to Dr. Douglas, the ages will be found in the appendix; but I may say that looking through the whole of them I have been struck by the absence of cases in the developmental period of life. As regards the bromide of potassium I am glad to learn that it is useful, for I have not tried it myself. It is necessary to give any drug a somewhat long continued trial. Dr. Savage's suicidal case at first seems not to confirm my results, but there is at least this much to say, that the disappearance of the mental symptoms was coincident apparently with the disappearance of the sugar from the urine, although sugar subsequently returned.

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*Cases in Lunacy Practice.** By H. J. MANNING, B.A., M.R.C.S., Laverstock House Asylum, Salisbury.

I wish to submit, quite briefly, two or three cases in which I have lately been engaged, and to ask this meeting to express an opinion upon them, and upon certain considerations which they seem to suggest.

I.—The first is that of a gentleman, aged 48, an Englishman, but resident 25 years in Alexandria, where he held a good appointment. He married 20 years ago a Greek lady, by whom he had several children. All went well with him till January, 1894, when he had a transient attack of facial paralysis, followed by considerable mental excitement and frequent exhibitions of violent temper directed especially towards his wife. The acute excitement passed off, but left him, according to the evidence of those about him, a changed man. He neglected his business, exhibited an inordinate craving for whisky and cigarettes, which he insisted on smoking all day, and was suspected of masturbation. In March following, while walking home from his club, he had an attack of left hemiplegia, which passed off in a couple of days. As soon as he was able to be about again he resumed his excessive smoking, violently assaulted his wife if she offered any remonstrance, and entered into immoral relations with another woman, upon whom he squandered all the money he could lay hands on. Two medical men who were called in expressed an opinion that his condition was serious, one of them—an Egyptian Pasha—announcing that he was suffering from "emulsion of the brain," a phrase to which I would draw attention as novel and not inapt. As he was fast ruining his family it became important to place him somewhere out of harm's way. There are apparently no suitable houses or hospitals in Egypt, and I was asked to receive him. I sent out a form of application for admission as a voluntary boarder, which he signed readily, and I admitted him 19th July, 1894. He made the journey quite alone, and was met at Liverpool by my assistant

* Read at the Autumn Meeting of the South Western Division.

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medical officer, who found him a very pleasant companion, and was unable to detect any overt sign of insanity. On admission he was quite rational; very courteous and pleasant in manner and appearance; there was no trace of hemiplegia; he could walk firmly and grasp strongly; his pupils were rather dilated; the knee-jerks were absent; he had lost the senses of taste and of smell; was rather anæmic and very restless, always walking about the room during a conversation. He complained much of insomnia. He denied ever having had syphilis; he also denied all that his doctors and his friends reported as to his recent behaviour, his theory apparently being "all men are liars, myself excepted." Under general tonic treatment his insomnia disappeared, and he gained strength and condition, but he exhibited always an inordinate craving for tobacco and drink; he had no regard for truth, telling the most barefaced lies if it suited him. He would pilfer constantly any small articles he could lay hold of, always denying the act even when the pilfered articles were found upon him. Masturbation was not detected, but his conversation was very loose. Indeed, he seemed to have no moral sense. Twice, at long intervals, he lost control of the sphincter ani, defecating in his trousers, and being apparently unaware that he had done so.

During his residence with us of 16 months he was examined several times by medical men with a view to obtaining certificates and a reception order, but without result. Two Commissioners in Lunacy also, after a prolonged interview, expressed an opinion that he was not certifiable. For he could be very entertaining and plausible, was never incoherent, and had no delusions. He is an excellent linguist, speaking four languages fluently. After 16 months' residence he claimed his discharge and went into lodgings close at hand, his friends paying his board and providing him, through me, with pocket-money. While there he was one day brought home unconscious and convulsed, by strangers who found him in that state—evidently a congestive attack, which passed off in a few hours, leaving him much as before. Shortly after this he was arrested for a petty theft, which of course he denied, though he was actually seen to commit the act, and the stolen articles were found in his pocket. For this theft he was sentenced by the Bench to two months' imprisonment in the County Gaol.

On his release he presented himself in my consulting-room, miserably unhappy, vowing his innocence of course, but asserting that the lesson he had had would prevent any chance of his again getting into the hands of the police. I urged him to return to our care as a voluntary boarder, but that he refused. In a very short time he was at his old tricks; on one occasion he was seen trying to remove a brass cross from the altar of a church, and was again arrested. This time the Bench committed him to take his trial at the Assizes. On the day of the trial I went into the witness-box and related his history, expressing an opinion that he was of un-

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sound mind. The jury accepted this view, and the judge sentenced him to be detained during her Majesty's pleasure. He is now under the excellent care of Dr. Bowes, at the Wiltshire County Asylum.

There is no family history of insanity. His father, a shrewd man of business, died of apoplexy. His mother, well over 80 years of age, is still living and hale. But his eldest brother, though showing no signs of insanity, behaved very badly to his wife, and was extremely immoral. Another brother was murdered at Port Said by an Arab whose wife he had seduced.

II.—My next case is that of a gentleman unmarried, age 42, of no occupation, living with his sister on their freehold estate. I was summoned to see him in consultation in June of this year under these circumstances. Though a man of strong religious tendencies, and hitherto affectionate and very steady, his manner and habits had of late undergone a change. He had behaved absently and strangely at home, had developed optimistic ideas, had shown some loss of memory and of affection, and frequented low company; and was said to have given way to habits of sexual intercourse with prostitutes of the very lowest grade, and with no attempt at concealment. On the day before I saw him, while walking with an attendant who had been placed in charge, he stopped in front of an hotel where some females were sitting at a window and deliberately exposed himself. He became violent when his attendant interfered, and had to be forcibly removed by two or three men before he would desist. When I saw him he was lost and confused, and seemed to be hardly aware of what he was doing. There was inequality of the pupils, loss of knee-jerk, unequal muscular power in the two hands, and a vacant silly expression. Still he could pull himself together, to answer questions in a way, and the three medical men who took part in the consultation, though anxious to see him placed under restraint, were unwilling to certify.

The patient was advised to place himself under treatment as a voluntary boarder, which, after some persuasion, he consented to do. Alcoholic excess was denied positively by those best able to judge. There was no evidence of *coup de soleil*, nor of syphilis, nor of a blow on the head, nor had he been the subject of influenza, nor of any serious illness. No previous case of mental disorder was known in the family, but the father was said to have been eccentric. For a day or two after admission he was morose, silent, angry; attempting to scale walls, and burst open doors, and he could not sleep. Then the air cleared and he behaved calmly, and said he had no recollection of having been discourteous or aggressive. He denied positively the allegation as to exposure of his person, several eye-witnesses notwithstanding. Probably this and other acts were automatic, and he was himself profoundly unconscious of them. After two months' residence, during which

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he behaved well, though showing some loss of memory and some evidence of weakmindedness, he claimed his discharge, and is now resident with a clergyman in a neighbouring county. He is perfectly rational and coherent in conversation, but apt to burst into tears with very slight provocation, and, if excited in argument or discussion, there is a just perceptible fibrillary trembling of the lip muscles.

What I suggest to you is that these two gentlemen are the subjects of general paralysis, and if that is so the cases tend to confirm the views of those observers who are telling us that this disorder has undergone a change of type. For, observe, that although in both cases it was much desired that the patient should be deprived of free agency, in neither case could a reception order be obtained. In the first case several medical men, including the surgeon to the local police and the surgeon to the county gaol, and in the second case three medical men, who had met for the express purpose of certifying, all declined, for the reason that the insanity of these gentlemen—if they are insane—is shown by conduct only. When I commenced the practice of this specialty, now thirty-four years ago, all the cases of general paralysis which came under my notice were of the classic text-book type, with a well-defined first, and second, and final stage. Diagnosis was not difficult, prognosis was simplicity itself. One could say with safety, this person has a disease of which he will presently die, in a year or two at the most, and you may make your dispositions accordingly.

Most of us would hesitate now, I think, to make any such confident pronouncement. For example, I am at the present time attending a gentleman whom I have attended, on and off, for some six years, who, twelve years ago, was pronounced by a very distinguished specialist to be a general paralytic. I believe the distinguished specialist was right, but if so, is it not remarkable that the patient should be still in the flesh? And, putting aside doubtful cases, such as those I have reported to-day, I have had during the last few years to deal with undoubted general paralytics of whom hardly one has behaved in the old-fashioned way as set forth in the books. Diagnosis I find now very difficult, and prognosis very uncertain. I am glad to have this opportunity of asking the members present what is their experience?

III.—My last case is that of a lady aged 56, who has since girlhood been subject to recurrent attacks of mania, for which I have

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treated her on very many occasions. We last admitted her in January, 1895, the symptoms being of the usual character—constant incoherent chattering, a tendency to aggressiveness, and inability to sleep. To combat these symptoms sulphonal was prescribed in doses of 20 grs. at night, followed by 10 grs. in the morning, with an occasional dose of cascara to relieve constipation. This was continued pretty regularly (except as to morning dose of sulphonal, which was sometimes omitted) for about six weeks, and she seemed to be doing well till 25th February, when she was seized suddenly with violent sickness and general gastric derangement, and a peculiar deep violet colour of the urine was observed. After three or four days the vomiting ceased, but severe pain referred to the region of the liver was complained of, and the patient became very prostrate. The prostration continued, and after two or three weeks she seemed to be in a dying state, the last offices of the Church being administered in the presence of her friends, whom we had summoned for the purpose. There was at that time excessive prostration, paralysis of most of the voluntary muscles, loss of control over the sphincters, everything being passed in bed, extreme emaciation, and a small, thready, hardly perceptible pulse; the knee-jerks were lost, and the temperature was sub-normal. For some weeks she lay in this state, and in the opinion of several medical men who saw her with me from time to time, recovery was hardly a remote possibility, the respiration being at times implicated, and on two occasions syncope, following slight hæmorrhage from the bowel, placing her life in imminent danger.

And here I have to confess that the nature of this illness was a complete puzzle to me till I happened to take up a copy of the *Glasgow Medical Journal* for January, 1895, which contains a paper by Dr. Oswald,* of the Glasgow Royal Asylum, describing a fatal case of hæmatoporphyrinuria following the administration of sulphonal. Then the darkness became light. Dr. Oswald's graphic description of his case might well have been a description of ours. I regret very much that the urine was not submitted to an exact analysis, but the peculiar colouring only lasted 24 hours. We deferred setting aside a specimen too long, and the opportunity did not recur. But the naked-eye appearances and the peculiar staining of the bed linen were, we thought, sufficient evidence that the colouring was due to excess of hæmatoporphyrin.

How this patient escaped death I do not know. I need not weary you with an account of the treatment. Tincture of nux vomica was the medicine mostly used, but I think her natural strength of constitution, aided by close and constant attention to

* See Report of Scottish Divisional Meeting, *Journal of Mental Science*, Jan., 1895, Vol. xli., p. 165.

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nourishment and nursing day and night through many anxious weeks, may be credited with the fortunate result. It was not till September following that she was able to be lifted out of bed, and from that time she began by very slow stages to regain muscular power, but it was nearly twelve months from the first seizure before she could walk without help. I have seen her within the last few days. The only remaining trace of what she has gone through is a certain muscular difficulty in writing or in any sort of handiwork. With this exception she is quite strong.

Of course everyone here is familiar now with Mr. Oswald's case and with the literature on the subject which has appeared in this country, not as yet, I think, very extensive nor very precise. Continental observers seem able to produce fuller evidence. I have been especially struck with a paper published in 1893 in a French medical journal—*La Semaine Médicale*—by Dr. Lepine, Professor of Medicine in the University of Lyon. The Professor has there collected from the practice of several medical men, ten cases, which he records in a pithy matter-of-fact way, in all of which death followed the continued administration of sulphonal. He notes that in all these cases the train of symptoms was identical, viz., first, severe gastro-intestinal derangement with deep violet-coloured urine from hæmatoporphyrin, followed by prostration, paralysis, death. He notes as singular that all the fatal cases were in women, and he gives the results of certain experiments made upon animals with sulphonal with a view (apparently unsuccessful) to explain the occurrence of hæmatoporphyrinuria. He concludes with the obvious remark that drugs, if frequently useful, are also apt to be dangerous; and he offers a protest against the inconsiderate use of the new agents which are being constantly introduced into practice.

For myself, the longer I live the stronger becomes my conviction that the endeavour to control maniacal excitement by the use of powerful depressants and hypnotics is a practice not to be commended. Some of us will remember the croton-oil blister applied to the shaven scalp in acute mania, while the internal administration of our old friend, the tartrate of antimony, was vigorously pushed. What likelier to hasten the advent of that exhaustion which we dread so much in these cases? Then I recollect Dr. Kenneth Macleod, in 1863, advocated in the *Medical Times and Gazette* the exhibition of five-minim doses of Scheele's hydrocyanic acid, to control maniacal excitement, every quarter of an

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hour if the effect were not promptly established, quoting the usual array of successful cases. Being young, and enthusiastic, and credulous, I adopted the advice in three cases then under treatment. The first two, fortunately for themselves and perhaps for me, vomited the drug. In the third, at the administration of the second dose, the pupils dilated, the face blanched, the head sank upon the breast, and nothing but the most energetic measures preserved the patient's life.

A little later hydrate of chloral came upon the scene, 30 grs. three times a day being recommended. I managed to produce paraplegia with other threatening conditions in two cases of my own, and (as before) narrowly escaped a coroner's inquest. Again a few years, and hydrobromate of hyoscin was introduced, with the usual flourish of trumpets in the shape of a paper of illustrations and the customary record of marvellous results. Will anyone now venture to call hydrobromate of hyoscin a drug to be relied on? I have seen the hypodermic injection $\frac{1}{100}$ gr. produce alarming symptoms in a person of full age and apparently robust constitution.

If these drugs could be shown to be in any degree curative their use might be defensible in spite of the risks they involve. But where is the evidence that they do more than palliate? and are we justified in using as palliatives medicines whose secondary effects may be so disastrous? I am strongly of opinion that, in the present state of our knowledge, better results will follow the treatment of acute maniacal excitement by close and constant nursing and careful administration of nutriment through the day and night, and the judicious use of mechanical restraint, than can be claimed for any other method or methods. I feel the responsibility—shall I say the audacity?—of asserting this creed in this building, which we all know as a temple of non-restraint strictly and conscientiously carried out, and in the presence of our host whom I regard as a very high priest of that particular gospel. Nevertheless, such is the opinion forced upon me by a pretty extensive experience, and I must give expression to it.

Discussion.

Dr. WADE said that the longer he lived the more firmly he was convinced that the use of sulphonal was most injurious. In an asylum where he formerly was they objected to the use of any narcotics at all, and he was astonished to find the place so quiet. He adopted the same system at Wells, and had not used narcotics for

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years. He was once recommended to give a trial to hyoscine, as a most valuable drug. But he was very sorry he ever did so; the patients treated with it were worse than before, and it led to a serious accident. The patient did not die, but he never used hyoscine again.

Dr. BENHAM said he had instituted a lengthened series of trials of hydrobromate of hyoscine; and was bound to say that in some cases it gave the results mentioned. It had a very depressing effect on the patient. After an interval of non-use they had taken to it again; and, although used in large doses, they had no serious results. He had come to the conclusion that the evils which arose previously were owing to the presence of impurities in the drug. With regard to sulphonal that also was now produced in greater purity, and in many cases they found it efficient and beneficial.

Dr. STEWART said the first point that was suggested to him by Dr. Manning's admirable paper was how frequently medical men were called upon to certify cases which were so close to the border line separating medical insanity from legal insanity that often a medical man, rather than commit himself, if he had not a very excellent knowledge of the subject, would give his decision in favour, if he might say so, of the patient and against the interests of the public. When he said in favour of the patient he did not mean that he would benefit by being allowed to be at large. Far from it; but they must recognise the extreme difficulty of finding out such points as would justify opinion as to the mental condition, and to do their duty both to the patient and to the public. He remembered (in consultation with the late Dr. Davy, at Bristol) a patient whose case was assuredly one of incipient general paralysis; yet the conditions were such that he did not feel justified in certifying, and another medical man also refused. But he took particular pains, and so did Dr. Davy, to tell the friends that only a few months would elapse before evidence of his condition would be placed beyond doubt. The friends thought that extraordinary, and that the patient's condition would be rather improved than otherwise if certain things were done. Doctors, when called upon, should be very distinct in warning friends as to how matters stood with the patients. It occurred to him that Dr. Manning deserved to be praised for the courage with which he had there, in that temple of non-restraint, distinctly, decidedly, honestly, and fearlessly expressed his opinion that the judicious use of mechanical restraint was one of the greatest boons that practical physicians can confer upon an unfortunate sufferer. He remembered in an asylum of which his father was Superintendent, a room where the most cruel methods for restraining patients were grouped. Those were discarded by his father; but his experience taught that there were at times cases in which it would be a benefit to use some form of restraint, and in such a way as to make him (his father) feel in his conscience that he was doing the best for the patient.

The PRESIDENT said that he was sure that Dr. Manning must be gratified by the discussion that had taken place on his paper. In the first case mentioned he thought that the patient was a general paralytic, and therefore was much gratified that at the close Dr. Manning suggested that it might be a case of that nature. With regard to the premonitory symptoms of general paralysis anyone who read the chapter in his work on the premonitory stage of general paralysis would see how difficult it was to state the possible variety of symptoms in the premonitory stage—before the disease became established. The case Dr. Manning brought before them was an admirable example of these difficulties. Insanity or mental derangement in certain cases showed itself more in conduct than in any definite so-called mental derangement. Of course, conduct was the outward and visible sign of an inward condition of mental disorder. The cases mentioned by Dr. Manning were an important addition to the cases in which insanity manifested itself in conduct in the early stage. Referring to the third case quoted, he said he had for years been in the habit of warning patients against the use of sulphonal, and also against the use in large doses of hydro-

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bromate of hyoscine. He had reduced his own use of sulphonal to very rare and occasional doses.

Dr. MANNING, in replying to the discussion, said that with regard to the third case he omitted to say that at the meeting of the British Association at Carlisle (Medico-Pyscological Section) he heard it said that if sulphonal was given in milk dangerous consequences would not follow. As to that, he ought to have said that sulphonal, in the case he had mentioned, was nearly always given in milk, and therefore the speaker he had mentioned must be mistaken. In future he should never use that or any other powerful narcotic in cases of excitement. He had published a short series of cases in which acute mania had been cured without recourse to any drug whatever, and he hoped before long to supplement them with other examples. He thought he had shown the value of using in some cases an occasional application of the camisole or some other form of restraint.

CLINICAL NOTES AND CASES.

Maniacal Chorea in a Male Adolescent. By THOMAS PHILIP COWEN, M.D., B.S. (London), Assistant Medical Officer, County Asylum, Prestwich, Manchester.

J. H., male, aged 21 years, single; a hanger-on at a colliery; was admitted to the County Asylum, Prestwich, Manchester, on September 25th, 1896.

Family History.—No history of neuropathic heredity; none of the family have ever suffered from chorea or hysteria. Both of the patient's parents are living, and are in good health.

Previous History.—The patient has always been in fairly good health, and has never had chorea or other neuroses in his earlier years.

He has always been a quiet, sedate youth, who preferred solitude and study to the company of his more boisterous fellows. Considering his station in life he has had a fair education.

History of the Present Illness.—He showed no symptoms of mental disorder until about a fortnight before his admission to the asylum, when his friends noticed that his natural dull reticence was becoming more marked, and that he seemed more and more heavy and stupid. At the end of a week a marked condition of mental stupor resulted. Four days later he emerged from this mental cloud and became violent and acutely maniacal, shouting and raving incoherently, and presenting the usual tendencies to destructiveness and general impulsiveness.

State on Admission.—Physical State.—A tall, thin young man; well-formed head; brown hair; blue eyes; slight moustache; dull, heavy aspect. Very little play of facial expression, except when excited and shouting. All his organs seemed healthy, and the urine was normal.

He presented no indication of nervous disease, showing no

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