bedridden, and while the abdominal muscles were weakened; but this is only a suggestion of my own.

The last form of hæmorrhage has a double interest in being a skin affection, as well as evidence of a general state. A male patient, suffering from very acute general paralysis of the insane, managed to fall and bruise his left arm, and as a result a large blood-swelling followed, and this went on in the usual way for some days, when it was noticed that there was a purpuric rash on the inner side of both thighs, and also along the outer side of both thighs. The rash consisted of many hundreds of purpuric spots running in a narrow band along the thighs on the outer surface, from the ilium to the knees, and on the inner sides of the thighs from the fold of the groin, almost to the ankle.

This rash varied from day to day for nearly a week, then disappeared altogether. This is interesting from its relation to the other hæmorrhages in general paralysis of the insane.

Several cases of pigmentary stainings have appeared in Bethlem during the past year, and one reported in this number of the Journal by Dr. Percy Smith and myself, exhibited bruise-like markings all over the body in the course of a very acute nervous disease which ended fatally, and in this case also there was a tendency to hæmorrhage from the bladder.

I do not for a moment suppose these observations are unique, but I think they may be found worthy of consideration in relation to the larger pathology of nervous disorders, and so I publish them.

Counter Irritation in General Paralysis. By Dr. Pritchard Davies, County Asylum, Barming Heath, Kent.

On the 11th April, 1877, F. J. B. was admitted a patient into this asylum. The medical certificate which accompanied the order for his reception was as follows:—"Very excited when addressed. Has delusions on every point. Says that —— has tried to murder him and seduce his wife. Complains that the two attendants have tried to murder and rob him. Imagines that he is to receive £50,000 per month salary as traveller. Thinks he is in treaty to purchase all the public-houses in England. His brother —— informs me that he has threatened to murder his wife with a revolver—

https://doi.org/10.1192/bjp.31.136.507 Published online by Cambridge University Press

is extremely violent and dangerous to others. Has delusions on money matters, is extremely suspicious, and thinks people are going to murder him."

This attack was said to be his first, and probably of three days' duration. His age was given as 36 years; there was no hereditary history of insanity or other neurosis, but it appeared he had led a very "fast life," being unduly fond of both wine and women. The immediate cause of his malady was said to be a debauch he had indulged in when by betting on horse-racing, he had won a large sum of money. It is recorded in the Case-book that, upon admission, "he was in a very excited and restless condition, nervous and agitated, his mind rapidly wandering from one subject to another. Very incoherent in conversation, with extreme delusions mostly of an exalted nature, one being that he is going to buy this asylum and make a distillery of it. Physically he is of average height, well developed, and fairly nourished. Very tremulous about lips and tongue, has also a hesitancy in his speech."

This case was diagnosed as one of general paralysis of the insane, and for a time it progressed in the ordinary way. He is recorded as having continued violent, incoherent, and destructive up to the end of the following May. There was certainly no sign of improvement, but rather a steady deterioration all this time. About this period he developed a carbuncle on the back, and this pulled him down rapidly, so much so indeed that at one time death appeared imminent, and his friends were sent for. On June 13th he had what the attendant in charge of his ward called "an epileptic fit," and when visited shortly afterwards by the assistant medical officer, he was found to be in the following condition, viz.: "Flexors of the forearms rigidly contracted, the right hand being raised to the head and resisting removal, the head bent on chest, face flushed, teeth clenched, and a little foam at the mouth; pupils rather dilated, but responded to light, and conjunctivæ sensible to touch." Fourteen hours later he was still unconscious, and the note made after a further period of 24 hours was that he was only "less unconscious," nor was it until about 48 hours from his seizure on the 13th inst. that he was "able to swallow fluids and open his eyes." For two weeks longer he was in great danger, and in addition to the carbuncle he now had a large bed-sore over the sacrum.

On December 6th it is recorded that "his strength has

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greatly increased. Thinks that the asylum is his own property." From this date up to the present time he has remained quiet, full of delusions, but all of a perfectly harmless nature. There has been no return of excitement, and he makes himself generally useful. The tremor of lips and tongue is no longer perceptible, nor can any hesitancy of speech be observed. His general health all this time has been, and is now, very good.

I dwell upon this case somewhat in detail, as it furnished me with an idea for a new departure in my treatment of general paralysis. That this was a case of that disease, only the fact that the patient is alive now causes me the least hesitancy of belief. When brought here he was in such a state that few if any competent observers would have felt at all dubious as to the nature of his malady. His restoration to general health, and the complete arrest of his mental symptoms, surprised me not a little. The only thing that I observed in his case different from that of the many that had come under my care, was the advent of a carbuncle, which ran a very severe course. Could it be possible, I thought, that this carbuncle, acting as a counter-irritant, had influenced the course of the disease. There was only one way of testing the accuracy of this supposition, viz., by taking a similar case and trying to artificially produce an analogous condition. Unfortunately we but seldom receive patients in the early stage of general paralysis. They are more commonly far advanced when brought here, and practically beyond human aid. Then, again, I had difficulty in choosing a suitable counter-irritant. I tried many—I may almost say, everything likely to produce sustained irritation. In the end I found iodine better than anything else, have used it exclusively, and I think with decided benefit. While I am unable to say that I have by its means actually cured any case, or even arrested the progress of one as completely as appears to have been done in that of F. J. B., I am satisfied that I have prolonged life, and am disposed to believe that if adopted at the outset of the malady—*i.e.*, before the patients are certified as insane—the result would be most encouraging.

It is my practice to apply the liniment of iodine over the whole length of the spine, and also over each side of the neck. This is not done all at once, however, for the object being to keep up a prolonged action, I paint one side of the neck and a portion of the spine until signs of vesication are distinctly

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visible, then the other side of the neck and the remainder of the spinal region. While these second painted parts are getting tender, the first treated are healing. In this way I have found it possible to keep up well-marked counter-irritation for weeks or even months together. To be of any benefit indeed I do not think it advisable to discontinue the treatment under a month, and have frequently used it for much longer periods with marked ultimate advantage.

I think it possible that the iodine acts in two ways, viz., firstly, as a simple counter-irritant, and secondly, by combining with the exuded lymph, it forms a soluble compound which is removed by absorption.

I know of only one objection to this mode of treatment, and that is the conviction attendants and patients have that "blistering" in any form is but a punishment. The friends of patients often share this idea, and not unfrequently give unpleasant evidence of their erroneous belief. Doubtless the ignorance of all that is now being done or tried to be done in asylums, which is so universal, is at the root of this.

Still I hope others will not be deterred by this consideration, but give what I advocate a fair trial.

OCCASIONAL NOTES OF THE QUARTER.

The Late Earl of Shaftesbury.

It is a remarkable circumstance that the obituary notices of the Earl of Shaftesbury which have appeared in the daily papers make very slight reference to his lordship's great services to the insane. Nothing more forcibly indicates the wide extent of his philanthropic work than that, after enumerating various movements in which the Earl took a prominent part, little room—only some half-dozen lines—should be left for what still remains one of the most important of the interests which occupied his active life, and that which obviously calls from us more especial attention and notice, a tribute, indeed, of sincerest respect and gratitude.

The "Times," in a single sentence, enumerates as organizations indebted to him for active aid, sympathy, and advice, "the British and Foreign Bible Society, the Religious Tract Society, the London City Mission, the Sunday School Union,

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