Two Cases of Recovery from Chronic Insanity. By LLOYD FRANCIS, M.A., M.D. Oxon., Senior Assistant Medical Officer St. Andrew's Hospital, Northampton.

I venture to add the following to the list of recorded cases of recovery from long-standing mental disease. In both the illness was of at least five years' duration, dating from the first appearance of symptoms; in both the restoration to mental health was complete, improvement, once established, being steady, rapid, and decided. Both were transferred from other asylums, apparently incurable. In each instance the primary condition was one of melancholia, with marked suicidal tendencies, giving place, after a considerable interval, to a definite and prolonged maniacal phase. In one case the resumption of pursuits, abstention from which had presumably brought on the attack, seemed to be the main agent in restoring the mental balance; in the other the shock of a physical injury appeared to be the starting point in the road to convalescence.

CASE I.—M. B., aged 59, married; no occupation, formerly a steward. Admitted August 26th, 1883. The previous history being as follows:—

Beginning life as a common labourer, he, by dint of energy, perseverance, and shrewdness, gradually improved his position, and in the course of years amassed a comfortable fortune. Having acted for a considerable time as steward and general manager of a large ladies' college—with profit to himself and satisfaction to his employers—he decided to retire on his savings, leave London, and settle in the heart of the country. The new life and surroundings, widely different from the former ones, proved very uncongenial to a man of his energetic temperament. Of imperfect education, lacking refined tastes and intellectual resources, he gravitated to the village alehouse, and contracted very intemperate habits—the outcome being a state of extreme depression, with suicidal tendencies, lasting for nearly four years. At the end of that period his symptoms underwent a change. He became restless, garrulous, incoherent; entertained various delusions, more particularly as to his own financial position and physical strength; became extravagant, purchasing all kinds of useless articles; and was violent to his wife and other members of his family. Coincidently, his suicidal propensities became intensified; and on one occasion he attempted to throw himself in front of a passing train. Being regarded as dangerous to himself and others, his friends removed him to an asylum. After remaining there ten months without any improvement, he was transferred here.

On admission he was described as follows:—"A well-built, sturdy man, well nourished; grey hair, greenish eyes, pupils equal and

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normal in reaction; no tremor or affection of speech; no signs of organic disease. He is restless, noisy, garrulous, boastful; obscene in language; dirty and untidy; threatening and rude, but not actually violent; gives expression to various delusions—says he fasted 140 days, 100 more than Dr. Tanner; declares he is the Hon. and Rev. Dr. Dodd; and proclaims himself an unrivalled pugilist."

For three months he remained without material improvement. He was generally restless at night, and showed a peculiar aptitude for destroying bedclothes—tearing the strongest "tickin" rugs into shreds in a very few hours. He was noisy, vulgar, indecent, profane, rude, and uncouth; full of complaints and vague threats against those concerned in his detention; abusive if thwarted in any way, frequently violent, especially towards quiet, inoffensive patients, who he knew would not retaliate. Rarely he would help in the work of the ward, but in a fitful, erratic way, generally seizing the opportunity to do some mischief or play a trick. Morphia improved his rest at night, and quieted him somewhat in the daytime; but, by upsetting his digestion, it affected him injuriously.

At length, after several failures, he was induced to employ himself regularly, and signs of improvement appeared almost immediately. So that on December 7th it is noted that: "He is quieter; has not been violent or destructive for some time; takes food well, and sleeps fairly." And on January 21st: "He has been much better lately; orderly in behaviour, not destructive, more rational; very industrious, working out of doors or helping in the ward; tidier in dress, less objectionable in habits and language; he eats heartily, sleeps well, and is in good bodily condition."

From this stage he advanced steadily and rapidly to convalescence. He displayed marked industry, energy, and intelligence; gave ready and efficient help to the attendants in the various details of work indoors, and displayed equal zeal in gardening and other outdoor pursuits. He became as agreeable, contented, and well-behaved as he had formerly been the reverse; natural in manner, scrupulously neat in dress, rational in conversation, courteous and well-behaved. He took interest in all the amusements of the place, and latterly enjoyed the privilege of free parole outside within a four-mile radius. On May 17th he was discharged recovered.

The main factor in recovery was doubtless steady application to work—chiefly manual, and of a miscellaneous kind: partly indoor, partly outdoor, such as he had formerly been accustomed to, and taken pleasure in. With improvement in mental condition came greater tolerance of morphia, which, in increased doses, also materially assisted, by combating night wakefulness and mischief.

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His friends were warned of the danger of a return to the old monotonous, objectless country life, and advised to secure for him brighter and more varied surroundings and congenial occupation. This counsel has been followed, and he remains perfectly well.

Case II.—M. C., single, aged 40; an artist. Her illness, said to be caused by domestic affliction, dated from midsummer, 1879, and commenced with marked melancholic symptoms. She became restless, agitated, desponding, silent, and morose, lost interest in her usual occupations; and, though of blameless life, and esteemed by all who knew her, spoke of heavy crimes weighing on her conscience, and begged for something to put an end to her existence. She attempted to drown herself in the water cistern, swallowed large quantities of aperient pills, secreted a case of razors and a knife in her bed, and made other attempts at self-injury. She remained an inmate of a metropolitan asylum a little over two years, and was thence transferred to St. Andrew's.

The features of the case had by this time very considerably altered. There was no particular depression. She was restless and fidgety, constantly picking and biting her nails, which were worn down to the quick; sleepless and noisy at night; very irrational—constantly repeating such phrases as that "she wished she had done it before, wished she had stayed there," &c., or asking why she had not done this or that. Her physical condition also was extremely unsatisfactory. With an excellent appetite, she was pale and thin (weight, 7st. 1lb.); her feet were œdematous; urine free from albumen.

Within the first year from admission she suffered from frequent bronchitic attacks, with hæmoptysis, but no clear indications of graver mischief. Later, in the second year (May, 1883), she was confined to bed with physical signs of phthisis, from which, however, she recovered, afterwards remaining free from all lung-symptoms with the exception of occasional cough, gaining weight and otherwise improving in physical condition.

Mentally, however, she made no progress, being in some respects worse than on admission. She was irritating and meddlesome, constantly touching other patients, pushing them about and annoying them in various ways; destructive; faulty in habit; occasionally violent.

During the autumn of 1884 she showed some tokens of amendment by occupying herself with needlework, and improving somewhat in habits. But she retained all her other objectionable characteristics, and was regarded as a very unfavourable case until November 11th, when, in rising suddenly from a garden seat, her right forearm became caught between the bars, the radius being fractured near the wrist.

From the date of this accident there was a distinct change for the better; so that within a month she is noted as "improv-

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ing mentally; much cleaner in habits; no longer bites her nails; and has very much more power of self-control."

Her subsequent progress was rapid and continuous. She became pleasant, amiable, vivacious, energetic, industrious; was natural in behaviour, rational and intelligent; took abundant outdoor exercise, and was to the fore at dances and other entertainments. She evinced, too, a gratifying and unusual sympathy for her fellow-patients, consoling, helping, and encouraging in every possible way those whom she had formerly teased, annoyed, and now and then maltreated.

She herself was convinced that the accident was the turning point in her illness. She declared that it was the first severe physical shock she had ever experienced, and it "brought her to her senses."

On March 28th, 1885, she was discharged recovered, after nearly six years of asylum treatment.

Two Cases of Syphilitic Insanity occurring after Alcoholism, and presenting Paralytic Symptoms. By A. R. URQUHART, M.D., Physician Superintendent, James Murray's Royal Asylum, Perth.

I desire to place these cases of syphilitic insanity on record, as they fully illustrate the difficulty of forming a speedy and accurate diagnosis from general paralysis when the personal history is not at once fully and fairly stated. There has been of late a series of admissions of syphilitic patients into this hospital, and in grouping these according to their clinical features we have found the two now to be described forming a definite class. Both were set down as general paralytics on their first reception. I had, however, the consolation of erring in the very good company of the experts who sent me these cases; and to some it may yet remain an open question whether the first impression is not correct, and whether their present recovery may not be a mere remission of true general paralysis.

Before proceeding to detail the results of observation and treatment, and to point out how the symptoms conformed to the generalizations of the authorities on these diseases, I may be permitted briefly to urge the importance of making it part of our routine practice to carefully examine the genitals of newly-admitted male patients for scars of chancres or other sores. The sexual history of such patients as these now under

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