CLINICAL NOTES AND CASES.

Recovery from Chronic Insanity: Four cases. By S. A. K. Strahan, M.D., Barrister-at-Law, Assistant Medical Officer County Asylum, Northampton.

Records of the recovery of patients after long periods of insanity are rarely of any practical value. They are, nevertheless, always cheering to the asylum medical officer. They occasionally light up in his mind a ray of hope, and stimulate him to still further efforts in the treatment of any of his chronic cases who may show even the slightest tendency towards recovery. But, unhappily, in the great majority of cases his best efforts are of little avail, and his patient remains with him until Death takes the second instalment of his debt—which it were, perhaps, better he had taken with the first.

Notwithstanding the fact that these records of isolated cases are of small practical importance, yet will I record my cases and make my comments in the hope that someone may find time to collect and systematically arrange them, when, doubtless, they will teach their lesson.

In three of the four cases given below recovery took place in patients who had been removed from one asylum to another, and at the first glance I thought that perhaps the sudden and complete change of environment experienced in removal from one asylum to another might have been a potent factor in the circumstances leading to recovery. We have all noticed how great a change for the better is frequently brought about in the insane simply by a change from one ward to another in the same asylum. In such cases the change is partial, and can only act as a very mild moral shock, yet it often acts beneficially. Why, then, when the change is radical and sweeping, should we not look for a more marked and lasting impression?

I looked up the last published cases of recovery from chronic insanity (two cases recorded by my friend, Dr. Francis, in the Journal of January, 1887), and curiously enough both were cases of patients who had been transferred from one asylum to another. Had, then, the change of residence had any share in bringing about the happy result? Had removal from the asylum—the theatre wherein the unreal phantoms of the disordered fancy had so long played their parts; the removal of all the familiar faces so long associated with the creatures of

https://doi.org/10.1192/S0368315X0022793X Published online by Cambridge University Press

delusion; the unexpected peep into the long-forgotten world of reality, and the hurry and hubbub of a railway journey—had all these coming suddenly and unexpectedly proved such a moral shock as to wake up the dreaming brain to healthier action?

Of course in the greater number of cases of chronic insanity there is present organic mischief of one kind or other, and in these cases it is hopeless to look for recovery, but considering the number of strange and sudden recoveries met with from time to time we must admit that in many cases the insanity is the outcome of mere functional disorder, and in these cases everything is to be hoped for from moral treatment, and it was just possible the shock had acted beneficially—had proved the turning-point, the exciting cause of recovery.

It would have been agreeable to have been able to say something in favour of the transference of pauper lunatics to asylums outside their own counties. It is a proceeding which entails great hardship and suffering, not only upon the patients themselves, but upon their friends and relatives—more especially among the poorer classes—and it would have been pleasing to think that so harsh a proceeding might prove even in rare instances beneficial to the patients. However, on a second look at these recoveries of transferred patients—both those of Dr. Francis and my own—it was at once evident that only in one of the five cases could the shock produced by the change of residence by any possibility be reckoned an active factor in the cure.

In both Dr. Francis's cases some years elapsed after admission into the second asylum before improvement set in, and in two of my three cases years also passed in the second asylum before recovery—which was in all the cases fairly rapid—made its appearance. In the other case (case II., *infra*) the change of residence did certainly seem to be the starting-point—or was coincident with that other change which was the starting-point—towards recovery. For although the woman was resident in this asylum thirteen months, the improvement in her mental state was distinctly marked from a few days after her admission here. But in this case another agent was at work, and it is to be feared that change of residence had but a small share in bringing about the improved mental state.

The other agent here referred to was the climacteric, and to it, I think, might be rightly attributed, not only this case, but a very large proportion of the total of these recoveries after prolonged attacks of insanity, more especially among women.

https://doi.org/10.1192/S0368315X0022793X Published online by Cambridge University Press

In considering the six cases under notice (Dr. Francis's and my own) it is first to be observed that only one case is that of a male, and that he recovered at the age of 64, which is as nearly as possible the ordinary period of the climacteric in the male. Again, the ages of the women are 55, 54, 47, 44, and 42, the extremes of which ages mark with tolerable accuracy the variations usually met with in women at this period. It may be, therefore, that even for the chronic lunatic this epoch is of great moment, and that even after years of melancholia, mania, or dementia there is at this period a kind of last chance of the disordered brain once more taking on healthy action.

We know that the climacteric with its many nervous troubles is a most fruitful source of mental disorder, and it is just possible that in the great change undergone at this period, which in the female often amounts to a tearing down and rebuilding of the nervous system, the disordered brain, which has been incapable of healthy thought for years, may, like other organs, as the stomach, etc., quit abnormal and once more take on normal action.

It is well known that women who have been hysterical (a condition very nearly related to insanity) for years, and spent a most miserable existence in consequence, frequently lose all their nervous troubles at this period, and take a new lease of life, and if these lesser nervous disorders are often recovered from during this period of change, why should we not expect to find recovery in some cases from the more severe of allied disorders? This is a point which I think has not received sufficient attention. In "Bucknill and Tuke" it is said that the "change of life occasionally exercises a beneficial influence on those already insane," but I don't know if it has been noted that a very great majority of these cases of recovery following prolonged mental disorder do occur about or soon after the establishment of the second phase of adult female life. But if upon search such proves to be the case, then it will behove us to watch the coming of this critical time in the lives of our chronic lunatics, and endeavour by every means in our power to aid in the establishment of a more healthy action in the nervous centres while the system is being rebuilt.

The following is a very brief record of the cases referred to above:—

Case I.—E. A., a married woman, aged 45, was admitted into —— asylum in October, 1877. She was at that time suffering from a first attack of insanity, supposed to have been brought on by grief for the

https://doi.org/10.1192/S0368315X0022793X Published online by Cambridge University Press

loss of a child. The medical certificate upon which she was committed to the asylum stated: "She has numerous delusions about 'a secret which she must not tell;' that people threaten her; that someone wants to murder her; that voices speak to her husband through her mouth; talks a lot of nonsense about being a child."

After a residence of close upon six years she was in July, 1883, transferred to this asylum, and was at that time still suffering from mania with delusions. On admission she was noted as "not conscious of her position, talking in a flighty incoherent manner, very excitable, and has various delusions." She was in only moderately good bodily health, and suffered from some lateral curvature of the spine—dorsal. Weight, 7 stones 3 lbs.

For a year after admission there was little change in her condition. She was frequently restless and excited for a few days at a time, and in the intervals reserved and silent. Towards the end of 1884 she became greatly depressed, and frequently "cried wildly" and refused to speak. At this time her bodily health was not good, and she lost flesh. About May, 1885, her health improved, and it was noted that the attacks of depression which had been periodic were much less frequent. From this time she gained slightly in bodily health; the depression gradually wore off, leaving her mental faculties impaired, but free from the excitement and delusions. She was now coherent and rational, although still feeble in mind, and the improvement continued so that she was discharged recovered in July, 1887, after an attack of insanity extending over a period of nine years and ten months. Weight, 8 stones.

Case II.—A. M. W., a married woman, aged 39, was admitted into —— asylum in May, 1876, suffering from a first attack of insanity. The supposed cause of the attack was stated to be "deficient nutrition." The medical certificate was as follows:—"Is very incoherent, rambling from one thing to another. Says she cannot live; that she is to be burnt; that she is lost and nobody can save her. Says everybody who looks upon her will be burnt, and that she hears voices telling her that she is lost." She remained an inmate of the asylum, showing little or no improvement, until November, 1882, when she was transferred to this asylum.

On admission here she was still suffering from mania, as is seen from notes made at that time, in which it is stated: "She is not conscious of her position . . . has delusions . . . talks and swears at imaginary people . . . is noisy and excited, and uses most filthy language." Her general bodily health was fairly good. Weight, 9 stones 3 lbs.

Two days after admission she had settled down and was noted as "quiet and tractable." She was at once induced to employ herself with familiar household duties, and inside a month from the day of her admission she was sent to the ward occupied by convalescents and better class (mentally) patients, and with the exception of a very few

https://doi.org/10.1192/S0368315X0022793X Published online by Cambridge University Press

slight attacks of excitement during the first month of residence, the improvement was steady and uninterrupted.

During the first six months of her residence here menstruation was most irregular. At about the end of that time the function altogether ceased, and from that time she gained in health and put on considerable flesh. Weight, 10 stones 11 lbs. In January, 1884, thirteen months after her admission here, she was discharged recovered, her mental disorder having continued for a period of a few weeks less than eight years.

Case III.—M. K., spinster, a dressmaker, aged 47, was admitted into —— asylum in April, 1880, suffering from a second attack of insanity. The medical certificate was to this effect:—"She is agitated and distressed in mind, and troubled by a delusion that she has no brain; further says that she feels afraid and incapable of taking care of herself, and for that reason wandered from home and concealed herself for fourteen days on Tooting Common."

She was admitted here in November, 1882. She was at that time in fairly good bodily health, although rather thin in flesh. There was inequality of pupils. Weight 8 stones. Mentally she was only "semi-conscious of her position. Talked incessantly of herself, and of what she had done and was going to do. Had delusions of various kinds."

After admission she suffered from alternate attacks of exaltation and depression, and these were so regularly periodic in character that, although menstruation had ceased, their uterine origin at once suggested itself. When these attacks of excitement came on she became violent, destructive, and dirty in her habits, and her language was frequently obscene, which also pointed to uterine irritation. In the intervals between these attacks she was coherent and calm, and at times would employ herself, but she was often irritable and abusive towards the nurses and officers.

This was her condition for four years. Late in 1886 a change was noticed. The attacks gradually became less marked, and finally disappeared. She began to make flesh, and to employ herself regularly at her trade of dressmaking. From this time there was no relapse, and inside twelve months from the time the improved condition was first observed she was discharged recovered in November, 1887, seven years and eight months from the onset of her attack.

Case IV.—J. S., a married woman, aged 34, was admitted into this asylum in October, 1879, suffering from a first attack of insanity supposed to have been induced by domestic trouble. There was a history of hereditary taint, her grandfather and her sister having been insane. When admitted she was in a state of acute mania. She was "restless and excited; expression of countenance wild; most loquacious, and incessantly talking in a perfectly incoherent manner; unable to answer questions rationally; hair dishevelled; foaming at mouth; violent to those near her, and refused to remain in bed."

https://doi.org/10.1192/S0368315X0022793X Published online by Cambridge University Press

She appeared to be in fairly good general health. She was a tall, well-built, powerful woman, but as the excitement and sleeplessness continued for some weeks after her admission she soon lost flesh, and in February, 1880, when she first became calm, her weight was only 9 stones.

After a short period of calm the maniacal state again set in, and she was noisy, sleepless, violent, and destructive as before. Again, after a time, the excitement abated, and she became quiet and tractable, but the calm was only of short duration, and again and again did she break out into maniacal frenzy of so acute and violent a character that she had often to be confined to her room to prevent injury to herself and others.

These attacks generally began with the approach of the menstrual period, and they often extended without interruption for several weeks. Menstruation was irregular and the flow meagre, and this condition continued until recovery set it.

This state of alternate storm and calm persisted till early in 1885, that is, for over five years. During these five years the bodily health varied with the mental state. She lost flesh during the terms of excitement, and rapidly regained the lost ground during the intervals of quiet, her weight ranging from 9 stones 7 lbs. to 12 stones 2 lbs.

She was treated with various sedatives, including morphia, bromide of potassium, chloral, and hyoscyamine, which latter drug was most useful, but its effects were of the most temporary kind.

Late in February, 1885, after a particularly severe outburst of maniacal excitement, during which sleep was obtained by the administration of paraldehyde, she suddenly became calm, and soon became clear and rational. She was then sent to the laundry, and induced to employ herself, and from this time she had no relapse, and her recovery was steady and fairly rapid.

At first her mind, although clear, was weak and unstable, but with improved general health it became stronger, and she was discharged well in October, 1886, exactly seven years from the onset of her attack of insanity. Weight, 11 stones 9 lbs.

A Strange Case of Suicide. By W. B. Tate, M.D., Medical Superintendent of the Lunatic Hospital, The Coppice, Nottingham.

Miss H. E. T., aged 31 years, was admitted on 3rd June, 1887, suffering from melancholia, with marked suicidal tendency. On 28th May had attempted, when staying in Wales, to destroy herself by throwing herself over the cliff on to the railway beneath, and when prevented became violent and tried to thrust the point of her umbrella into her eye. Has had fits of depression since she was 17 years of

https://doi.org/10.1192/S0368315X0022793X Published online by Cambridge University Press