God has taken her heart, and that she has sinned very grievously against Him.

Present condition: Is never found sitting; stands with her hands in front of her for hours, never speaking. Is with difficulty induced to take her food.

Case II.—E. G. W., 28. Admitted August 17th, 1882. She is an architect's wife. Married. Three children, youngest eight months. First attack: Duration nine weeks.

Neither suicidal nor dangerous. Sober and well educated.

One sister (twin) similarly affected. No phthisis, &c. Menses regular. Temperament cheerful, placid, and industrious.

Earliest symptoms: Had a fainting fit, and was semi-unconscious for a week, when she came to herself very depressed and melancholy.

Present condition very much the same as sister; does not sit down or speak; has to be fed by spoon.

II.

Twins Suffering from Mania. By Mr. H. Clifford Gill, Medical Superintendent York Lunatic Hospital.

I have lately had under my care two cases of insanity occurring in twins, and it seems to me that it might be of interest to some of our readers if these cases were published. The patients were young girls, and between whom there existed a marked sympathy. Not only are they extremely alike in personal appearance, but in manner, style, and speech, so much so that at one time nothing would be easier than to mistake one for the other. This similarity obtained not only in their bodily development, but in their mental condition also, and on the authority of their mother I am informed that great sympathy existed between them even in their illnesses; whenever one of the girls suffered from an illness the other would be sure to have the same illness also. This was particularly noticeable on one occasion: one of the twins was at Scarborough and the other in York. The twin told her mother that she believed her sister at Scarborough was ill, for she herself felt an attack coming on. The two sisters had no communication with one another, but the suspicion of the twin in York was true. The twin in Scarborough had exactly the same attack as the one in York (bilious headache). So again when the elder twin (who was the first attacked with insanity) began to show symptoms of unsound mind, her mother came to me expressing the deepest anxiety for the younger twin, though at that time there was no

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symptom whatever of any mental disturbance, but, as the sequel shows, was only too well founded.

M. L. W., aged 20; single. Admitted November 20th, 1879. Is a stout, well built, and good-looking girl. She is the elder of twins. Has dark hair, and eyes, of sanguine, inclined to nevous temperament, and emotional.

Has always enjoyed good health, both mentally and bodily; is fairly well educated, of amiable disposition, religiously disposed, domesticated in her habits, very active and industrious, and temperate. Has no constitutional complaints. During the last two years has supported herself by her own efforts in partnership with her twin sister, A. L. W., as housekeeper in a lodging-house; the latter A. L. W. being a milliner, and attending to that part of the work, while M. L. W. looked after the house and domestic work. There is no history of insanity, nor can I ascertain that insanity or nervous disease exists or existed in the family of either of her parents, but all the children, five in number, are more or less affected with neuroses.

The eldest brother, who is of feeble intelligence, was a patient here for nine months, suffering from an attack of mania. He was seized when 19 years of age. The twin sister has also been insane, and a patient here. The eldest sister (married) is at times peculiar, suffering from odd sensations in the head, and depression.

The youngest sister is emotional, wilful, and at times ungovernable, and is a leading tambourinist in the Salvation army. She is the cause of the gravest anxiety to her mother. A younger brother is of feeble intellect.

This attack is said to have begun with loss of speech, restlessness, loquacity, and an alteration in her general demeanour. Her conversation becoming free and flippant, speaking of gentlemen altogether above her in social position in a free-and-easy and objectionable style. These symptoms rapidly developed themselves, and she then said she was going to be married, and went about from shop to shop, giving most absurd orders for her trousseau, her conversation becoming rambling and incoherent, but very erotic and amorous. The only cause her mother can assign for the attack is the loss of her lodgers, which has crippled them pecuniarily and prevented them paying their way.

The attack has lasted three days.

On admission I found her very much in the state above described, all her talk being of men and marriage, and among other thing states that the gentleman lately lodging at her house used to be very familiar with her; these familiarities being little less than indecent assaults and attempts on her virtue.

Her appearance is wild and excited, and her emotions wholly ungoverned. Bodily health is fair, the abdominal and thoracic viscera healthy. Ordered haust sennæ co ℥iß. and bromide of potassium ʒß three times a day.

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The case progressed favourably till December 19th, 1879, when there was a distinct relapse; and a considerable alteration took place in the mental symptoms, violence and mischief being superadded, and the delusions, which had to some extent passed away, became even more prominent.

December 26th.—She is very noisy at night. Ordered gr. xv of hydrate chloral and gr. xv of potass. brom. at bedtime.

On December 29th the twin sister A. L. W. was admitted, suffering from exactly the same form of insanity as her sister. The environment of both girls has been the same, and A. L. W., who is the more refined girl of the two, has had the additional shock of seeing her sister become insane and removed to the asylum, and as a consequence the break up of her home.

She has many delusions and great complaints. She says that people have tried to murder her; that she is covered with bruises, and demands to be examined. (There are no bruises.)

She is fantastically dressed, her hair dishevelled, laughing, singing, and shouting alternately. Wants to be taken a great deal of notice of, and on my remarking on the unsuitableness of her boots accused me of wishing to look at her legs, at the same time duly placing them on the fender to show off her ankles.

On January 5th, 1880.—She is reported to be very troublesome, especially at night, to be full of all kinds of wants, and to be very erotic.

February 5th.—The attack has subsided, and patient is reported as being much improved.

March 11th.—The improvement having continued was this day discharged recovered.

During this period, *i.e.*, from January 5th, 1880, the other sister, M. L. W., is reported to have improved, and the improvement has gradually taken place, though slowly, for on May 4th, nearly two months since her sister's recovery, she is described as flighty, and far from well. On July 6th, 1880, she is much better, and on August 3rd was allowed leave of absence on trial for two months. She remained well, and was discharged recovered on October 4th, 1880.

Patient was re-admitted on December 19th, 1880, having remained tolerably well till a week ago, when the present attack began.

On December 15th saw patient at her mother's house; she was then very low and depressed, and refused food. Tongue very dirty, breath foul, and a general appearance of marked illness, great constipation, which was relieved by a gr. iiij. dose of calomel combined with gr. v of jalapine.

Patient, however, did not improve, but depression gave place to violence, with attempts to get out of window. Her mother states that she had a "*fit*," but I could not get a sufficiently accurate description of it to say what kind of a fit it was.

On admission her demeanour was wild. Facial expression that of

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distress. She says that people shout for her all day in the streets, and that last night God opened the windows of her room, and called her to go out.

There is a wild expression about the eyes, pupils unequal, and much dilated, act badly and irregularly to light.

Right pupil quite oval and dilated to the fullest extreme in its long axis. Skin hot and burning. Temp. 104. Pulse hard and wiry, and indeed generally the patient has the aspect of profound cerebral disturbance.

Was treated with effervescing salines.

December 21st.—Was sent for this afternoon suddenly, the message being that patient had had a fit and was dying. She was, on my arrival, quite unconscious. I could not rouse her. Pupils irregular and dilated, would not act to light; countenance dusky, cerebral vomiting, and every appearance of speedy dissolution.

23rd.—Is reported much the same generally, quite unconscious, and unable to swallow from paralysis of pharynx.

On the 25th she remained in very much the same state. Dr. Murrell saw the case in consultation with me, death appearing imminent. Brandy and milk was ordered, but great difficulty was experienced in administering it on account of pharyngeal paralysis, while at the same time enemata could not be retained.

From this time a change took place. During the night of 25th-26th the patient became violently delirious, but on the following morning, she was unmistakably clearer and better. Pulse 120.

On the 30th she is reported as being still very ill, but conscious.

January 2nd, 1881.—Was got up for the first time, but is unable to recognize any one. From this time onward she gradually and very slowly made progress, though the effect of the attack was so great that in May she is reported as being weak, though much better, and it was not till September, 1881, that she is spoken of as being convalescent.

On September 13th.—Her twin sister, A. L. W., was re-admitted with an attack of well-marked hysterical mania, the symptoms of which were very much like those of her previous attack, only worse.

On November 1st.—She is noted as having much improved, but on the 21st of November, 1881, has fallen off again, and has become dirty, obscene, and very maniacal.

On November 20th, 1881.—M. L. W. showed signs of a relapse, is decorating herself with rubbish, and is very talkative and knowing.

Went through an attack of mania, and convalesced in March, 1882, but was not discharged. She continued fairly well till June 16th, 1882, when she again showed marked signs of a relapse.

Notwithstanding treatment a very severe attack of mania came on; and on July 24th it was fully developed, and has continued with no intermission up to the present date, November 18th, 1882.

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Her twin, however, A. L. W., who it may be remarked has never had anything in the nature of a "fit," gradually, but with short relapses, began to recover, and on June 11th, 1882, is reported as being better, and from this time the improvement was gradual, and unattended with relapse, till October 16th, when patient, being quite well, was discharged recovered.

General Paralysis from Cranial Injury. By Wm. Julius Mickle, M.D.

Traumatic general paralysis, in its broad sense, is so large a subject that attention is limited here to cases following cranial injury.

I have elsewhere* mentioned cranial injuries as being sometimes the predisposing, and sometimes the exciting causes of general paralysis, and their influence is usually accepted. In two of the twenty cases, of which details are given at the end of the work just cited, cranial injuries were alleged as presumptive predisposing causes.

In the cases that have come under my own observation, where cranial injury has conduced to general paralysis, it has, in the majority, seemed to play the part of a predisposing rather than of an exciting cause. And yet in some examples this may be so in appearance only, and may not represent the actual course of events; for the injury may have left behind it not only a permanently damaged condition of encephalon, but also some obscure, insidious and undetected inflammatory process about the brain-surface and meninges, which, either with or without any augmentation of its activity and extent from the operation of some other existing cause of the disease occurring later in time, and perhaps acting more directly, may have culminated in general paralysis.

From cranial injury may arise molecular perturbation of the cerebral tissues, or bruisings, crushings, hæmorrhages, and even ruptures in the same, or in the meninges.

In speaking of cranial injury as a predisposing cause of general paralysis, we may suppose that in consequence of latent residual results of the above-named hurtful immediate effects of trauma, either the cerebral tissues are simply less resistant to the influences of ordinary causes of the pathological process which underlies general paralysis, or that this

* "General Paralysis of the Insane," pp. 98, 108.

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