Notes on a Case of Chronic Mania, complicated with Peritoneal Adhesion. By R. Peel Ritchie, M.D. Edin., F.R.C.P.E., late Resident Medical Officer, Bethnal House Asylum.

('Lancet,' September 12, 1863.)

The case here related by Dr. Ritchie was admitted as a private patient into Bethnal House Asylum, London, on the 8th of September, 1843, suffering from chronic mania, in good general health; mind generally disordered, but quiet. She was, however, subject to paroxysms of excitement, the cause of which she alleged to be two other persons, who used some means, of which she was not cognisant, to excite her. She had various other delusions, such as that her actions and feelings were controlled by others; "that her husband" (he had been dead for some years) "is alive, and she occasionally converses with him;" "she hears a voice abusing her," &c. From this date it appears that she had delusions of a similar nature, but of increasing intensity. Her bodily health was good, and unaffected by severe illness.

On the 5th October, 1855, it is reported that "lately having a slight colic attack, fancied she was quickening." She appears to have been previously occasionally liable to similar attacks of colic. General health good. In the succeeding years her delusions and hallucinations are more numerous, but unchanged in character; she pulls out her hair, and alleges some one does it in the night. General health as at previous reports.

On September 4th, 1860, she requested to have an aperient pill, and had a slight cold. She appeared to be suffering from one of her usual attacks of colic; she had the pill, but was sick, and rejected it. On the 6th, the bowels not having responded to a simple enema, other enemata of a more stimulating character were given, which were followed by some action; the sickness, however, continued. On the 7th she was not improved. On the morning of the 8th the bowels were relieved spontaneously, and the sickness had been relieved by opium, brandy, and ice; there was considerable tympanitis and pain, chiefly in the left lumbo-iliac region; the pulse was weak, and of increased frequency. About 11 a.m. a change for the worse occurred; the pulse, previously below 100, rose to 120, and became very weak, the skin clammy, and the face pinched. She gradually sank, and died at half-past 2 p.m. She had frequently suffered from attacks of colic, which she referred to the supposed baby's movements. This attack, in its early stages, resembled one of those.

Post-mortem.—When the abdomen was examined, forty-eight hours after death, it was distended with flatus. On exposing the peritoneum it was found to be slightly congested in a few patches.

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On opening the abdominal cavity the small intestines were found arranged in transverse coils, the free surface being much congested, and presenting indications of inflammatory action. The mesenteric surface was less congested; the mesentery, which was infiltrated with serum, was of pulpy consistence, and easily torn. The transverse colon was much contracted about its middle; the descending colon was also contracted, the walls being much thickened. On raising the coils of the small intestine about twenty inches from the ileo-cæcal valve, a strong, cord-like adhesion, an inch and three quarters long, attached the ileum to the brim of the true pelvis. A loop of the ileum betwixt this attachment and the termination of the small intestine had fallen into the cavity of the pelvis, and, by twisting upon itself, was prevented by this adhesion from being freed. A strangulation of the gut was thereby effected, and the passage through the intestine stopped. The strangulated loop did not contain much solid matter, but was distended with fluids.

"The case," says Dr. Ritchie, "presents for consideration the frequent attacks of colic, the cord-like adhesion, and the coexistence of delusions of a particular kind with inflammatory adhesions of the intestines. There can be little doubt that the attacks of 'colic' must have depended on the same cause (though to a less extent) as that which at last ended fatally. That they depended upon the adhesion occasioning temporary obstruction cannot be doubted. The adhesion was strong and dense; there was no other, and it must have existed for years. The probability is, that this fibrous peritoneal cord had been formed previously to 1843, and had existed without occasioning any serious inconvenience for nearly twenty years. At last, however, the intestine had got so situated that, whilst fluids could pass readily into the portion of bowel which formed the loop, there was no passage out of it, and hence was excited the inflammation which terminated in a fatal result."

The Pathological Relation between Albuminuria and Puerperal Mania.

By Arthur Scott Donkin, M.D. Edin., Lecturer on Medical Jurisprudence, Neville Hall College, Newcastle-on-Tyne.

('Edinburgh Medical Journal,' May, 1863.)

"Medical science," says Dr. Donkin, "is indebted to Professor Simpson for having first directed attention to the coexistence of *albuminuria* and *puerperal mania*, in a contribution to the Obstetric Society of Edinburgh, in 1856.* In this paper Dr. Simpson contented himself with demonstrating merely the frequent coexistence of the

* 'Edin. Med. Jour.,' vol. ii, p. 766.

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