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

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age, and has been subject to strange ideas. When 19 was in love with a cousin, who died, which caused her much unhappiness. Since then she has at various times imagined that gentlemen were in love with her, but felt that she must not marry on account of the delicacy of her family, one brother being insane and another nearly so. In 1884 went to Paris and worked in a Mission there for four months, during which time she was much exposed to wet and cold, and got out of health. Afterwards she nursed her mother through a severe illness, and underwent much fatigue and anxiety. In March last became very depressed, and was sent into Wales for change of scene, and whilst there became actively suicidal. On admission here she was much depressed, and stated that she was very wicked, having practised deceit on everyone, had no hope of ever being any better, or of being forgiven, and had an irresistible desire to take her life, &c. She is of the average height, body fairly nourished, has an anxious, careworn expression, face pale, eyes natural, pupils equal, but somewhat sluggish, tongue clean, pulse 84, regular and compressible, bowels confined, has not menstruated since March, appetite fair, does not sleep well. A special nurse was appointed to take charge of her during the day, and another to sit up with her at night, in addition to the regular night nurse, and she was never to be left alone. She walked in the grounds during the day, and occupied herself in reading and knitting when indoors, took her food well, but did not sleep well. Nothing noticeable occurred until the morning of the 6th, when while brushing her teeth she suddenly, before the nurse who was with her could prevent her, thrust the handle of the brush down her throat, leaving only a small portion of the brush protruding from her mouth. This was at once removed, in spite of her resistance, and she was put back to bed. The throat bled slightly at the time, and shortly became inflamed and swollen, and she had difficulty in speaking and swallowing. The pulse rose to 108 and temperature to 100·8. 7th. Throat sore, swollen, and painful, had much difficulty in swallowing ; temperature 101, pulse 100; bowels have acted, fomentations were applied and gave much relief. 8th. Throat sore and painful, breath and expectoration offensive, right tonsil and right side of neck swollen, pulse 110, temperature 100 ; bowels have acted, takes milk freely, does not sleep well. To-day she stated that she had done something very wicked, and on being asked what it was, she said "that on the night of the 4th she managed to secrete and take to bed with her a hair-pin, which during the night she straightened under the bedclothes and thrust through her navel into her bowels towards the *left side*." She also said "that she turned her back to the nurse, who was sitting by her bedside, and by whom she was never left for a moment, and that she had no pain or difficulty in doing it, except for the last inch, which hurt her." A most careful and thorough examination of the abdomen was made, but nothing could be felt, neither could any puncture or mark be discovered, nor was there a trace of blood on her nightdress

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or on the sheets, nor any pain or tenderness. 9th. Throat and right tonsil inflamed and swollen, breath offensive, pulse 140 ; temperature, morning 100 ; evening 103 ; face flushed ; persists in her statement about the hair-pin, but it cannot be felt on examining the abdomen. 10th. Throat somewhat better, breath less offensive, she swallows more easily ; pulse 100 ; temperature 99 ; bowels have not acted since the 8th. To have Ol. Ric. ℥ss. On making the usual abdominal examination to-day the assistant medical officer thought he felt a hard substance in the outer part of the *right* lumbar region, pressing which caused pain towards the umbilicus, but which I was unable to discover though I immediately and carefully sought for it. 11th. The senior surgeon and one of the physicians of the Nottingham Hospital, at my request, made a most careful and thorough examination of the patient to-day without causing her any pain, but were unable to detect any foreign body or anything abnormal Throat still sore ; takes milk well. 12th. Throat still sore, and breath offensive. To-day for the first time complained of pain in the abdomen, and has vomited ; pulse 120 ; temperature 98·8. 13th. Has not slept ; has pain and has vomited again ; bowels have acted ; pulse 110 ; temperature normal ; retains iced milk. 14th. Throat less painful ; temperature normal ; pulse 110 ; tongue coated. Had great pain in the umbilical region during the night, followed by numbness of and inability to move the *left leg*. No distension or tenderness of abdomen ; vomited twice this morning ; pulse soft and slow. In the evening she again vomited, and the abdomen became somewhat distended ; bowels have acted twice ; pulse 130 ; temperature normal ; takes milk well. 15th. Patient worse ; face pinched, hands cold and clammy ; pulse hardly perceptible ; bowels have acted three times ; abdominal distension has disappeared. She was quite conscious up to the time of her death, which took place at 2.15 p.m.

A post-mortem examination was made, and on the inner surface of the umbilicus a small dark coloured spot was observed, surrounded by an area of congestion. The small intestines and part of the large were intensely inflamed, varying in colour from dusky red to a purplish black, and were distended with gas. The hair-pin, which was slightly curved, and measured $5\frac{1}{2}$ inches, was found thrust through the mesentery, with one end in a portion of the colon, and the other end in the psoas muscle. The peritoneum also was much inflamed, and a quantity of flaky, turbid fluid was present in the abdominal cavity. The other organs were healthy. The brain was not examined. Rigor mortis was well marked.

The above case is remarkable from the method adopted to effect self-destruction, and from the prolonged absence of symptoms indicating enteric mischief, the increase of temperature and acceleration of pulse being attributed to the inflamed condition of the throat. No suspicion of the patient having

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inflicted the injury on herself was entertained until she voluntarily made the statement that she had done so, the truth of which was at first doubted, as she showed no sign of pain or discomfort during the thorough examination of the abdomen, which was made daily, nor when walking in the grounds with the nurse. I am not aware that there is any similar case on record.

Cases of Masturbation (Masturbatic Insanity). By E. C. Spitzka, M.D.

(*Concluded from p.* 61.

The following appears to me to embody the most important features of this psychosis:—

1. *General Progress.*—Usually the onset of the disorder is characterized by a great variation in symptoms from day to day, or week to week. In some cases the type of symptoms similarly varies, destructive and aggressive tendencies preponderating at certain times, and mental and physical lethargy at others. As a rule there is a gradual deterioration, preceded by abrupt descents, occasionally interrupted by as abrupt temporary improvement, and mainly involving the memory and moral sense.

It must be acknowledged that masturbation occurs as an associated factor in a far larger number of cases of insanity than are covered by the group of which histories I. and XI. are respectively the male and female types. These represent a form of insanity which is never found except after extensive self-abuse, and there is a constant relation between the intensity of its symptoms and the degree to which the habit is practised.

In the earlier periods of this psychosis a change in the symptoms through the day is noticed. The patient who arises confused with an absent expression, or listlessly remains in bed, improves as the day progresses, and in the afternoon may be bright, vivacious, and intelligent. This is attributable to the habit itself, which practised during the night, commonly in the morning hours, or supplemented by nocturnal emissions (which also are apt to occur towards morning), exerts its bad effect on rising. As the day progresses the recuperative powers of the youthful organism succeed in obliterating these immediate effects. As long as this occurs there is a possibility of restoration, provided the habit and seminal losses be checked. In the later periods of the confirmed disease, in those cases where the habit has been discontinued because of impotence, and yet the patient is beyond recovery, an opposite condition is noted. The patient awakes comparatively bright, coherent, and active. As the day wanes he

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