illumining the dark and secret places of the earth: and still this—

> "Intellectual power, through words and things,
> *Goes* sounding on, a dim and perilous way."

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(1) A paper read at the South-Eastern Divisional Meeting at Bethlem Hospital April 25th, 1911.

Some Instances of Sudden Death with Post-mortem Findings.(1)

By J. FRANCIS DIXON, M.D.Dub., Senior Assistant Medical Officer, Three Counties Asylum, Arlesey.

IN complying with the Honorary Secretary's request to read a short paper on some clinical or pathological cases, it occurred to me that it might be of some interest to the members to review a few instances of sudden death, or rather sudden and *unexpected* death, where the cause was unsuspected in life, and in some instances left in doubt after *post-mortem* examination.

Perhaps little apology is needed for taking a subject not

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directly connected with psychiatry when one considers the perturbation caused in the minds of the authorities of an asylum on one of their jealously guarded charges being unexpectedly found dead.

I do not propose to go systematically into the cause of sudden death, nor to give an exhaustive list of examples. I intend to mention only a few instances, some of which have come under my own personal observation, instances which I think may be of special interest to those engaged in the care of the insane. I purposely omit cases in which the cause of death was fairly obvious, and those in which sudden death was not an unexpected termination.

Brouardel gives the case of an insane patient who died suddenly in the St. Garard Asylum. He had complained before death of pain and a feeling of suffocation. Some of his fellow-patients had accused an attendant of ill-treating him. At the *post-mortem* examination no marks of violence were found on the body. Over the sacrum, however, there was a bed-sore, and in the lungs were septic infarcts from which he had died.

Tumours and abscesses may exist in the brain and give little or no indication of their presence.

A workman, apparently in normal health, became engaged in an altercation with his employer, when he suddenly fell down dead. His master was arrested and locked up. The *post-mortem* examination revealed three small pedunculated fibrous tumours on the anterior wall of the fourth ventricle. Thus there had been in this man's brain for some time a menace of sudden death, awaiting only some unusual excitement to bring it about.

Brouardel also reports the case of a man whom he sent into hospital suffering from otitis media, and who was discharged in the course of a fortnight apparently quite well. On the night of his return home he went to a dance and partook freely of alcohol. The next day, while at his work, he fell down unconscious. From this he slowly recovered but died suddenly the following day. At the *post-mortem* examination there was found an abscess the size of a hen's egg in the temporo-sphenoidal lobe. This abscess must have existed for some time, during which he was apparently in good health.

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I am indebted to Dr. Fuller for notes of a case of sudden death in a woman, æt. 39. She had symptoms of chronic bronchitis and emphysema, a harsh cough and a somewhat husky voice. There were no physical signs pointing to the condition which was found after death, namely, a sacculated aneurysm projecting from the posterior wall of the arch of the aorta, passing upwards, backwards and to the right, pressing on and displacing the trachea, and involving the right vagus and recurrent laryngeal nerves.

The following are three cases which have occurred in my own experience. M. W—, a dement, æt. 70, in her usual state of health, which was quite good for her age, was, on the morning of April 5th, 1907, stooping to put on her boots when she fell dead. The *post-mortem* examination showed marked engorgement of the lateral sinuses with fatty degeneration and dilatation of the right cardiac ventricle.

M. A. F—, chronic maniac, æt. 69, in her usual health, was found dead in bed on February 29th, 1909. The *post-mortem* examination showed a rupture of the anterior coronary artery and the pericardium full of blood. *À propos* of diseased coronary arteries, Osler relates the case of a large, powerfully built imbecile, æt. 35, at the Elwyn Institute, Pennsylvania, who had for years done heavy work about the place. He died suddenly one day without any preliminary symptoms. At the *post-mortem* examination the anterior coronary artery was occluded by obliterating endarteritis and a main branch of the posterior artery was blocked. In cases of sudden death this lesion should be looked for, as it may be the sole cause.

M. C—, chronic maniac, æt. 54 (my third case), apparently in good health, was found dead in bed on the morning of December 29th, 1910, lying on her back with a pinch of snuff between the forefinger and thumb of the left hand and grasping a small paper packet of snuff in her right hand. There was a little snuff scattered on her bare chest. *Post-mortem*, the pancreas was found enlarged and infiltrated with blood; there was a large hæmorrhage into the great omentum and another one into the lesser omentum. There was also extensive hæmorrhage at the base of the brain due to rupture of two of the small transverse branches of the basilar artery. Cardio-vascular degeneration was well marked. Could a fit of sneezing have been the immediate exciting cause of death?

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Sudden death in epileptic seizures, apart from mechanical obstruction, may be due to rupture of the heart or spasm of the glottis, but these are very rare. A more likely cause is sudden paralysis of the respiratory centre.

The following are notes of a case of sudden death in an epileptic women, A. S—, found dead in bed on September 29th, 1888. "Shortly after 7 o'clock this morning I was called to see the above patient, and found her lying on her face with her nose pressed into the pillow. A little froth was exuding from her mouth and her nose was slightly flattened to the right side. Both arms were flexed under her chest, thumbs turned in, and legs perfectly straight with feet turned towards mesial line. *Rigor mortis* was present. It would seem as if she lay almost on her face with body quite prone, as was her habit, and being seized with a fit in this position, no cry was heard, and her face being pressed close to the pillow she could not get her breath on the first inspiratory effort, and so was suffocated."

I think it is open to some doubt whether epileptics are ever suffocated through having a fit in the prone position when in bed. I have tried pressing my face into a pillow with all the weight of my body, and have found that I could still breathe with little or no difficulty. The cause of death in the above case was probably sudden paralysis of the respiratory centre. This explanation was believed in and taught by the late Hilton Fagge, and is perhaps the best that can be given of the death of chronic epileptics who are occasionally found dead in bed without any evidence of adequate mechanical obstruction being present. The importance of the application of artificial respiration to cases found early enough will be apparent.

The *post-mortem* findings in cases of death from epilepsy may be very indefinite. "Punctate ecchymoses in the skin of the neck and shoulders, congested conjunctivæ, bitten tongue and froth in the bronchi" may be the only things to go on.

A case of sudden death in the course of an hysterical fit has been published by Mollière, of Lyons.

As is well known, sudden death frequently occurs in what is known as the status lymphaticus, a condition which may not be suspected during life, and which is associated with a general hyperplasia of the lymphoid tissues of the body. In these

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cases general anæsthesia and the shower bath have been among the exciting causes of sudden death.

The following case of sudden death in cancer of the mediastinum is related by Brouardel.

An attendant in the Necker Hospital was accused of having strangled a restless patient in his bed. No marks of violence could be made out at the *post-mortem*, but the trachea was found flattened by a large mediastinal tumour which had caused asphyxiation.

With regard to accusations against attendants, etc., he also relates the following: At the St. Ann Asylum a comparatively sane patient was employed helping to keep the books. On looking through the register one day he came across the name of a deceased inmate with the cause of death given as "internal strangulation." This set him thinking, and the conclusion was forced on his imagination that the deceased patient had been strangled by one of the doctors. He managed to communicate with the police, who took the matter up. The body was exhumed, and the autopsy revealed the "intestinal strangulation" which had caused death.

In cases of simple pleural effusion, where the heart is somewhat displaced, sudden death may occur on slight exertion, such as getting out of bed. The pathology is uncertain. Weil says it may be due to—

(*a*) Thrombosis or embolism of the heart or pulmonary artery.

(*b*) Œdema of opposite lung.

(*c*) Degeneration of heart muscle.

(*d*) Mechanical impediment of the circulation owing to dislocation of heart or twisting of large vessels.

The other week I heard of a case of sudden death of a strong young man who was undergoing a course of "606" treatment at a well-known West End nursing home. The cause was embolism.

Sudden death may be brought about by mental shock, and it would appear that the innervation of the heart and splanchnic area is most affected in such cases.

The following is an example of sudden death from horror: During the French Revolution, in the early days of the guillotine, and while M. Sanson, the head executioner, was busy with his work, a young man from the crowd offered to

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lend him a hand. Sanson acquiesced, and letting the young man pull the cord, directed him to hold the head up for exhibition to the people. While in the act of doing this he staggered and fell dead. Syncopal attacks, which affect new students at operations, and some persons at the sight of blood, are interesting in this connection.

Grief, and especially joy, may cause sudden death. A little girl, æt. 7, attending a London Board School, on passing an examination appeared excited and overjoyed at the result. She was found dead on the floor the same day. The medical evidence, after a *post-mortem* examination, was to the effect that the emotional excitement had caused syncope.

Dr. Hack Tuke says sudden death as a result of a rebound from grief to joy has overtaken several women whose husbands have been reported lost and have ultimately turned up.

The following is taken from a daily paper of recent date:

"*Death from excitement.*—A story of death on the eve of success was told at the Poplar Coroner's Court yesterday when an inquest was held on Charles Edwin Brett, æt. 71, a saw-mill engineer, of Montague Place. The evidence of the widow was to the effect that on Monday Brett came home from his work in a very elated condition, as some machinery he had patented had, he said, worked excellently. His wife was taking off his boots, as usual, when on looking up she saw he was dead. The widow added that her husband had worked at his patent for many years, and it had only been got into perfect order on the day in question. Medical evidence showed that death was due to heart failure caused by excitement. The coroner said it was most unfortunate that immediately after the successful conclusion of his years of work the man should have died so suddenly. It was evident that the excitement had been too much for him. A verdict was returned in accordance with the medical evidence."

As in dealing with our patients force has sometimes to be resorted to, it may not be out of place to close my remarks by mentioning briefly a few instances where slight injuries to certain parts of the body have resulted in sudden death.

Sir Astley Cooper related the following case: A man was attempting to lift a weight when another came up, and jocularly pushing him in the epigastrium, told him to stand aside and let a better man show what he could do. The man so pushed

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dropped down and expired on the spot. At the *post-mortem* examination nothing was found to account for death. Women have died suddenly while undergoing a simple vaginal examination.

The hypogastrium, cardiac region, testicles, laryngeal regions have all furnished examples of a similar nature. Minor struggles with patients having distended bladders have often ended fatally from rupture. Maschka reports the case of a boy who was struck on the anterior part of the larynx by a stone. He fell dead; no local or other lesion was found at the *post-mortem* examination.

Instances might be multiplied indefinitely, and I have no doubt you have all had cases in your experience where death has stepped in with rude and unexpected suddenness.

(1) A paper read at the South-Eastern Divisional Meeting held at Bethlem Hospital April 25th, 1911.

Asylum Dysentery. (1)

By W. J. ADAMS ERSKINE, M.D.Edin., Senior Assistant Medical Officer, City Asylum, Nottingham.

MY excuse for reading to you a paper on asylum dysentery must be that, as the Commissioners in Lunacy state, "there is still a singular difficulty in affording a reasonable explanation of the exceptional prevalence of dysentery in asylums."

That overcrowding is a factor none of us will deny, but it is a factor in all epidemics of a contagious or infectious nature, and we must look further. That constipation is a factor is certain; but it cannot be the only factor, as there are hundreds of constipated people in the world who never get colitis, though the success which attended Dr. Bevan Lewis's efforts in abolishing constipation and at the same time dysentery from Wakefield Asylum shows its importance. That the naturally dirty habits of the insane have something to do with it, as stated by Dr. Sidney Steward in an article in the *Journal of Mental Science* for April, 1910, is also probable. That the peculiar condition of the nervous system of the insane is a factor we will admit.

No doubt there are dysentery carriers, just as there are typhoid and diphtheria carriers, and their presence must always

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