ABSTRACTS FROM CURRENT MEDICAL LITERATURE.

NERVOUS DISEASES AND INSANITY.

By Dr. R. S. STEWART.

The Treatment of the Insane. By J. A. Campbell (Annales Médico-Psychologiques, May, 1889).—This paper of twenty-five pages is a record of Dr. Campbell's experience as Medical Superintendent of the Carlisle Asylum during the past fifteen years, and it contains many points regarding the treatment of mental disorders which, although, as he says, not new, possess much interest. Cases of maniacal excitement he classifies into three groups, the first including those in which there is, so far as our present knowledge shows, no constant lesion (excitement from onanism, puerperal, alcoholic, and intermittent mania); the second comprising cases of epileptic mania, a lesion of some kind being presumably present in epilepsy; and the third including those in which there is a well determined lesion (general paralysis and senile insanity, with arterial changes). Sedative treatment, which, he finds, he uses much less frequently now than formerly in the curable cases of the first group, is chiefly restricted to cases of intermittent insanity, and he has the courage to confess that he uses it as much in the interest of the attendants and the whole staff of the asylum as in the interest of the patient. The insanity caused by onanism he treats by liberal diet, tonics, exercise in the open air, the douche, careful supervision by night, occasionally circumcision, and, if sedatives are necessary, bromide of potassium; and puerperal mania by good food, tonics, careful attention to the general health, and open air exercise. The results in this last form are particularly satisfactory, an attack never terminating fatally unless from some pre-existing or supervening acute affection. Alcoholic mania generally subsides after a good purge, liquid food, copious libations of cold water, and a few days' rest in the open air. For the fits of excitement arising in general paralysis he does not hesitate to use calmatives in large doses, and in the terminal or paralytic stage, his belief is that these patients should remain in bed and not be propped up in chairs. In the treatment of insomnia he expresses himself as having been for some time chary of chloral, but as having good results in cases of slight melancholia from the use of bromide and tincture of valerian. Paraldehyde he has used lately and satisfactorily, but urethane he does not consider so certain in action. Preparations of opium are avoided on account of their ulcerous effects.

Optic Nerve Atrophy preceding the Mental Symptoms of General Paralysis of the Insane. By Joseph Wiglesworth (Journal of Mental Science, October, 1889).—In a communication published in Brain, 1884, this writer describes the condition of the optic disc in 66 general paralytics, in a considerable minority of which changes in the direction of neuritis or atrophy were found. In all these the changes developed after the appearance of the mental symptoms, but in the two cases here recorded the atrophy preceded the mental symptoms. A male patient, aged 38, admitted into the Rainhill Asylum in November, 1887, had developed symptoms of general paralysis only a short time previously. Examination a year afterwards showed well marked grey atrophy of both discs, without obvious diminution of the size of the vessels. Four years previously he had had to give up his work owing to failing sight, and this gradually progressed, and terminated in complete blindness. A period of three years thus elapsed between the onset of ocular trouble and the appearance of mental symptoms. The other case is
that of a woman aged 26, who, on admission, was suffering from violent mania. There was no suspicion of general paralysis, but an ophthalmic examination disclosed complete white atrophy of the discs, and this circumstance alone led to the diagnosis of general paralysis, a conclusion which was completely justified by the progress of the case. "Given then," says the writer, "a case of primary optic nerve atrophy (for which no cause is apparent) associated with obscure mental symptoms, the probabilities are, that the case will turn out to be one of general paralysis."

Raynaud's Disease following Acute Mania. By Bland (Journal of Mental Science, October, 1889).—A labourer, aged 23, who had suffered from fits from the age of 13, was admitted to the Portsmouth Asylum, suffering from acute mania. Three weeks afterwards his feet became swollen and painful. The toes presented a bluish-purple tint, the skin was anesthetic, there were subjective sensations of excruciating pain and the pulsation in the tibial arteries could scarcely be detected. There was intense headache with severe spasmodic pain in the lumbar region and tenderness over the kidneys, and several hemorrhagic extravasations appeared over the buttocks and thighs. Vision was materially affected and the fundus was found to be unusually pale, the vessels being blanched and indistinct. The urine contained a large quantity of blood, and blood was also present in the expectoration. The hematuria and hemoptysis lasted for three days, and the constitutional symptoms for a week, vision was perfectly restored, but gangrene supervened in the toes and the terminal phalanges of four of them sloughed off.

Muscular Action a Cause of Fracture among Paretics. By C. B. Burr (American Journal of Insanity, July, 1889).—Two cases are here cited as illustrating the tendency to fracture from muscular action in nervous diseases associated with ataxia. Both were inmates of the Eastern Michigan Asylum, and suffered from general paralysis of the ataxic type. One, a woman, aged 54, with a hereditary neurotic tendency, while suddenly turning fell to the floor, and was found to have fractured her femur. There was no sign of bruising or other external injury and the fracture was considered the cause and not the result of the fall. A large amount of callus was thrown out and thirty-two days after the injury the fracture was completely united. The second case was that of a man of 42, in whom syphilis was the exciting cause of the disease. In attempting to turn on a path he fell, and as he fell, an audible snap was perceived by those near him. The tibia and fibula were found to be fractured in the lower third, and union took place after the usual interval.

A Case of General Paresis of Fourteen Years' Standing. By Wharton Sinkler and Edward N. Brush (American Journal of Insanity, July, 1889).—This case is that of a broker who first came under observation in 1885. He was then thirty-eight years of age, had had syphilis and had been recognised by his friends as erratic and irritable, and possessed of somewhat extravagant ideas as to his powers of money making for ten years. He first consulted an oculist on account of pain in the right eye which had come on suddenly, and it was then discovered that he had diplopia from paresis of the right externus, and that the discs were of a dirty gray appearance. Under electricity and iodide of potassium the pain was in a few weeks relieved, and the diplopia disappeared. Eighteen months afterwards, examination showed marked evidence of regressive neuro-retinitis, more pronounced on the left side, with slight paresis of the right externus. Shortly afterwards epileptiform convulsions supervened, affecting chiefly the right side and followed by aphasia, which was at first transient but afterwards became permanent, his memory became impaired, he became periodically excited, and finally his mental condition became such that he had to be removed to an asylum. Here the convulsive seizures recurred, his mind became gradually more enfeebled and his speech wholly unintelligible, and death took place suddenly three
months after admission. The changes revealed at the autopsy were thickening and condensation of the calvaria, opacity of the pia-arachnoid, distention of the meningeal vessels, generalised adhesion of the pia to the cortex, atheroma of the basilar and Sylvian arteries, distention of the lateral ventricles with granularity of the ependyma, cystic degeneration of the choroid plexus, and softening of the medullary substance.

Murray's Royal Asylum, Perth—Annual Report for the Year Ending 31st May, 1889.—The average admission rate for the last 24 years is 25; the number admitted this year is 38. The recovery rate is 34-21, 38 above the average for the previous 24 years, and the percentage of deaths on the average numbers resident is 5.75.

The great majority of the patients admitted were suffering from physical as well as mental unsoundness, and as Dr. Urquhart remarks, “it is this constant factor in the production of mental disease, this question of pathological significance that will ever retain lunacy within the domain of medical skill. The intervention of complicated legal ceremonial between obvious disease and rational treatment is not the least of the misfortunes attending on insanity, and it is surely competent for Scotsmen to congratulate themselves upon the wisdom of the Scottish law and its discerning interpretation by a sufficient Board of Lunacy, while on the other side of the Tweed the air is heavy with the groans of an overweighted profession, threats of penal restrictions and the ill-judged interposition of the magistrate ‘trying the lunatic.’” Speaking of the treatment of acute cases, Dr. Urquhart is of opinion that, so far as his asylum is concerned, the establishment of a separate and special hospital is not adapted, but he adopts the principle in a modified form—viz., by developing the medical idea and treating with individualisation acute cases in special wards. Evidence of this is afforded by the completion of new hospital wings. The Commissioner’s Report speaks favourably of the state of the institution, and its sanitary arrangements have been thoroughly remodelled. The rates of board vary from £30 to £250 a year.

Forty-Sixth Annual Report of the State Lunatic Asylum at Utica.—Speaking of habitual drunkards, Dr. Blumer says:—“there have been evolved of recent years a class of physicians who claim recognition for habitual drunkenness as a distinct psychosis, and of themselves as specialists in the ‘insanity of inebriety.’ The good old Saxon word ‘drunkenness’ is not allowed a place in this new nomenclature, for the victim of vicious habit is furnished shelter under the euphemism of ‘inebriety,’ and encouraged to regard himself as suffering from disease and in so far as being irresponsible for his offences against Society. Thus molly-coddled and pampered, the drunkard is not likely to put forth great effort towards restoration of his moral fibre, and should he commit crime, the plea of insanity would at once suggest itself as a proper traverse of this indictment. Such doctrines are fraught with danger to the community.”

Dr. Blumer is a zealous advocate of non-restraint. “It is,” he says, “extremely gratifying to report that during the year it has not been found necessary in a single instance to apply mechanical restraint in any form, and that year after year we become more firmly convinced that the adoption of this humane principle in the care of the insane has wrought a wonderful change for the better in both patients and nurses.”

Three fatal casualties occurred. One of these refers to a young man, suffering from melancholia with extreme restlessness and marked tendency to self-injury, who, while the attendant’s attention was diverted, “seized the opportunity to scalp his hands. The injury was not severe, but the patient tore open the wound when dressed, and in other ways resisted all attempts at nursing. Relays of nurses took him in special charge night and day, but despite all efforts in his behalf he died.”