just one or two solitary needles of tyrosine could be detected in the specimen examined. No obstruction whatever could be found on careful inspection of the bile-ducts. The fæces in the colon were quite clayey in appearance. The *spleen* was small. The *stomach* contained a quantity of almost black (hæmorrhagic?) fluid. The *kidneys* were of usual size, very congested. In the *lungs* were a few grey miliary tubercles with two or three soft cheesy ones at the right apex; none at the left. The *heart* presented a fringe of minute soft red vegetations on the mitral valve, and some opaque markings of the lining membrane of the left auricle. The sigmoid valves were healthy, but there were some specks of atheroma at the commencement of the aorta. In the *brain*, besides increased vascularity, there was considerable opacity of the arachnoid at the superior surface of the hemispheres, with some appearance of recent lymph in the sulci bordering the longitudinal fissure.

Besides the general interest of the foregoing case as an illustration of a rare and obscure form of disease, there are two points in it which claim attention, as bearing upon current doctrine.

1. *The Complication*.—Dr. Murchison, at page 232 of his *Lectures on Diseases of the Liver*, in reference to acute yellow atrophy, says: "Constitutional syphilis appears to be a predisposing cause in some cases. Most writers on syphilis have noted the frequent occurrence of jaundice about the commencement of what is known as the secondary stage; and in some (probably a small proportion) of these cases the jaundice is due to acute atrophy." At the same time, it is observable, syphilis has no place assigned to it by Dr. Murchison in his classification of the causes of jaundice. M. Lancereaux, on the other hand, while devoting some pages of his elaborate treatise to "secondary syphilitic icterus," or, "the icterus contemporary with syphilitic exanthema"—which affection, upon the evidence of twenty-one collected cases, he regards as a manifestation of the diathetic condition, of mild character, and favourable termination, and attributable to congestion of the liver or the compression of the biliary ducts by tumefied lymphatic glands—dismisses acute yellow atrophy with the single remark: "It appears to be without any direct ætiological connection with syphilis." (Lancereaux on *Syphilis*, New Sydenham Society's Translation, vol. i, p. 358.)

2. *The Head-symptoms*.—The first quoted writer (*op. cit.*, p. 228) teaches . . . "These symptoms are independent of any lesion of the brain or of its membranes." So also Frerichs and others.

INFLUENCE OF MENTAL SHOCK IN INSANITY.

By ALEXANDER ROBERTSON, M.D.,

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MRS. H., aged 27, was confined of her first child on the 7th of last November. Ten days afterwards symptoms of mental disorder appeared. She became restless, was occasionally excited, and imagined that she heard people whispering and suggesting divers things to her. After about a fortnight's treatment at home she was sent into this asylum under my care.

On admission, besides the mental aberration, her general health was reduced, but not so much as is usual in this form of puerperal insanity; and she took her food well. The ordinary treatment in such cases, namely, sedatives of various kinds, warm bathing, generous diets, and, as the disease became chronic, counter-irritation to the scalp, was carefully carried out, but all without avail. Her general condition was fully restored; but the delusions became more prominent, and were systematised. She imagined that she was a man: nothing would irritate her more than to address her as Mrs. H. She answered to the name of Peter; and declared it was a shame to keep her dressed as a woman. She even talked of marrying the nurse. Through this absurd notion she was a source of amusement to her fellow-patients. In joke they would cry "Peter", and she immediately came and asked what they wanted. The imaginary voices also continued to torment her.

Upwards of four months having elapsed and no improvement being apparent, I had begun to form an unfavourable opinion of her case. But three weeks since, at my usual visit, the matron who accompanied me said, "I think, sir, you will find a favourable change in Mrs. H. to-day. Yesterday she saw her sister-in-law down stairs" (the latter had been admitted a few days previously with insanity from intemperance, but on most points was very intelligent), "and was much affected. Mrs. H. said to her, 'Oh, Margaret! why are you here?' To this her relative replied, 'Well, I was sent here because it was said that I was out of my mind'. The attendant told me", the matron continued, "that Mrs. H.'s face just got like scarlet, and that she had never seen anything like how the veins stood in her forehead; they were like small fingers." On inquiring of the attendant, this statement was fully cor-

roborated. I was delighted to find that the change in Mrs. H.'s mental state was in no way exaggerated. On alluding to her particular delusion she blushed; and, smiling, said that she had got quit of that notion now. She admitted, however, that she still heard the whisperings, but added that they were not nearly so troublesome this morning; and she evidently realised that they were imaginary. Two days afterwards she assured me, with evident sincerity, that they, too, were all gone.

Her recovery continued. Affection for her husband and child, which had been in abeyance during her illness, was now fully restored. She was cheerful and contented, and engaged willingly along with other patients in the domestic work of the department. To-day (May 13th) she was dismissed cured.

This case is a suggestive one. It shows the powerful influence of mental shock even on the insane—sufficient to uproot at once a fixed morbid idea. May we not, then, with propriety, endeavour to apply the principle in the treatment of certain cases of monomania more than is done at present? In the dark days of lunacy practice it was carried out, though in a very objectionable form. Alienist physicians occasionally plunged their patients suddenly into the "surprise-bath", and believed that it had a beneficial influence. Possibly it had sometimes; but it is to be feared that the result was often injurious. But might we not now and again accomplish the end aimed at by this coarse procedure, in a way harmonising with the more enlightened and humane treatment of the present time? What that way should be, would require to be considered for each case. In illustration, I will narrate the result of an endeavour to carry the principle into practice, even though it was the reverse of satisfactory.

I have a patient at present under my care whom I require to feed with the stomach-pump twice daily. She has made a vow not to take food. Bearing Mrs. H.'s case in mind, I tried the following plan. At 12 o'clock, a few nights since, when all was still and quiet, along with the matron, I proceeded to the gallery in which the patient sleeps in a single bedroom. With noiseless step I advanced alone and knocked thrice at the bedroom door, pausing between the knocks. Then I said slowly, in a deep, sepulchral tone, "I command you to take food." There was a movement inside; but

"The best laid schemes of mice and men gang aft a-glee."

To my chagrin she muttered something about the devil, evidently supposing that this "voice of the night" emanated from a quarter which is not credited with imparting salutary counsel. Accordingly, she still adheres tenaciously to her vow.

This failure should not discourage similar attempts. In other cases they may be crowned with success.

ON OAKUM AS A DRESSING FOR BURNS.

By HERBERT L. SNOW, M.B. Lond., Shrewsbury.

I WISH to bring under the notice of readers of the JOURNAL the value of common picked oakum as a dressing in the suppurating sores resulting from burns. Among the good effects which I claim for it are these: First, it ordinarily induces the cicatrization of extensive sores with remarkable rapidity; secondly, it induces healing action in such of these as, occurring in debilitated subjects, or under defective hygienic conditions, have almost assumed the character of indolent ulcers, and remain stationary under the application of the ordinary lotions; thirdly, I may allude to the almost entire absence of any offensive smell under the use of oakum, to its cheapness, and to the saving of time and trouble effected by its employment; lastly (and this I hold to be by far the most important point of all), the *resulting cicatrices do not contract*. I have not yet used oakum in a sufficient number of burn-cases to advance the last statement as absolute; but in the limited number in which I have been able to employ this dressing thoroughly (in several of these there were very severe and extensive sores), I have always found the cicatrix of a peculiar dark-reddish colour and soft consistence; none of the usual tense fibrillated appearance has been visible, and no subsequent contraction has ensued.

I now always use the common oakum, which appears to me to answer much better than the recently introduced "tenax", and probably contains more of the tarry principles. This is wetted with cold water, then placed on the surface of the sore, and a bandage loosely applied over it. No pain follows the application; but the oakum has to be wetted (without being removed) with cold water several times a day, or the patient will complain of its feeling dry and sticky: the latter may generally be left to do this *ad libitum*. The dressing need not be changed oftener than on alternate days—sometimes not until every fourth