CLINICAL LECTURES

ON

MENTAL AND CEREBRAL DISEASES.

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III.—SIMPLE MELANCHOLIA.—(*Concluded.*)

TURNING to the bodily symptoms of simple melancholia, I need scarcely tell you that these are infinitely varied. As the despondency may be but the outgrowth of some visceral or constitutional disease, it may have corresponding with it any of those groups of bodily symptoms which attend upon the visceral or constitutional diseases out of which it may arise. Thus in Emma B., in Ward 28, the bodily symptoms of simple melancholia are those which are recognised as characteristic of morbus Addisonii; while in Anne C., Ward 25, they are those of chronic rheumatism and valvular disease of the heart. The symptoms of cancer of the stomach, chronic diarrhoea, tumours of the uterus, hepatic degenerations, and a multiplicity of other maladies, may be those of simple melancholia. There are, however, certain departures from physical health, which are present in so great a proportion of cases of the disorder which we are discussing, that they may be considered as having a more special relation to it, and may, therefore, be enumerated here. 1. There are frequently painful feelings, such as a sense of weight, or vacancy, or throbbing, or actual pain in the head. These feelings may occupy the forehead or the coronal region—most frequently the latter—and are usually accompanied by giddiness, especially when any rapid movement is attempted, and by great insomnia. 2. There are frequently impairments of the special senses, which never, however, amount to hallucinations. The eyesight is dim; there are soundings in the ears; a constant bad taste is felt in the mouth; a numbness or hyperæsthesia is experienced in the hands and feet, or in some tract of skin. 3. There is frequently impairment of general nutrition, with impoverishment of the blood; the body becomes thin and wasted; the skin loses its softness, and is pale or of a dirty colour; and the muscles are feeble and relaxed. The pupils are dilated; the mucous membranes are exsanguine; and all the indications of anæmia are obvious. In extreme cases, a degree of leucocythæmia may be present, so that the blood under the microscope exhibits a distinct increase in the proportion of white cells. 4. There are frequently disturbances in the circulatory and respiratory systems; the heart's action is irregular or tumultuous; attacks of palpitation come on from time to time, especially at night; there is a soft blowing cardiac murmur, loudest at the base, and propagated along the great vessels; the pulse is feeble and compressible; the extremities are cold; the breathing is sighing in character. 5. The temperature is below the normal standard; it frequently falls as low as 96.8 deg., and rarely rises to 98.4 deg. 6. The digestive functions are frequently disordered; the tongue is loaded with a dirty white fur, or is red and irritable. There is complete anorexia, or a capricious appetite. There is vomiting, pyrosis, painful digestion, or dyspepsia, in some form; and the bowels are almost invariably constipated. 7. There is frequently derangement of the menstrual function, amenorrhœa, menorrhagia, or leucorrhœa.

With reference to the causes of simple melancholia, I may be very brief, as we have quite recently, in our systematic lectures, considered the etiology of insanity in general, and have dwelt at length upon those moral causes which are so productive of mental depression. Only upon one or two points is it desirable that I should make a few remarks. Hereditary tendency to insanity of course plays an influential part in the causation of melancholia, and so do diathetic tendencies. Persons of a melancholic or bilious temperament are apt to become morbidly depressed by a mere aggravation of their native disposition, and persons of nervous temperament by the irritation and exhaustion which their vivacity and susceptibility engender. A certain mental weakness or intense sensitiveness is perhaps necessary for development of melancholia, even when it is induced by moral causes. A truly courageous man will not become melancholic, for a substratum of fear is an essential condition of the disorder. A truly strong nature will never flinch, even when assailed by the fiercest calamities. We cannot imagine Jeanie Deans, even in the depth of her misfortune, wavering or sinking under despair. John Knox was never cast down when toiling as

a galley-slave. Convicts go mad by dozens, but no martyr has ever been relieved on the ground of insanity. But this mental weakness or sensitiveness, which is the condition of melancholia, is very prevalent amongst us, and is fostered by many of the circumstances of our modern life. In our haste to grow rich, we overstrain our strength and exhaust our energies. We rise up early and late take rest, and disquiet ourselves with doubts and rivalries and ambitions. There is none of the severe husbanding of strength, that nice adaptation of exerted energy to the thing to be accomplished, which genuine education ought above all things to teach. We do our best to induce a nervous habit and to sap our physical vigour. In our rich and complicated civilisation, we are constantly imposing new burdens upon, and calling for fresh efforts from, our minds and brains, and it is no wonder that the nervous centres become disordered and unhinged. And loaded as we are, in our bread-winning and social intercourse, with anxieties and perturbations formerly unknown, we are at the same time deprived of those supports which might have rendered such anxieties endurable. "A believing love", says Emerson, "will relieve us of a load of care"; and it is just this believing love that we have lost or cast from us. A want of reverence is abroad; all authority is questioned; nothing exists but matter, force, and necessity; expediency is our only guide. At every step in life a man must ask himself not the simple question, whether the act is conformable to a known standard, but the infinitely complex and embarrassing question, which Omniscience alone can adequately answer, as to what will be its effects and results in a variety of contingent circumstances. At every bereavement in life a man is left desolate and inconsolable, and with no warm hope or spiritual comfort to which to turn. Doubt and infidelity have been sown everywhere. A dreary and appalling prospect has been spread out before our race.

I have endeavoured to satisfy you, gentlemen, that insanity is increasing amongst us; and I have now to express to you my firm conviction, founded upon my professional experience, that much of that increase is to be attributed to the miserable materialistic philosophy which is now so assiduously disseminated. With just enough reason in it to captivate a shallow soul in the hour of its complacency and vanity, it cannot sustain it in the time of trial and adversity. He who has got rid of the supernatural has not cast out fear. Faith is necessary to mental health; and much of the mental infirmity and despondency which we see around us is due to a want of faith. Illustrations of what I have just said are of course most frequently found amongst the more refined and cultivated classes; but even in pauper asylums they are to be met with. We have here now a youth named Addison B., 22 years of age, a coal-dealer from Halifax, who is labouring under melancholia, which was undoubtedly brought on by the reading of atheistical books. He was converted to atheism, his mind became bewildered and oppressed, and he is now under treatment in this asylum.

In no form of insanity will you find moral treatment more efficacious than in simple melancholia. Being but a functional derangement, it is accessible to functional modifications. Then the comparative integrity of the powers of the mind, which are not directly involved in the disorder, affords facilities for counteracting the predominant morbid feelings. The great object is to break up the monopoly of grief and fear which has obtained possession of the mind; and if a new interest can be awakened, or a hope insinuated, this object is in great part attained. If we can once fix the attention upon any relief or happiness which is capable of attainment, we have made much way towards recovery. If we can inspire, by our assurances, any uncertain glimmering hope of restoration, we have ministered powerfully to composure and serenity of mind. Thus it is that the words and bearing of a physician are sometimes more consoling and healing than the medicines which he prescribes. If, however, confidence cannot be communicated, attention can at least be diverted. Novel impressions may be made to attract it. Change of scene acts often like a tonic to the depressed and jaded powers; and those who have become worn out and dejected by overwork and anxiety return from a tour in Switzerland or Italy in exuberant spirits. The rich have this remedy always within their reach, and should be induced to avail themselves of it; and the poor, too, in these days of cheap travelling, may to some extent profit by it. Permit me, however, to give you one caution, and that is, that where there is great restlessness and feverish perturbation, travelling and change of scene should not be resorted to in simple melancholia. They are chiefly beneficial where the disorder is of recent origin, is due to nervous exhaustion, and is characterised rather by languor than agitation.

Whether change of scene be had recourse to or not—and in many cases it is out of the question—solitary brooding and idleness must not be permitted. The tendency of the patient to retire from society and mourn in secret must not be encouraged. Cheerful companionship

should be, if possible, secured, as it is frequently as restorative to the melancholic as the air of Italy is to the victim of the degenerative diathesis. Sanguine, light-hearted, buoyant associates, who live in a sort of jocund atmosphere; who not only look at everything through a *couleur de rose* medium, but reflect a *couleur de rose* complexion upon all around them—whose gaiety is contagious—may exert the happiest influence upon melancholics. Occupation of some kind must be insisted on; and the work done should be real, and not a mere simulacrum. Amusement, too, must be provided, and persevered in, even should it seem for a time to have no effect. I find, in the letters of Charles Lamb, a striking illustration of the value of this kind of moral treatment. "Lloyd," he says, "owed a debt of gratitude to Macready, which exemplified the true uses of the acted drama with a force which it would take many sermons of its stoutest opponents to reason away. A deep gloom had gradually overcast his mind, and threatened wholly to encircle it, when he was induced to look in at Covent Garden Theatre, and witness the performance of *Rob Roy*. The picture which he then beheld of the generous outlaw—the frank, gallant, noble bearing; the air and movements, as of one free of mountain solitudes; the touches of manly pathos and irresistible cordiality—delighted and melted him, won him from his painful introspections, and brought to him the unwonted relief of tears. He went home a gayer and a wiser man, returned again to the theatre whenever his healing enjoyments could be renewed there, and sought the acquaintance of the actor who had broken the melancholy spell in which he was enthralled, and had restored the pulses of his nature to their healthful beating." In your visits to the wards, I shall be able to point out to you several cases in which moral impressions of this kind have induced or expedited convalescence. I am constantly receiving assurances from patients who have recovered, of the immense value of the occupation and amusement which are provided in this hospital in relieving and dissipating melancholy, as well as of the potent influence of outward circumstances upon the emotional tone. It is impossible for a callous obdurate mind to conceive how deeply other more sensitive minds are affected by the character of the scene which surrounds them. "Many a suicide," says a subtle analyst of human nature, "that hung dubiously in the balance, has been ratified and carried into summary effect through the forlorn soul-revolting aspect of a crazy dilapidated home. Oftentimes, without extravagance, the whole difference between a mind that spurns life and the same mind reconciled to life, turns upon the outside features of that particular domestic scenery which hourly besieges the eye."

A single impression made upon the mind, a single hopeful idea introduced into it, may sometimes, I believe, suddenly change the whole current of feeling, and divert it from a morbid into a healthy channel. Nor is there anything contrary to analogy in this belief. In Sir Thomas Watson's *Practice of Physic*, you will find recorded the case of a girl who, having recovered from chorea and suffered a relapse, was on her way to Guy's Hospital for the purpose of seeking readmission there. As she passed over London Bridge, she was terrified by seeing a person knocked down and run over. Before she reached the waiting room of the hospital, her malady was gone. From my own experience, I could repeat to you cases of recovery from simple melancholia as rapid and remarkable as this, and as obviously due to a strong moral impression. I prefer, however, to advert to what I may term a classical case: that of Christopher Columbus, who was plunged into a lethargy that deprived him of sense and reason, and nearly proved fatal to his life, by the unremitting fatigue of mind and body which he had to undergo; and who recovered at once under the sudden emotion of joy which he felt on meeting with his brother, Bartholomew at Isabella.

But however efficacious moral treatment may be in the treatment of simple melancholia, you would not be justified in trusting to it alone, unless the case was of the mildest description, and presented no bodily indications for treatment whatever. In all cases of this disease in the West Riding Asylum, you see medical combined with moral treatment; and in most you see the course of medical treatment shaped in accordance with the indications of the physical symptoms present. When the melancholia is but an expression of a bodily disease, its therapeutics are clearly those of the disease which it expresses. Upon this aspect of its medical treatment it is not my province to enter. All that I can do is to impress upon you, firstly, the importance of seeking out and treating visceral or blood diseases when simple melancholia comes under your professional care; and, secondly, the value of certain drugs in operating more directly and immediately upon the nervous and cerebral derangement in which simple melancholia essentially consists. When a case of that form of mental ailment is admitted here, if it is mild in character, and especially if, as is so frequently the case, it is associated with anæmia, weakness, and exhaustion, some preparation of iron—the ammonio-citrate or the tincture of the muriate—is first tried, while nourishing food and fresh air are freely administered. If great prostra-

tion is present, wine is ordered in quantities varying from three to twelve ounces in the twenty-four hours. Under such treatment, steady improvement and speedy recovery often take place, as you have yourselves witnessed in the case of Mary Ann H., who was admitted in a state of great mental depression and bodily weakness and emaciation, on the 7th of March of this year, who was treated with good food, and fifteen minims of steel wine three times a day, and who went home quite well on the 15th of May. Should impulsive tendencies be manifested along with the despondency, I generally add bromide of potassium in thirty or forty grain doses to the iron mixture. That seems to control the incontinent discharges of energy, and to allow time for the building up of that bodily stamina which is the best protection against impulsive outbreaks. Under its use, I have seen muscular twitchings quieted, while, at the same time, the patient has experienced a sense of greater mental tranquillity and self-command. If, on the other hand, the melancholia tends not towards impulsive effusions, but rather towards atonic lethargy, in which every movement and exertion is eschewed, in which the same attitude is preserved for hours, and in which coldness and blueness of the extremities become apparent, I resort to large doses of quinine or small doses of strychnia along with the iron. Under such circumstances, Easton's syrup of iron and quina and strychnia is an admirable preparation. Some of you will remember Gill, F., in Ward 2, admitted on the 27th of July, 1871. He was a married man, a nailmaker from Skipton, and had suffered from depression of spirits for two years, but had become much worse, subsequently to a severe attack of bronchitis in the previous December. He was intensely wretched, and had thought of suicide, but could assign no reason for his misery, except that he feared his wife was disappointed in him. He was slow in his movements, disinclined for any effort, and had cold hands and feet. He exhibited, also, that singular modification of the cutaneous vascularity which is known as the cerebral macula. When the finger was pressed upon any part of his neck or chest, a deep red blush at once appeared, and spread itself widely around. When the point of a pencil was drawn across the skin, a broad red line instantly started out; and on this, in the course of a few seconds, a long, narrow, white elevation or weal, like whipcord, grew in the line traversed by the pencil point. Well, this man was ordered Easton's syrup in one-drachm doses three times a day, and commenced his progress towards recovery with the second or third doses. He improved rapidly, and was discharged on the 24th of November last, a stouter, stronger, and more cheerful man than he had been for three years previously.

In one form of simple melancholia, dependent upon profound anæmia, hæmorrhages, or hyperlactation, in which, along with great general weakness, there is decided feebleness and deficiency in the propelling power of the heart, and perhaps a slight degree of dropsy of the feet and legs, small stimulating doses of digitalis given along with iron are invariably most beneficial. In another form, in which the melancholic temperament is well marked, in which the skin is dry, harsh, or furfuraceous, or in which rheumatic complications appear, a course of Turkish baths, extending over a month or six weeks, will often dissipate the gloom and restore health. In a third form, in which nervous exhaustion is predominant, and in which gastralgia and other neuroses of the stomach are present, arsenic, in small doses, may be of incalculable service.

When the remedies which we have just enumerated do not, after a fair trial, secure relief—when the despondency does not yield, in some degree, in a brief period to those of them which have been appropriately selected—then it is desirable to have recourse to other means. We must not leave our patients too long with their sufferings unalleviated; we must not allow the nervous centres to take on a habit of melancholy. Because this disorder is slow in its progress, is long drawn out, and does not in some cases present very obtrusive symptoms, we must not imagine that prompt and vigorous treatment is not necessary. When the case is of a severe type from the first, or when, being of a mild type, it is not amenable to those kinds of treatment which have been already mentioned, then, after a period of a few weeks at most, drugs acting more powerfully upon nerve-centres ought to be employed. Of those, I shall at present name two—the muriate of ammonia and the tincture of opium. The first of these I have employed in many cases, especially those in which the depression was tolerably intense and paroxysmal in character, with marked advantage; and the second I look upon as the most valuable instrument at our disposal in the treatment of melancholia. Given in moderate doses of from ten to twenty-five minims, it acts as a cerebral tonic, relieves depression, promotes sleep, raises the temperature, improves the appetite, and regulates the bowels. The patient at once recognises in it a balm and a restorative of superlative excellence. The soothing psychological influence is accompanied by an increase of bodily vigour, and entails no subsequent penalty in impaired nutrition, or digestion, or in the formation of a pernicious appetite. There is what I can only call

a tolerance of opium in simple melancholia. While the depression lasts, it is taken with benefit to every function; and when the depression terminates, its use can be abandoned without inconvenience. Its great value has, I venture to think, been demonstrated to you during your studies here. Out of a number of cases that have passed under your observation in which opium has been obviously advantageous, let me recall only one, that of Hannah T., admitted on the 20th of last March. This woman was thirty years of age, married, and the mother of five children, the youngest of whom was two years old. She became insane from the fright occasioned by her house being set on fire, and had been low-spirited for six months prior to her reception here. She had become gradually worse, and a fortnight before her admission had cut her throat, inflicting a severe wound, which she afterwards attempted to tear open. When she came under our care, she was deeply and vaguely despondent, and was weak, emaciated, and bloodless, with a wound on the throat opening into the trachea, a soft systolic murmur at the base of the heart, and menorrhagia, which had been going on for fourteen days. She was at once ordered wine, extra diet, and the citrate of iron and quinine. This treatment was continued until April 9th, when, no improvement being perceptible, tincture of opium was prescribed in ten-minim doses three times a day. From that hour, improvement was inaugurated, composure was obtained, appetite returned, the tongue cleaned, and weight increased. She was convalescent in three weeks, and was discharged recovered on the 22nd of May.

CASES OF INTERMENSTRUAL OR INTERMEDIATE DYSMENORRHOEA.*

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THE subject of dysmenorrhoea has received much attention from those who study and write concerning the diseases of women, and several varieties of painful menstruation have been described in accordance with the pathological views which have been taken of the causes. Thus, in the various text-books, we find descriptions of *congestive* dysmenorrhoea, of *membranous* dysmenorrhoea, *mechanical*, *ovarian*, and *neuralgic* dysmenorrhoea.

In women who are the subjects of difficult and painful menstruation, the suffering is commonly experienced at the time of the catamenial period, and the description of the symptoms of dysmenorrhoea is ordinarily limited to the duration of the menstrual flow, including the day or two which may precede or follow its advent. From time to time, however, I have met with cases of a more obscure kind, where the chief suffering is remote from the actual menstrual period—coming on, nevertheless, with almost the same regularity as the catamenial discharge, and depending, as I believe, on organic changes associated with derangement of the menstrual function.

My experience leads me to infer that such cases as I am about to describe are not uncommon, and probably other practitioners have observed like instances. Hitherto, however, I have seen no record of precisely similar symptoms, and I therefore present the cases to the Society, as a fragmentary contribution to the study of some of the more obscure forms of pain experienced by women in connection with derangements in the sexual organs. The following are selected from others as typical cases, and yet as possessing some diversities both as to the symptoms, and as to the anatomical conditions as ascertained by examination.

CASE I (from notes taken by Mr. Vachell, Resident-Accoucheur).—E. W., aged 33, was admitted into King's College Hospital on January 6th, 1870. The woman had been married eighteen years, but had borne no children. For nine months previous to admission, she noticed that the catamenial discharge had become scanty, and in the intervals she had leucorrhoea. Some time previously to this, she began to suffer pain in the intermediate period of menstruation. The pain had been but slight at first, but had gradually grown more severe, and at length she was compelled to keep her bed two or three days in each successive month. She described the pain as invariably coming on ten days before the regular monthly period. It often came on suddenly, beginning in the back, and, shooting round the right iliac fossa to the groin, it passed down the right thigh. The attacks were commonly paroxysmal, exacerbations of acute pain alternating with irregular intervals of less suffering. At no time during the seizure, however, was there complete absence of discomfort, and the patient referred the centre of greatest pain to a point above the right groin, and midway between the sym-

physis pubis and the anterior superior spine of the ilium. Three or four days before the commencement of the catamenial flow, the pain habitually passed away, and during the period there was no inconvenience. On the day of her admission, which was a week before she expected her usual attack of pain, it was remarked that there was tenderness on pressure in the right ovarian region, but no swelling could be felt by external examination. By the vagina, however, a hardish elastic tumour, of the size of a large walnut, could be felt in the direction of the right broad ligament. It could be palpated between one hand placed externally and the finger of the other in the vagina, and was smooth in outline, but apparently adherent to the right border of the womb. The patient remained fairly well until January 14th, when the old pain came on as usual. During the night, she had three sharp paroxysms; and on the 15th, the pain was so considerable, that a sixth of a grain of morphia was given by hypodermic injection. This gave speedy relief to the more acute pain, but entire freedom from suffering did not occur until the 19th, five days after its commencement; and in the meantime, belladonna liniment, chloroform, and other soothing measures were employed. The period came on on the 24th, and passed over painlessly. Subsequently, small doses of perchloride of mercury with bark were given, in the hope of lessening the swelling, which, from its position, was believed to be a small ovarian tumour adherent to the uterus. The patient left the hospital "somewhat improved."

CASE II.—February 16th, 1871: Mrs. C. A., aged 38, has been a widow six years, and had one child eight years ago. She states that she had an operation for some form of fistula in the vagina before her marriage, but since then she has had no serious illness. She seeks advice for violent pain which comes on habitually about fourteen days before the menstrual period, and disappears as soon as the catamenia begin to flow. The pain comes on in spasms, and begins above the right groin, but extends eventually across the hypogastrium to the other side. The catamenial discharge is habitually scanty, but the periods are regular. When the pain is present, the bladder is irritable, and there is much flatulence in the intestines. She is doubtful when she first experienced this discomfort, but the pain has notably increased during the last few months, and she is quite invalided when it is present. During the three or four days of the period, and for a week or ten days after its cessation, she is quite free from pain; but at the end of this time, "it begins to gather up again," as she expresses it, and now the antecedent attack of suffering comes as regularly as the period.

No information is gained by external palpation, but by the vagina a nodular swelling is found on the right border of the uterus, which seems as large as a Tangerine orange, and extends somewhat behind the womb. It seems, indeed, to lap round the womb, and to be inseparable from it. There is a deep groove or sulcus between the two at the lower margin, which suggests the possibility of the tumour being a retroflexed uterus, but the sound passes the normal length forward, and thus away from the swelling. It is not possible to say absolutely whether the tumour be of ovarian or uterine origin, but a certain elasticity on pressure suggests that it is a large adherent ovary.

CASE III.—July 21st, 1871: Mrs. B., aged 29, had been married eight years and a half, and had two children. The last child was born six years ago, and she had not since been pregnant. After her last confinement, she was seriously ill, and had, she says, "puerperal peritonitis and blood-poisoning." After this attack of illness, the catamenia were irregular in their occurrence for a time. Now the periods were regular, but anticipated the termination of the lunar month by about three days. She complained of pain which came on causelessly, and in severe paroxysms, about a fortnight before each menstrual period. She first began to suffer in this way about a year after her confinement, and she had continued to do so more or less since. There were two severe attacks in December and the early part of January. There was a degree of uncertainty in the occurrence of the attacks, and sometimes a month passed over without one. The pain came on above the left groin, and was followed by pain and tenderness over the whole abdomen. When the attack was severe, she could not bear the least pressure on the hypogastrium; and although she had sometimes tried to obtain relief by lying on her face in bed, she had soon found the position intolerable. The less severe attacks had seemed to be relieved by a purge. The pain was described as paroxysmal, coming on in fits, and alternating with intervals of comparative ease. There was a notable increase in the severity of the paroxysms the nearer the approach of the period, but generally the day before the catamenia appeared her suffering ceased. Last time, however, the pain continued into the period, and was relieved by the discharge. When the sanguineous discharge was fully established, the relief was very marked, but there was a sense of soreness over the abdomen long after the pain had subsided. The

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