Five o'clock, P.M.—Symptoms still grow worse.

Ten o'clock, P.M.—Present, Mr. Wood, Mr. K. Wood, and Dr. Radford. The symptoms continue to become more unfavourable.

Sunday, eight o'clock, A.M.—Pulse 140, and very weak; the skin is rather cold, and covered with a slight clammy sweat; her countenance is very anxious; and there is great swelling and tenderness of the belly; the lochial discharge is very offensive; she has not passed urine. The lowest strap of adhesive plaster being removed, the wound appeared in an unhealthy state and not united; a great discharge took place, which was very offensive. During this day (Sunday) she was visited several times, and found still further sinking. At six o'clock in the evening she expired, having lived sixty-seven hours and a half after the operation.

Remarks.—It may appear strange that no notice was taken of this poor woman's case at an earlier period of pregnancy, as she was a patient of the Lying-in Hospital. But our hospital extends its aid only to poor women at their own houses; and this poor creature having obtained a note of recommendation from a subscriber, was admitted, the medical officers having no knowledge that such a case was on the books. Another unfortunate circumstance was the midwife omitting to send for other surgical assistance in the absence of Mr. Wilson, thereby allowing several valuable hours to elapse.

The violent contraction of the uterus, by which the head and left arm of the child were seized after the extraction of the trunk and lower extremities, forms a remarkable feature in the case. The placenta was found detached and lying loose in the cavity of the uterus; and how far this violent contraction depended upon this circumstance is difficult to say. In natural labour we well know that as soon as the placenta is detached, the energies of the fundus and body of the uterus are aroused, and contraction follows, and is continued until this mass is expelled. In the former case of Cæsarean operation the uterus was quiescent, until the placenta was detached by the hand, when contraction instantaneously followed.

TWO CASES OF INSANITY,

ILLUSTRATIVE OF THE UNCERTAINTY OF DIAGNOSIS BASED
ON PHRENOLOGICAL INDICATIONS.

By HENRY LANDOR, Esq., M.R.C.S.,

RESIDENT PROPRIETOR BEIGHAM RETREAT, NORWICH.

CASE I.

A. B., aged 50, in February, 1849, was thrown out of his gig, and kicked on the forehead, over the left superciliary ridge, the wheel of the gig also injuring the right superciliary ridge, but there does not appear to have been any fracture or injury of the bone. Since

that time his mind has gradually deteriorated, as first shown in the want of his usual acumen in matters of business. From having been a ready accountant, he began to be unable to add up a simple arithmetical sum, making many and great mistakes. From having been methodical and regular in his habits, he became careless and irregular, fretful, irritable, fearful and timid, thinking every one who approached him meant to hurt him, and latterly he thought it wicked to eat, because he imagined himself too poor to afford himself food.

Such was his state of mind on admission, July 10th, 1850. His body was much emaciated; the expression of his countenance was that of fear and distress; his tongue was parched and dry, but he could not be induced to moisten it; his pulse was 120, and feeble. A year before he had had hæmoptysis, and other pulmonary symptoms, a short cough with expectoration. He had passed the last winter in Devonshire. In March last his cough left him.

July 13.—He has been fed with spoon or feeding cup three times a day; he can hardly be induced to make water, but on threatening to draw it off he passed a large quantity; often retains it for thirty-six hours; he will not swallow food, nor try to have a motion, which operations he says are certain death to him. I have given a convenient purgative in his food. On examining his chest by the stethoscope, I find tubercles in his right lung extensively, and in the left slightly; a mucous râle in the larger bronchial tubes; he sleeps well, and would eat if he could believe it right to do so. The abdominal viscera are healthy.

July 20th.—He has been fed thrice daily with a spoon, and sometimes with stomach pump. It has been necessary to use the catheter twice daily, and to give an occasional purgative, solely because he will retain those evacuations even when he suffers pain from doing so; he rests well, and has no physical symptoms referable to the head; his ideas are very deranged; he has no notion of number, fancying he has taken food many times oftener than is the case.

July 30th.—Still fed daily, and daily getting weaker.

August 2nd.—He died this morning, quietly and gently.

August 3rd.—*Post-mortem.*—Body much emaciated; scalp adherent; dura mater strong but not diseased; skull not thickened; arachnoid, opaque, milky, vascular; much serous effusion, (doubtless due to the last few hours of life); brain soft; vesicular neurine pale and pulpy; brain adherent to the membranes near the falx; opacity, extending over the anterior lobe, and anterior portion of the middle lobes of the brain, and into the convolutions; arachnoid lining the ventricles opaque, mostly so in the left ventricle; roughened to the feel; at the base of the brain in a similar state; the lateral convolutions pale and flabby; at the base less so; the tubular neurine healthy; adhesions of the right pleura; lung studded with tubercles, more so in the right than left lung; cavity posteriorly in the right lung; hepatisation; heart soft, pale, flabby; other organs healthy.

In this case the mental disease first shewed itself

after the accident, and its first manifestation was merely an inability to accomplish the commonest arithmetical sums; next there appeared an irregularity of habit, instead of an accustomed habit of order; then timidity; then a fear of poverty; after that an idea that it was wicked to eat, when the means of payment were wanting; and lastly, a wish to die, to release his friends from the cost of his maintenance. In the language of phrenologists, the organ of number, immediately under the injury produced by the accident, was the first affected; then order, then cautiousness, then acquisitiveness, then veneration, and lastly, alimementiveness and love of life. Here I wish to draw attention to the consecution of the symptoms, which must have been produced by the gradual spread of the arachnoid inflammation from the anterior lateral portion of the cerebrum backwards, and towards the base of the brain; and let me point out how remarkably the diseased manifestations of the organs corresponded with the extent of the arachnoid thickening, and the diseased state of the vesicular neurine. There was no disorder of the animal, or of the posterior moral, organs; and there was no disease of the arachnoid, or the vesicular neurine, beyond the anterior half of the middle lobes of the cerebrum. One thing seems probable: that if this patient had been put under the influence of mercury in the earliest stage of his disease, he would possibly have recovered; but it is by no means clear that there was any symptom sufficiently prominent to induce any rational practitioner to proceed to so active a measure as the use of mercury to the extent of salivation. It must be remembered that the only symptom was a diseased idea, there were no physical symptoms; and it must be admitted that phrenology is by no means so certain a science as to enable its votaries to predicate the exact nature of the morbid change from the diseased manifestation. The organ of number might have been disordered just as well from a change in the tubular neurine, which conveys, and enables the individual to manifest the idea originated in the vesicular neurine. In short, the most ardent phrenologist will admit, that as yet it is impossible to found any safe treatment upon phrenological symptoms alone. I record this case because of its interest phrenologically, and because it is useful to have such cases known, that other observers may add their facts to this fact, in order either to lay the foundation of treatment based on phrenological indications, or else to show its uselessness, as the event may happen. I would further draw attention to the entire absence of all head symptoms. It is somewhat interesting to remember, that with the absence of symptoms referring to the head, the patient never had one calm, natural, night's sleep, until insanity became well marked. That is, I suppose, while the disease was confined to the arachnoid; the state of the vesicular neurine was one of irritation and excitement, which prevented sleep; but when the vesicular neurine became more diseased, and less susceptible to irritating impressions, less capable, in fact, of performing its proper functions, sleep returned. I look upon the phthisis as an accidental complication, though, probably, the

tubercle development was encouraged by the low tone of the nervous energies, consequent upon the accident. The slow progress of the disease, (a year and a half), the absence of bodily suffering, the extent of the morbid alteration, and the peculiarity of the mental aberration, make the case interesting.

CASE II.

D. C., admitted into the Retreat on the 8th of June, 1849, aged 44, single, has been ill six months, at first with hepatic disturbance, but except that she was rather desponding she exhibited no symptoms of mental disease. A gentle mercurial course, with taraxacum, completely restored her, and she pursued her customary occupation as a domestic servant up to the beginning of April, when her old symptoms reappeared, accompanied by great irritability and decided mental aberration. She threatened suicide. On her admission, it was stated by her friends, and also on the face of the certificate, that she had taken no food for several days. She was extremely emaciated; breath fœtid; pulse 72, very languid; bowels costive; countenance anxious; tongue whitish; sleeps well; head cool; has the most invincible objection to any measures likely to benefit her. For the first two days she was fed with the spoon, but subsequently her resistance was so great as to require the œsophageal tube, which has since been employed regularly three times a day. Calomel was administered occasionally, and sulphate of quina twice a day; this was subsequently changed for infusion of gentian with carbonate of soda, and hydr. c. cretâ every night.

June 29th.—Emaciation extreme; tongue apthous. She takes arrowroot and milk, with a little brandy, morning and evening, with arrowroot and soup at dinner.

July 30th.—During the whole of this month she has been fed thrice daily. Her general health and state of bowels are improving, but her obstinacy is invincible. She complains of hunger, but says she dare not eat. Seems to have some perverted religious feeling, thinking it wicked and herself condemned as an unconverted sinner.

In August, a slight diarrhœa, which was easily checked. She became stronger and more determined not to eat. In September bed-sores appeared. In October each trochanter was exposed; but she got stronger, and she was still fed with the pump, taking morphine at night. November and December she remained in the same state. In January, 1850, she was placed on a water bed.

It may be briefly stated that she lingered on until the 18th of September, 1850. Her bed-sores healed entirely. She was left without food occasionally, and she ate her food for a day or two in a fair quantity; but she then reverted to her old determination, and at the last moment I was obliged to yield and feed her again. She was tempted by the daily exhibition of food; she was coaxed and frightened into eating a meal occasionally, but she always returned to her old courses, and, although she did eat now and then, she could never be induced to drink, so that she felt the loss of her usual

stimulant—the brandy, which, latterly, was given to a considerable amount. At any time during the past year it appeared that she would have recovered, if she could have been induced to eat, for there was no evidence of disease of any organ. She could at any time converse quite rationally, and her ideas were sound on most subjects, except the persistent idea of wishing to die. Abstinence from food was the way in which she desired to end herself. She swore violently, and resisted determinedly when she was fed. Latterly she would not open her mouth without the use of great force. She was once or twice made to open her mouth by stimulating the digestive muscles with a small galvanic battery.

On the 20th of September her body was examined. She was extremely emaciated; skull-cap natural; the membranes healthy; slight venous congestion; brain flabby and pale, but no trace of altered structure. In fact, no disease could be found in any organ of the body, after a very minute and careful search, excepting a few old adhesions of the right pleura, and a very few isolated tubercles. All the organs were healthy, liver particularly so.

Remarks.—In the first place we will remark on the total absence of disease in the brain and its membranes, and contrast the deranged ideas of this case, which were remarkably similar to those of A. B.; yet in his case there was amply sufficient to account for the symptoms, while in this there were some similar delusions with no disease of structure. What becomes of the phrenological indications—alimentiveness, and veneration, and love of life, quite as much deranged as in the previous case, but no trace of alteration of structure in those organs? It must be confessed that if the other case seemed to confirm phrenology, this as completely sets it at naught.

Notwithstanding, I believe that there is in all cases of insanity structural alteration, but it escapes our imperfect means of detection.

With regard to the mode of feeding adopted in this case, there is little room for two opinions. We hear a great deal of the facility which some people have of overcoming the obstinate refusal to take food manifested by insane patients; but in this case all means of persuasion and all modes of administering food were tried before it was found absolutely necessary to employ the stomach pump. It is true that in very recent cases, where the patient retains some amount of bodily strength, artifice is often successful, such as strong exercise, exciting hunger, and then making a companion or an attendant eat in the patient's presence. Often, also, by the administration of opium until unconsciousness ensues, and in that state placing food in the mouth, it is swallowed mechanically, and the patient continues eating when sensibility occurs; for, when once the first reluctance to eat is overcome the patient yields without further effort. However, none of these modes succeeded in this case, nor was there any disease of the digestive or other organs to lead to the hope that on its removal her obstinacy would give way. There

remained, then, no other resource but mechanical feeding. Although in the former case there was great disinclination to eat, and absolute refusal at times, yet that patient yielded to one or two applications of the tube, and could be fed with the spoon or feeding-cup; but in the last case nothing but force could get a particle of food into the stomach.

There is another case now under treatment, with mental symptoms very similar to the first here recorded, but with a better hope of recovery. I will report it at some future time.

CASE OF STRICTURE OF THE URETHRA.

By W. JEAFFRESON, Esq., FRAMLINGHAM.

Read at the Suffolk Branch Meeting, held at Framlingham, June 27, 1851.

I HAVE more than usual satisfaction in directing attention to the case I am about to relate, as, although it occurred fourteen or fifteen years since, I was again called to the patient in July, last year, and therefore can speak positively of its results.

Case of aggravated Stricture, followed by Rupture of the Membranous part of the Urethra, consequent Extravasation of Urine, and Sloughing of the whole of the Integuments of the Scrotum and of the Perineum, exposing the Muscles as if dissected for demonstration.

J. N., a mechanic, married, and with a family living in a parish five miles from Framlingham, and thirteen from Saxmundham, applied to my late friend Mr. King, surgeon, of the latter place, on the 21st of May, 1836, suffering retention of urine from neglected stricture. Being unable to pass a catheter, of the smallest size, Mr. King advised him to drive carefully home, and to send for me immediately. In returning home in a cart, *not very easy*, and over rough roads, the membranous part of the urethra gave way, and the scrotum and perineum became distended with urine, by which he was for a time relieved, and did not send for me till the following day, when the distended parts were highly inflamed and of a dark dusky hue. I at once persuaded him to allow me to make a deep incision into the perineum from the membranous part of the urethra, along the raphé, to very near the sphincter ani externus, which gave exit to a very large quantity of highly offensive matter and urine.

This patient had suffered more than three years from blennorrhœa, during which period he had consulted many practitioners, regular and irregular, and had for many months placed his confidence in Franks' essence of copaiba. There was complete obliteration of that portion of the urethra, embraced by the glans, and it terminated by a morbid opening posterior to the glans, just at the junction of the frænum preputiæ.