Of the recorded cases some deaths occurred at a very early age, while others have been known to reach the age of 21 (Calandre⁴), 20 (Smith⁵), and 18 (Myer⁶) years.

Dr. Aitken,⁷ in her excellent survey of the literature, described two cases of this abnormality, and suggests an overgrowth of fibrous tissue between the auricle and ventricle as the possible cause, leading to interference with the conduction through the bundle of His.

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SUBLEUKAEMIC LYMPHADENOSIS IN A CHILD

BY

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Lymphadenosis in children is a rare condition, and the case reported here has some unusual and interesting features. Gittins,¹ in a recent review of the condition, states that the average duration of lymphadenosis in children is under two months, and the most chronic case recorded lasted not more than eight months. Cases of myelogenous leukaemia may, however, give a longer history. The following case, definitely of lymphatic type, lasted at least ten months, and a special feature was the presence of deposits of lymphoid cells in the subcutaneous tissues of the eyelids. Subcutaneous deposits are not very uncommon in lymphatic leukaemia in adults, but in children they are extremely rare, and in a review of 100 cases Ramsay² records only one, that of a case reported by Ward³ in 1912.

Case Record

The patient, a male aged 4½ years, was admitted to Booth Hall Hospital on January 17th, 1933, with a history of loss of weight and anorexia for several weeks. The child was fat and flabby, and the skin yellowish; the gums were ulcerated, the lips excoriated, and the breath foul. Local and dental treatment sufficed to clear up the mouth condition, and the child was discharged one month later, no blood examination having been made.

On June 16th, 1933, he was readmitted, having been ill almost constantly since discharge, with listlessness and tiredness, repeated attacks of pain in the limbs, slight fever, and occasional night sweats. At this time the skin was definitely yellowish and waxy, and there was marked gingivitis. Neither the lymph glands nor the spleen were enlarged. A blood examination showed a severe anaemia, with a colour index of unity and 7,000 leucocytes per c.mm., of which 82 per cent. were lymphocytes. The possibility of a primary anaemia of pernicious type was considered. Fractional gastric analysis showed complete achlorhydria, but the exhibition of a potent liver extract given intramuscularly failed to produce any reticulocyte response. Subsequent blood counts (see table) showed great variation in the total number of leucocytes from 5,000 to 33,000, but always with a high proportion of lymphocytes and generally some lymphoblasts, which nine days before death constituted 84 per cent. of the total white cells. The hypoplastic anaemia, improved for a time by a blood transfusion, was present throughout, and blood platelets were very scanty. A somewhat similar blood picture of lymphadenosis commencing with hypoplastic anaemia has been reported by Weber and Weisswange.⁴

Date	R.B.Cs. (× 1000)	Hb. %	Colour Index	W.B.Cs. (total)	Differential Count: Percentages									
					Polymorphs	Lymphocytes	Eosinophils	Basophils	Monocytes	Myelocytes	Lymphoblasts	Normoblasts	Megaloblasts	Blood Platelets
June 23rd ...	1,328	25.0	0.95	7,000	14	82	1	—	1	2	—	2	1	V. scanty
July 12th ...	992	27.1	1.05	33,000	4.5	88.5	0.5	—	1	0.5	5	0.5	1.5	V. scanty
July 21st ...	2,240	47.1	1.1	19,000	6	73	—	—	1	—	20	—	1	V. scanty
Aug. 2nd ...	1,856	41.3	1.3	9,200	4	56	—	—	3	1	36	—	—	V. scanty
Sept. 15th ...	952	25.1	1.0	4,000	6	92	1	—	—	—	1	1	—	V. scanty
Oct. 3rd ...	2,096	42.1	1.0	5,000	21	71	—	—	3	—	5	2	—	Fairly plentiful
Oct. 17th ...	2,568	49.1	1.0	7,200	12	70	—	—	3	1	14	1	—	V. scanty
Nov. 10th ...	1,704	33.1	1.0	22,000	1	12	—	—	3	—	84	—	—	V. scanty

After four weeks in hospital the mouth was normal, but a slight swelling appeared in the right upper eyelid, and shortly afterwards discrete shotty glands were palpated in the neck and groin. The glands varied much in size at different times during the illness, but tended to become larger. Three weeks after the appearance of the nodule in the right upper eyelid a similar swelling appeared in the left upper eyelid. The child was noticed to bruise easily, and at one time a fine purpuric rash appeared on the limbs and persisted for two days. X-ray examination of the long bones showed osteoporosis, a condition which has previously been noted in this disease. During the last month the spleen became palpable, and a week before death reached almost to the umbilicus, while the liver was one inch below the costal margin. A swinging temperature, 97° to 100.2° F., was present throughout the illness, and the general condition, which was fairly good for the first three months, gradually deteriorated. The urine contained neither albumin nor Bence-Jones's albumose. Death occurred on November 19th, 1933.

If it be admitted that the illness in January was due to the same cause as that found in June, which seems extremely probable, the duration of the illness was at least ten months.

POST-MORTEM FINDINGS

The chief features at the post-mortem examination were as follows. Skin: minute petechial haemorrhages present; almond-shaped subcutaneous nodules, approximately half an inch in length, present in each upper eyelid. Lymph glands: submental, cervical, axillary, inguinal, and mesenteric glands definitely enlarged. Pericardium: multiple subpericardial haemorrhages. Lungs: many haemorrhagic infarcts throughout all lobes. Liver: weight 1,000 grams; pale yellow in colour and of increased consistency. Spleen: weight 170 grams; definitely enlarged and of increased consistency. Meninges: small recent subdural haemorrhage on left side. Marrow of femur: dark red. Other organs: nothing of note.

MICROSCOPICAL REPORT ON TISSUES

Microscopically the subcutaneous nodules are of moderate vascularity and not encapsulated. They consist of large numbers of fairly widely spaced mononuclear cells, which have a large nucleus, slight chromatin differentiation, and a rim of basophilic non-granular cytoplasm. The stroma is loose and coarse, and in it are many voluntary muscle fibres between which the invading cells have infiltrated, giving almost the appearance of a sarcoma. Mitotic figures are present in small numbers. The oxidase reaction on the cells in these rabbits and on similar cells found in the bone marrow and elsewhere in the tissues is completely negative, and as the cells are similar to those found on many occasions in the blood they must be regarded as lymphocytes or their precursors. Fresh films of bone marrow from the femur show an almost entire replacement of erythroblastic tissue by primitive lymphocytic cells, very few normoblasts being present. No myelocytes can be seen.

The lymph glands show massive accumulations of similar cells, and the lymph follicles are poorly defined. The pulp

of the spleen consists chiefly of cells similar to those found in the bone marrow. There is an extensive central fatty change in the liver, and a moderate amount of free iron in the cells around the portal area. Some well-circumscribed periportal collections of lymphoid cells are present.

Summary

The blood and post-mortem examinations and the histological findings leave no doubt that the case was one of lymphadenosis, for the greater part of its course subleukaemic, the special features being the relative chronicity and the presence of subcutaneous deposits of lymphoid cells, both extremely rare occurrences in this disease in children.

I wish to thank Dr. J. D'Ewart, medical superintendent of Booth Hall Hospital, for permission to publish this case.

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A PRACTICAL NOTE ON SUICIDE

BY

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It is an aphorism among psychiatrists that every case of depression is a potential suicide. Yet how difficult it is to get the general public to realize this fact. Reports of inquests on suicides, even when the verdict is the usual one of unsound mind, contain as a rule singularly little indication that the relatives had observed in the victim previous to the act the existence of any abnormality of mind. On inquiry by the coroner it may transpire that the deceased was "worried" or sleepless or suffered from pains in the head. But the depression, almost always present, is usually minimized or completely overlooked, and the act of suicide invariably takes the relatives by surprise. Depression is the commonest precursor of suicide, but even when it is recognized by those about the patient as a sign of mental disorder it still remains a problem to persuade them of the danger of suicide that consequently exists. They generally consider they know better. They tell you they understand the patient so well and are sure that he, or she, would never think of doing anything like that.

A case which emphasizes this difficulty was that of a woman who had become depressed after the death of her husband some weeks previously. The sister, who was looking after the patient, was warned that a definite danger of suicide existed. She plainly thought an alarmist view was being taken, although admitting that the patient was "not herself." It was agreed that she should be sent without delay into a home on the South Coast, and in the evening another relative telephoned to say that final arrangements had been completed and that he would accompany the sick woman the following day to the nursing home. The warning was repeated to him, but little notice was taken of it, and in the train next day he allowed the patient to leave the carriage. She opened a door in the corridor, threw herself on to the line, and was later found dead. At the inquest no reference was made to the warnings that had been given.

Suicide may be actuated by a variety of motives depending on the nature of the mental disorder and the mechanisms at work in the patient's mind. Our insight into these motives will obviously depend on the depth of our psychological analysis of the mental state. I do not intend in this article to consider the influence of the deeper levels of mental activity. The introduction of the concept of the unconscious has thrown much light on the whole subject of mental disorder, an instance of great importance being the discovery that motives which are apparent on the surface may be no true indication of those existing deeper in the mind. But the development of unconscious psychology has brought about also many complexities of theory and technical problems which can

more appropriately be dealt with in journals specially devoted to the subject. Melancholia is the condition in which suicide is most to be feared, and the periods of greatest danger in the majority of cases are at the beginning of an attack and when the patient is showing signs of recovery. At these stages psychomotor inhibition, which puts a brake on suicidal impulses, is less developed, and supervision commonly tends to be relaxed.

Suicide a Means of Escape

Speaking generally, we may say that suicide is a way of escape from a situation that has become intolerable. Mental conflict may reach such a degree of intensity that deliverance from the unbearable conditions seems an imperative necessity. People vary in their capacity to tolerate conflict, anxiety, or "worry," and an accidental accumulation of troubles or an incident which to others seems comparatively unimportant may, in unstable types, precipitate an attempt at self-destruction. Sometimes a transient condition of confusion may develop at the critical moment or a short phase of automatism may occur when the act is committed. In these cases, if the attempt is unsuccessful, there is an amnesia of varying duration, and the patient may "come to" and discover himself the victim of injuries with no recollection how they occurred.

Worry from external circumstances, unless the latter are of an extraordinary or exceptionally disturbing character, cannot be said to be sufficient in itself to arouse a suicidal attitude of mind. Other components are always present, the external conditions acting only as accumulative and precipitating factors. Guilt and self-reproach are the commonest motivating elements in melancholia, and may develop to an extreme and overwhelming degree. In these cases suicide is a punishment for sin, an atonement and washing out of guilt. In other cases fear or apprehension of something terrible about to happen is the dominating feature. The grounds for the fear may be unknown or may be definite, though irrational, such as the conviction of being about to be tortured. In this condition the suicidal attempt is made to avoid the horrors that are thought to be imminent.

A belief that they are injuring those they love is a common motive in another class of depressed patients which may produce great mental distress and lead to determined efforts at suicide. It may be some spiritual injury they feel they are the cause of, or they may believe they are unclean and in danger of transmitting some dreadful disease. Self-pity and the hypochondriacal attitude may be accompanied by suicidal attempts, and in these cases an exaggerated egoism seems to be a constant feature. They frequently tend to dramatize themselves and appear to obtain a distinct satisfaction in the process. Savage¹ declared that as a rule the hypochondriac is not actively suicidal, although he made an exception in the case of sexual hypochondriasis, and certainly when suicidal attempts do take place in these cases they appear often to be curiously unconvincing. Other writers, however, are not of this opinion, and it is probable that there are at least two forms of this disorder which differ considerably so far as the danger of suicide is concerned.

Suicidal and Homicidal Impulses

The paranoid psychoses are more commonly associated with homicidal than with suicidal tendencies. Mercier went so far as to say that no paranoiac should be allowed at large, and that if he were so allowed his perpetration of a murder was merely a matter of time and was certain to take place.² However that may be, these cases with their morbid suspiciousness and persecuted outlook on the world sometimes find the strain of a life of victimization too much for them and make an end of it to obtain relief. When the mental conflict turns in this direction it generally is put into effect with great thoroughness and determination. The relation between suicidal and homicidal impulses in cases of mental disorder is a problem of great interest and importance. They may occur together as in the not infrequent case of murder

¹ *Insanity and Allied Neuroses*, fourth edition, 1907, p. 146.

² *Text Book of Insanity*, second edition, 1914, p. 290.