Morbid Bodily Conditions in the Insane: Some Remarks, Comparisons, and Cases.

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Marbid Bodily Conditions

in the Insane:

Some Remarks, Comparisons and Cases.

There is no has been frequently noticed, a considerable modification of marbid process and discussed bodily conditions when occurring in the insane, as compared with those which form the general object of study in medicine. The whole chain of events in the life of an organised being—birth, growth, development, reproduction, degeneration, decay, and death—are modified by insanity in the insane diathesis. Though it is enigmatical in the state of our knowledge, as yet, to understand the intimate and associated workings of the intellectual processes, the science of pathological history has advanced so far as to give us some definite knowledge of the marbid changes in the brain.

It is not my purpose to enter into the subject of marbid changes from a historical standpoint in this paper but to make some observations on habits, conditions, and certain diseases in the insane.
In this paper the main divisions are —

PART 1) Observations on some general habits and bodily states, and on some surgical conditions.

PART 2) Remarks and comparisons (with clinical notes in some cases) on disease in various bodily systems.

In Reaction to Injury or
Injury is a frequent occurrence during mobid excitement and the swelling tissue changes may end in resolution or in further mobid changes.

In some cases of blow or injury there is frequently a peculiar mobid appearance of the tissues — bluish or purplish congestion instead of the ordinary vascular hyperemia. The repairation processes begin so on, in many cases, quietly as in a normal adult, as within the head, healing of cuts and wounds in the epidermis, when scars from often bear eloquent testimony to the falls he has had.

And thencefolds, owing to the special lesion affecting the same limb or side of the body, repeatedly, occur in the same place and
sometimes tear open an old healed wound. scar. In epilepsy these cuts bleed freely enough, and as recent investigations have shown (Brit. Med. Journal, March '03) there is an altered alkalinity of the blood in epilepsy states. No doubt affecting its coagulability.

The sensation of pain - the usual concomitant of inflammation seems very much dulled. One might translate the words of Shakespeare and say -

He jests at scars who never felt a wound.

As regards excision and operation wounds in the nervous it is asserted by some that the lesion an both subjects for operation. I cannot hear this out for I have seen simple operations recovered from with a rapidity that compared favourably with ordinary healthy adults.

It is true that in the dyscrasia and body-rented tissues of some forms, such as general paralysis, that there results after a wound a cicatrix then an unhealthy appearance of the lesion followed by stretching and local death - this I have seen - but this is where a serious impairment of the bodily health co-exists.
I would here note the frequently confounded lived condition of hyperaemia seen in the extremities and lips, & of cases of chronic visceritis described epilepsy, &c., and also in melancholia. [vide F. T. D. Greenlee, Journal of M. Science, Oct. '85 p. 333.] This may be due to impaired action of the circulatory or effusion of the inhibitory fibres of some vascular process and resemble Raynaud's disease in some respects. Such vessels naturally bleed readily.

Another condition exists in many chronic cases of visceritis, namely a passion swelling or chronic congestion of the ankles & feet which readily leads to ulceration on injury. There is too a tendency to the formation of chronic ulcers in cases of mania dementia & similar cases, in such sites as the back, neck, &c.

A habit difficult to overcome and most irksome in melancholia and mania is that of rubbing the hands together producing dries, pulling out the hair in handfuls, or rubbing the head causing loss of hair. This habit is probably
due to some change in the peripheral sensory nerves - causing disordered sensation & feeling of itching, or perhaps it is but an expression of mental depravity.

It is very difficult to prevent this habit once it has been formed.

As Dr. Cleland's work on Mental Diseases (p. 170) states, the common sensibility is much diminished in these cases.

I recently had under my care a female patient suffering from agitated melancholia, with characteristic dysarthria, who picked the dorsum of the right hand, causing cellulitis, & a whitlow to form in two fingers.

Diffuse Suppuration (phlegmonous encephalas) occasionally occurs, it may be of the acute spreading variety, or sometimes almost gangrenous in such cases following a slight operation. How much of this is due to the bad hygienic state of some old standing angulums & how much to the patient's individual equation of health is somewhat difficult to say. Gangrene of e.g. a hand caused (14 + 5)

23 deaths in 1901 in English airline

Cellulitis (3 + 7) 14 deaths
Gangrene of the moist variety is not uncommon in the deformed lesions of those affected with the same forms of insanity, e.g., general paralysis. I have seen it several times occur in the genital region. In the general paralysis of the Hanb'Co. Asylum after the administration of an ordinary enema with 1/2 oz. turpentine added, there followed an unhealthy condition, purple-brown colour, feeling of the cuticle, and death by exhaustion from the ten conditions existing.

'Dry'Senile gangrene sometimes occurs in my old patients.

Raynaud's disease is simulated by some neuro-athletic conditions. I have seen one case in a young woman.

Bed-sores.

These, as is well known, form an important consideration in cases of nerve lesion and in the bedridden insane patient. Their occurrence and relative frequency are carefully noted, with a view to prevention, and the avoidance of anyocardium is a reflect in the nursing. In some Anglo-Am. the frequency is said in the Cowen report as high as 7 per cent on bodies.
The causes may be: advanced age, feebleness, and greatly impaired nutrition.

1) The mental condition — being unawake or careless of the calls of nature — deprived and mischievous habits e.g. swearing themselves with filth or wine.

2) Or in some cases from inattention or neglect, or some irritant foreign body, e.g. a crumb.

I have heard it maintained that bruises will not occur if rustling is avoided but this is not the case. In the National Home for Paralysed and Epileptic ladies have been known to form from merely turning a patient on his side, in dressing a patient after an operation on the spine or cord.

It is remarkable too to notice the effect of some of these conditions of abscess, inflammation, ulceration, on the mental state.

While they last the patient often becomes comparatively rational, will answer questions, or sometimes give some guide to the symptoms of the mischief, but when his former condition when the bodily affection has been treated and he has recovered. Dr. Goodall & Mr. E. S. J. Beilman in the Journal of Mental Science April 1895.
communicated a paper on the Effect of Intercalary Bodily diseases upon Mental Disorders. I must refer to that paper to the discussion that followed for fuller examples of the cases noted.  

1) Counter-irritation: These authors seem to believe does not produce any lasting effects, that "it is hardly likely that we shall yet learn with the disorganized nerve structures on such cheap terms". I do not quite agree, known for in cases of melancholia, mania, sleep, it is quite possible that the altered mechanical conditions of the blood induced by such counter-irritation or depletion may have a permanently beneficial effect, just as that of act, does exercise in the Weir-Mitchell treatment in hysteria.  

Besides counter-irritation we have to consider 2) The effects of toxins such as the poison of  

infectious, suppurative, rabies, pneumonia.  

Instances are recorded where these have been followed by marked improvement and on this theory it is suggested that the experiment should be made of injecting the filtered products of the organism causing the condition. This might be compared with the injection of the fluid in the treatment of neoplasms.
See p. 234. rd.

Lancsins gives an account of a case of epilepsy (in female) which was previously modified - the fits ceased - by supraparotid and typhoid.

3) Other conditions - such as altered mechanical conditions - have their effect, e.g. the wearing of a tourniquet in hernia (see p. 241. 16) - I knew a case of chronic mania in a patient who wore a bucket-stump - Simple detention in bed whilst the stump was being repaired caused temporary quiet and ability to converse sensibly during those few days.

Pain - e.g. toothache (with inflammation about the jaw, followed by painful abscess of the parotid and submaxillary regions), and confinement in bed caused enervation in the mental state lasting for some time, in the case of a violent female maniac.

Rise of temperature seems also to cause a temporary improvement in some (v.s.)

If we turn to the converse proposition and consider the effect of bodily diseases on the mental state of the presumably of inveterate.

We enter a most interesting field of study, the every-day practitioner notices in his
daily round the vicissitudes, troubles and trials of his patients, and how, in order to deal successfully with his cases, to study their mental constitution & temperament.

Similarly, the medical affairs of large institutions have such opportunities. And thus I find in a paper by Dr. E.S. Reynolds in the Journal of the Mental Sci. Jan 2, 1896 some most interesting observations.

He groups these effects on the mental state, after Purk's classification into 

1) increased mental activity  
2) decreased activity  
3) perverted mental activity

In group (1) are pleasurable states such as the state phthisica, the sense of relief and painless ease in dying after a long painful disease in persons of deep religious feeling.

A medical man whom I knew, after having 50 or 60 mg. of fluid removed from the pleural cavity, tells me that he sat up in bed and laughed, out of pure joy.

Transient feelings of rest and comfort are similarly experienced after operations of a slight nature, e.g. an offending band removed. 

D elusive drugs such as Alcohol, Cannabis indica, Ether produce pleasurable & exhilarating states of mind.
Mental depression and irritability are common accompaniments of illness that may occasion little comment. In the old-fashioned nomenclature the idea was held that evil humors possessed the body at these times—these 'a fit of the spleen,' or 'of cholera'—Hamlet's father, his having poisoned his son, says—"a most instant tempest burst'd about
Most cancers-like with vile stilesthroughone's very
All my smooth body."

There was some truth in the old word, we know that abdominal disease, e.g., of the liver, stomach, and intestines causes hypochondria which may pass into definite melancholia. I knew a case of a man J.C. with evidences of the liver exhibiting such morbid mental state, and it is a good rule, as Dr. Chisholm points out, that if a patient persistently complains of pain in some organ or region to make sure that no organic disease really does exist. Sea-sickness for instance causes great mental disturbance and depression which it lasts and occasionally suicidal acts. This a disturbance of the sympathetic ganglia is connected with a disturbance of the whole central mechanism.
Other instances of depression occur in phthisis, myopathy, and in rheumatism. Chronic phthisis in my opinion — I speak from personal experience — brings many analogous phenomena. In both we have weakness, inability to do work, wasting and anaemia. Both are chronic, both occasionally show intervals with phases of improvement which afford great pleasure and relief. Both are often benefited by blodd-letting, cold baths, etc. I do not say that the diseases are necessarily akin, in fact I think that rheumatic patients often seem to enjoy a freedom from lung disease and other troubles, but there is something alike in the mental condition produced by the two. For which one sometimes sees the same phthisic, it is quite as common to see depression in hypochondriasis, especially as F. Reynolds says, amongst chronic patients and those of a poorer class.

It would be rare to find a chronic rheumatic patient showing brightant hopefulness. He knows that he suffers from this lameness, pain and disability and that it will be always his lot.
Hypochondriasis as I have just mentioned is frequently associated with visceral disease so that a thorough examination should be made before an assurance is given that no ground exists for the complaint. This might well be done with a colleague, so as to preclude any error of personal observation. For instance the vague dragging abdominal pain of malarial kidney would cause depression. Heart Disease - to some people, indeed, more, this expression has such an ominous and depressing meaning that to be suddenly told that there is organic disease of that organ would cause acute mental depression - fear that it is now impossible for them to be fairly strong and able to do their work in the world. There is a gradation from this melancholia (induced by heart disease and perhaps, along with other factors), to actual melancholia. Heart disease in the urine will be referred to later. Mental dulness is not seen in hypochondria but also occurs in other mental conditions. It naturally may be expected in cases of central tumours, incur cancer headache, and conditions which cause disturbance in the centrum.
In toxic conditions, e.g. myxoedema, cancer affecting the digestive apparatus, etc., it occurs. Hallucinations occur in some dreams. Apart from any special disease a partial disease may cause disorders of perception & hallucinations of hearing.

Irritability of temper as Dr. Reynolds says is frequently seen in children in febrile conditions. This is of course due to the imperfectly developed nervous system, imperfectly formed will-power, inhibition &

But in adults it accompanies great &

acute insanity very rarely occurs. We all know the irritability induced by chronic dyspepsia (e.g. Carlyle), or in fact from any painful condition such as menacra, toothache, sciatica.

In phthisis there is often little pain but great irritability of temper. The form of phthisical insanity described by Dr. Cleland is met with here & there. In many asylum cases are known too in which the phthisis developed subsequently to the attack of insanity, in which we find suspiciousness, morbid temper, delusions of persecution & poisoning.
The frequency of phthisis in our asylums for the insane has led to much investigation during the past few years. In the Committee's Report for the year 1901 it is stated that phthisis and other forms of tuberculosis caused 1215 deaths, or 15.8 per cent of the total deaths from all causes and a proportion of 18.5 per 1000 inmates. Their remnant and citation are p.19 et seq.

Speaking generally, the larger asylums seem to aggregate of patients have a slightly greater mortality. (See also paper by S. Scie, France, Brit. Med. Journal 1902)

It is in the great proportion of cases developed after admission. Intention to say that the physical signs of incipient tuberculosis are not detected in more than four or ten per cent of the cases on admission which afterwards develop it in the asylum.

These signs are difficult enough to make out in the same patient, much more so in the insane patient who may be unable to speak or afford any information as to his condition, and who often resists examination. I have been in many cases baffled in making a paper clinical examination by the peculiarity
passage which the patient assumes. The dement achronic maniac will huddle himself up, contract his chest, throw his arms across his chest and 30 on. How can an observer obtain any notion of his condition as to rate of breathing, expansion, heart sounds etc., in such cases? The average medical officer here has to rest content with diagnozing pulmonary tuberculosis and making general notes on the progress of the case whereas his colleague in a general hospital has an aid. The average hospital patient will in fact tend rather to alter his position too much, or evet himself too readily when asked.

Some other Bodily Changes -

The complexion and appearance of the patient to an experienced eye often reveal much. In some there is little difference in appearance and demeanour. In the less active forms of insanity such as congenital mental deficiency or simply maladjusted men we may see patients who are quite fresh and healthy in appearance. But if we take a case where there is active change in the cortical cells, such as acute mania passing into a chronic state.
In the onset of General paralysis, there is a marked difference. The face assumes a dull, unhealthy hue, an abnormal earthy tint that persists and completely alters the look, or in General paralysis a broken, mottled, or earthy tint with that features broadened, somewhat greasy, dirt-tinted look that will not wash clean.

In the epileptic ward one often notices a fluctuation and confusion of the face with a broken or patchy complexion, or a dark complexioned man seems to become yellowish like a saltatorial.

In chronic mania the face generally assumes a yellow-brown appearance which is in part due to the deteriorated state of the blood, and in part to exposure to rain and wind.

The expression of the face in these circumstances is steady, habits of life an assured victory, peaceful and quiet surroundings, university seats that upon which is associated with leisure and refinement. It is different with the working man amidst his busy and active surroundings, where he is an active unit, frequently bringing with play his expressions.

The physiognomy of the face is discussed in a paper in the British Medical Journal, Aug. 19th 1882.
When we consider the *posture* of the body, i.e.,
the relative situation or expression which the
parts bear to each other then we frequently notice
most striking alterations from normal in the insane.
In watching the assembly of patients
leaving church one notices the drooping, shuffling
gait of the imbecile, the slow heavy head of the
chronic dementia, the firm assured step of the
deteriorated insane, the jaunty lively spring of
manic depressive, the dragging, flattened gait
of the senile demented cases.

The hand as Sir Charles Bell in his classical
monograph *Anatomy*, is a great index of expression.
An interesting paper is that by D. E. Walker
(Journal Ment. Sci. April 1884) on *Postures
indicative of the Mental Condition* in works of
art (Sculpture) — It draws attention to the hand
in the Venus de Medici — the nervous, conscious
half-flexed condition of the fingers and hands
running the body. The drawings of the nervous
hand in his paper reminds me of the appearance
in nervous instability. In cases of nervous
weakness and prostration such as typhoid, I
have seen the same posture assumed when the
patient is asked to put out his hands together.
The converse of this - the energetic hand - has the wrist extended backwards and the thumb in moderate flexion. In fright - the hands show a characteristic grasp as the fingers extend.

The face shows great determination and variation in disease which give some help in diagnosis.

In the urine one must on many occasions rely to a great extent on the patient's physical signs or run on the features for some guidance since the mental condition may entirely preclude the doctor from getting any verbal information.

Two great factors to be considered are (1) reflex muscular actions, (2) natural formation and symmetry of the face.

In health the facial muscles are controlled by impulses from the central nuclei in the brain, and then an certain reflex-muscular actions which correspond to such motions as flexion and extension in the extremities.

St. Walker (Brit. Med. Journ. Aug 19, 1882) mentions three movements (1) dilatation and contraction of facial sinew or (2) elevation and depression of parts (3) relaxation and drawing forward. These latter are frequently affected in idocy and imbecility - when their systemsrigerance.
In epilepsy an even more disturbance and nerve-storms. In central softening there may be facial tremors and other movements. [A case I had showed patches of softening in all the frontal lobes, in the gyrus rectus and calloso-marginal convolution. Here there were also tremors of speech (stammered indistinct speech, dribbling of saliva, beside the facial affection). Sometimes not only are the corresponding centres of origin involved in disturbances of their own fibres but other convulsed centres participate. Nor fibres from other nuclei travelling in a certain area may escape damage whereas the central nucleus mark greatly degenerated.

Rigidity. Expression is seen in some with cases and paralysis agitans. The face wears a sad expression and if the mouth be covered, when patient speaks, there is no expression whatever in the upper part of the face. (Campbell Thomson)

Abnormal placidity and mobility are seen in epilepsy, general paralysis, chronic alcoholism, &c. How the impulse initiated in the central cortex awakening as it were from its proper channel and
be able to compare and contrast factors such as training, experience, and decision-making processes. He also focuses on the importance of ethical considerations in forming judgements and evaluations. He argues that ethical considerations are crucial in ensuring fair and just assessments.

In summary, the ethical considerations in forming judgements and evaluations are significant in ensuring fair and just assessments. The ethical considerations include factors such as training, experience, and decision-making processes. Ethical considerations are crucial in ensuring fair and just assessments.
the different causes might be ascribed to.

Orthopedic deformities it is well known that the degenerate furnish the greatest proportion. They have been thoroughly studied by numerous observers to whose works I must refer. There is one deformity which I have noted more particularly (in pauper patients) that is flat-foot or Pes planus. I should group its cause as follows—

1) Congenital defect or hereditary tendency.
2) The Sicchitis of body structure, circulation and muscular system in the various generally and in those when systems are debilitated, or in advanced age.
3) That in some cases the patient has from his imperfect education and what mental pains been unable to learn a more sedentary trade, e.g. tailor, shoemaker, and has been put to such work as farm labour involving much standing.

Consequently the deformity is very common. The worm shambling gait is made worse by the stooping or not quite erect posture assumed by the patient.
Of deformities of the spine. Scoliosis was sometimes seen amongst delicate, debilitated patients, and less commonly angular curvature. Kyphosis is commonest by far. Its cause is similar to those detailed under flatfoot.

The deformity of the spine known as Masseau's sign is generally an unfavorable sign (dysplasia).

I have only known one case where recovery occurred when syphilitic was present. Naturally the permanent resulting deformity caused annoyance to the patient.

**Syphilis.** This with tubercle, leprosy and glanders forms in pathological classification the granulomata.

Leprosy at one time was common in Britain but fortunately now its study rests in left to those who have charge of super hospitals (e.g., Cape, Malay Peninsula) abroad. I have no knowledge of any case in the canine.

Glanders is in rare cases communicated to man but the disease is usually so quickly fatal that beyond the delirium & coma of fever I am not able to trace any connection with virulence.
Syphilis is rarely seen in asylums, in its primary or secondary forms but tertiary manifestations are sometimes met with. It is much less common in asylums which derive their patients from agricultural communities such as the Southern Midlands, or Hampshire—in both of which districts I have been engaged in asylum work—than in the large asylums in such towns as Portsmouth and Plymouth where service men are stationed.

During three years experience in this asylum (in Bexshott), I have had but few cases of syphilis; a syphilitic insanity in the female division. One can show three delusional varieties of Syphilitic insanity, described by Dr. Clouston—

1. M. aged 40, Scotch lodging house keeper. Admitted 19th July 1873. At that time she had delusions on religious subjects; ideas of persecution by others, and mania. "She is highly excited, using foul and obscene language. In ecstasy at times, at other times defied and silent." She had fits of exaltation, was incoherent in her conversation.

When I first saw her (1900) she was quiet, but had delusions that men came and had connection with her at night—in fact indecent habits and language, and erotic impressions. Shecarried...
solicit the main offices) Therefore the prominent feature is her can. She also exhibited marked enlargement of hands and facial muscles when addressed by anyone this was most noticeable. She was a good housewoman and became much more orderly and decent in habits while in the asylum. The death in December 1902 after a short illness during her stay in the asylum was due to her treatment for syphilitic manifestations. There were large suppurative ulcers on both legs.

Post Mortem Exam: Marked syphilitic enlargement of spleen and liver (waxy nature). The spleen weighed numerous small nodules scattered throughout the pulp; the liver showed thickening of interstitial tissue. The kidneys were in a state of diffuse interstitial nephritis. The brain did not show any gross lesion e.g., secuence or naked-eye examination.

Syphilis in its far-reaching effects such as the causation of general paralysis, tabes dorsalis, and other nervous lesions, I do not propose to speak. In parenthesis I would say that as regards general paralysis I used to make a point of inquiries whether the patient were alcoholic and more especially in what form the alcohol had been taken.
In every case they were beer-drinkers. This point was discussed at the meeting of the British Medical Association in Brighton, 1899, (D. Campbell paper). The disease is practically unknown in Ireland, the Highlands of Scotland or Cornwall, so is syphilis little known there. The form in which the alcoholic intoxication (e.g., whiskey in the Highlands) does seem to have nothing to do with the aetiology.

In the Commissary report of causes of death in 1901, to locomotor ataxia are ascribed 4,831 deaths, while general paralysis was the cause of 5,505 (one fourth of their number unimpaired). The difference is striking in these diseases which are so kindred in their pathological nature.

Of Neoplasms in the Brain and their frequency. Thus is amongst the accumulation of chronic cases in asylums comparatively little to be run of new growths and tumours—

Sarcoma of the common on the neck, forehead, and scalp. In patients or their friends have not thought it worth while on the score of personal appearance to have them removed. Frequently it is impossible to treat.
as either a blank refusal is given or some decision is connected with their presence.

Of **inocent tumours**—e.g. are sometimes seen

**e.g. in the kidney in post mortem examinations**

of such cases. Then small cysts contain colouring fluid due to a slighty and absorption of the cortex.

**Connecion**—i.e. no tumours were comparatively uncommon, if tumours be produced by cancers acting on the nervous metabolism there may be no cause for their rarity in those who suffer from mental disease.

Of the various kinds of connection, tissue tumours fibroma I have seen at the base of skull in 1 or 2 instances and of an exo 10.14. exam by

Chondroma I have not seen in the person.

Osteomata are not uncommon in the base

of skull (see case described J. Evans)—they

may cause no symtoms.

Myoma and fibromyoma were an rare

then seen, perhaps in 1 or 2 percent of the

jewish cases. (See papers by Dr. Wigglesworth

Trimest Med. 16, Jan. '85).

This may be due to the all time condition of

diet, living, climate, environment or in

in asylum. And many of our patients
come up to the menopause so that such cancer, as tend to their production in ordinary life—sexual social or, probably fail to have any existence in the life of female patients in asylums.

From malignant tumour growth the uterus—as I shall presently endeavour to show in the case of cancer—enjoy some apparent immunity. Sarcoma appears to be very rare (1 death due to this in 1901 in asylum). I have found the record of one case, a cysto-sarcoma of ovary, in the autopsies performed here in 12 years. The rarity may be due to the fact that the average age on admission is higher than that of youth and adolescence, at which age tumours are most common; and also to the usually quick and fatal return of such cases.

Carcinoma—The recent figures of the Registrar General for Ireland and other papers (vide Brit. Med. Journ. April 18, 1903, seq.) on Cancer Mortality show that this disease is in the majority amongst the general population. It has increased from 3 or 4 deaths per 100,000 living to 6 or 8 per 100,000 during the past 30 years. The increase is both relative and absolute.
Sir James Paget in his Surgical Pathology states, that mental disease and overstrain of the nervous system seem to have great weight in the causation of cancer of the breast and vary in cases admitted to treatment in hospitals. And Dr. Holmes says that he has found in the in-patients of the Chelsea Hospital he found "symptoms of mental unbalance to a far from infrequent. (Med. Journal of Mental Science, Oct. 91). I greatly regret that it knew does not gain the proportion of cases showing this mental unbalance. But figures are given showing the relative frequency of cancer in patients in certain asylums. The proportion varies. Thus at Harrow Asylum, 8% of the deaths of females in a period of 23 years were due to this cancer the males stomach ovarian being the commonest sites. In the male division about 2% of the total deaths were due to this. The stomach, liver again being the usual sites. Other asylums gain a low percentage. In this Asylum 33 patients (males 14, females 19) died from cancer in 31 years up to 1891. Since then I find that 11 males and 13 females (total 24 in 12 years) died from cancer. Thus there is some increase but not much as the
number of inmates has increased from about 500 to 1030 during the 43 years since the opening of the Asylum. The country round this place seems to favour its development judging from the paper in the Brit. Med. Journal (February 14 Huntington, Bros. and Henry).  

The sites in the cases mentioned were mostly in the stomach, in males; in females, the uterine showed equal frequency as a site with them. In some few cases the malignant disease was the primary lesion. Hence on admission the family history should be carefully noted if possible. In the Comm Report for England and Wales "Cancer is the cause of death in 74 males and 119 females, total 193 cases out of 8313 deaths in 1901, that is about 2.3 per cent of the total deaths of the insane population. The form of cancer in the cases affected with malignant growth which has come under my notice were either melancholeia or mania. Rarely does it occur in dementia and still more rarely in congenital mental deficiency."
General Remarks on Diseases of the Body Systems.

The question of interference of disease of some other system of the body, alongside such disease of the nervous system as constellated insanity, i.e., convulsive or concomitant insanity -- is a very wide subject. I do not propose in the following section to enter into discussion on metastatic theoretically, considered, a relation of reactors (see W. Saupe, Journal Med. Sc. Jan '87). The following section will relate to observations and cases within my own experience.

A. Tumors of the Alimentary System.

Deformities of the palate and parts of the oral cavity and other regions of development have been studied by Dr. Crichton, Ireland, the London Committee, and others.

The teeth are often defective and lead to the illness, apart from any malformation or faulty development of the jaws.

Some observers have stated a connection between this and melancholia. It is certain that a bad or painful dental apparatus with imperfect mastication and digestion will cause...
dyspepsia with its accompanying discomfort, irritability and melancholia.

Gastric catarrh and vomiting are not uncommon in the insane from irregular or over-eating; and from the irritation processes brought on may have some relationship with malignant disease which has been already mentioned.

Obstruction of the bowel I have known one can.

Surgical interference in such conditions is generally resisted by the peculiar condition as regards the status of an insane patient.

The refusal of relatives to allow an operation.

The unreluctance from a hygienic point of view of the average asylum.

The occasional want of suitable instruments and skilled surgical knowledge.

Case II.

G.H., aged 39, female music-teacher, admitted July 14, 1897. Had delusions that her food was poisoned, impulsive fits of mania, treatment on admission. Shortly afterwards around delusions of being acted upon by electricity, said that her "lungs were scorched". Her health was fairly good but there was a tendency to constipation. Later she developed
certain visceral sensations but examination of the abdomen revealed nothing abnormal. The delirium persisted, the patient herself in a fantastic manner was quite idle and refused to allow others to interfere with her. In January 1902 she complained of pain in the body, vomiting after food, her appearance was yellow and sickly. Bowels obstinate. Pulse strong, no rise of temperature.

Three days later the sickly yellow pallor even more pronounced, tongue pale coated. She was much worse. There was no abdominal enlargement but in palpation tenderness in right iliac region. No motion of bowels. The stomach was quite unable to retain even jelled foods. There was vomiting but it was not fecal. Any examination was difficult on account of her crying and falling resisting forcibly. The answers to questions were quite incoherent and confused. On the following morning she died.

P.M.: Exam. showed that the ascending colon, right ovary, and lower coils of ileum were matted together causing constipation of the intestine a little above the coccyx.
The right ovary was enlarged and there was a slight vesicular enlargement of right nipple.

The case is interesting as account of the ovarian diarhoea and delusional ideas accompanying the surgical condition.

Diarhoea and delirious occur with some frequency and appear endemic in some asylums. The causes and prevalence of these disorders excite much concern at present to those engaged in asylum work. I read myAdvertisements to the work of Dr. Hott, to Dr. Gourlay’s
F. monograph, to a paper by Leslie & Durham (Journal Mental Sc. July 1899) to show what has been accomplished in their investigation.

The Commissioner’s Report for year 1901 gives a view on the distribution of these disorders. They caused 30 deaths in 1902, some of the victims being members of the staff.

A register has now to be kept of such cases. Simple diarhoea may occur in summer 25.

F. pompeii, diarhoea, and diarhoea frequently is a precursor of death in old patients. But ulceration colitis of asylums is due to organismal infection.
Of intestinal worms, tapeworms, Schistosoma, occasionally infect the brain. I had a case of a French patient who from epilepsy mania had paranoid dementia was hooked up of a round worm which tickled her throat.

The presence of hook parasites must escape detection in many cases, for 1901 no death is recorded from the Ascariis. Primary diseases of the liver do not appear to be very common in the insane. I have seen cirrhosis of the liver accompanied by melancholia and suicidal tendency.

I have noticed in some cases depressions or sulci in the dome of the brain which were not due to pressure of ribs nor even to any syphilitic calcification. Cancer has been already mentioned.


cancer of pancreas & suppression epilepsy.

I have seen 2 examples of.

Peritonitis caused by a blow or injury may be the subject of investigation, in order to determine if accidental a due to an injury by some patient or attendant. In these cases and in similar surgical conditions e. g. broken ribs a thorough
examination must be made if it possibly can.

The generally humane treatment and care to
avoid injury a risk exercised in our asylums
at the present day as compared with the treatment
that Dr. Tuke described in the early part of last
last century, under such occurrences rare
but the Commissioners' Report always furnished
a number of instances.

Of the Haemopoietic System.

The only disease under this system which
I refer to is Addison's disease. According to
a note for a report by Dr. SR. Macphail (Journal
Dr. Macphail's case was that of a male.
I repeat that the casebook notes of my case (jgg)
are not so complete as his, but the clinical
phenomena agree in many essential points.
For comparison I will assume that Dr.
Macphail's case has been read over...

R. W. female S. aged 36, admitted January 15, 1908.

Family history not given.

An appearance indicates delicate health,
complexion fair, teeth very bad, almost edentulous.
Temperature 99° F. Little of note. Occasion on
examination she was written and visited.
Her conversation was incoherent at times. She could not reply to questions at all. In manner she was stubborn, morose, nervous and excitable. Her habits were unclean.

In Feb. 5th, 1900, she had vomiting and diarrhea and there was hoves of stool appearing on each side of face, on forehead and down middle line of nose, also some darkening of hands, neck and face.

Feb. 12th: Vomiting and diarrhea stopped, patient remains unwell.

Feb. 19th: Health indifferent but no alimentary trouble. Mentally becoming confused and listless.

March 19th: Patient becoming weaker, hives of face appears drier, occasional diarrhea and spasm motions. Sometimes complaint of pain in hypochondria region chiefly on left side. Pulse regular, soft. Great tension. Little change in mental condition.

Suprapenal extract in tabloid form (15 g. per day) was tried but did not affect the condition.

In June there was mental dulness and especially the bodily weakness slowly advancing. There were not any definite attacks of syncope noted, during her being kept in bed in the recumbent position.
July 18. Today complaints of pain in stomach. The hanging of face was marked. Stout effusion. Pulse quickened. Drooping of left eyelid. Marked general faintness, occasional tremors of hands. July 20. She passed into a comatose state, pupils irregular, respiration continued. Could not be aroused to answer questions and died at 6:40 p.m.

Autopsy, 38 hours after death. Body fairly cool.

Neurolster hanging of affected patient still present.

Rigor mortis present in lower limbs.

Brain - weight 43 oz. Pulse of cranial arteries.

Meninges: Membranae normal. Brain substance soft, had anemic appearance. Ventricles dilated especially in posterior horn, a few specks of fluid substance floating in the fluid.

Lungs - scarcely pathologic.

Lungs (R: 15 g). Some pleuritic deposit on surface, fibrous thickening of connection lesser and tubercular deposit.

Left = 13.5 cm. At apex, some consolidation and cavity formation, with bronchial shreds.

Miliary tuberculosis.

Heart - muscular substance soft. Valves healthy.

Slight atheroma of first part of aorta.
Postmortem observations about the rectum & lower part of colon. Stomach walls thin.

Liver (4 1/3) substesia pale, soft.

Pleura (8 1/2) large, capsular thickened. Pancreas healthy.

Abdominal Symphysis - Many enlarged glands about the bifurcation of aorta and in lumbar region, some were firm & calcarea. The abdominal ganglia were somewhat involved in this.

Spleen Renals - The left was very small and atrophied. The right, nodular, enlarged weighed 65 g. - Interspersed with reddish nodules like tubercle, soft and yellow on section, some as large as a pea.

Also some chronic thickening of capsule.

Microscopic examination was not made.

Bladder - In posterior wall a patch of ulceration. Ureter and urethra matted together, involved in adhering to rectum & parts in relation.

The differences in the 2 cases are that (1) the bringing was more extensive in Dr. Macpherson.

2) The duration of the disease in the above case was longer, the symptoms not so acutely marked. (3) In the female case there was
in both cases there was restlessness, excitement,
irritability, at the commencement passing
later on into delirium childishness (mental
confusion rather in the female) loss of memory-
with mental and bodily asthenia.
In both cases there was vomiting. Complaints of
abdominal pain are present in both - and
after them the browning of the face seemed more
pronounced. Asthenia and gradual failure
preceded the end.

The first by Dr. Macphail reviews the literature
on the subject and gives a summary of what was
known of it up to 1885. In Dr. Potterton's article
(Quain's Hist. Med. 1902) it is noted that
"mental apathy and depression are marked
features in some cases."

Treatment by the Sphaeraria extract, statics, or
others, is often disappointing though temporary
improvement may occur under its administration.
In 1885 this treatment had probably not been
discovered.

Asthenia is a common condition in the cinema
owing to the debilitated state of many of our
patients. Pericles' asthenia was found
the cause of death in 6 cases in 1901.

Recall observations on the alkalinity of the blood in such conditions as epilepsy, mania until the fact that great changes occur (Brit. Med. Journ. v. 7. 1903). See also Dr. Hackett's paper in Journal Ment. Sc. Jan. 85, p. 507.

Purpura - in new and then seen, possible besides the blood changes then may be seen as minor influence at work.

The cases I have observed showed patches on legs, there is an appearance like purpura in very old patients, and the diagnosis has to be made within a vision of constitutional origin and tendency, not special affection of the system.

Goitre is very rarely observed in this district owing to the generally flat country.

Exophthalmic goitre does occur more often (10 deaths in 1902). I have seen exophthalmism in renal cases but not my record, and without emaciation a thyroid enlargement.

In reference to cases on Dr. C. Johnston's paper (Journal M. Sc., June 1884), Quain's Diet. Med., & other works.
Of the Circulatory System. Much has been written on the relationship of various forms of heart disease to insanity or to certain mental mental conditions. Thus initial coincidence, perhaps, the most common valvular lesion is often associated with mental depression melancholic and delusional; disease of the aortic arch with morbid excitement and delusion.

As regards the relative frequency of cardiac disease in the insane as compared with the sane, more or less, gives it as much as 20 per cent. of the insane (Campbell Clark, Mental Disease, p. 364.) The average however as far as my experience goes is hardly so high as this.

D. Gurley in his essay on Disease of the Circulatory System in the Insane (Journal of Mental Sci., Oct. 1885) gives a study of the subject and the summary of his paper on p. 347. It brings out several important points.

The subjects of heart disease in admissions and at death were generally over 60. Many of our patients admitted at this period of life show circulatory difficulty in fever and lime thickened vessel walls; and though a cardiac murmur is wanting then is no doubt in the case.
The heart was 2-3 times as generally hypertrophied in general paralysis of the insane. Beyond this I have seen no evidence of disease in them I have examined, no vascular lesion.

Many of the victims of general paralysis are men of good physique and muscular development. In phthisis, so commonly seen, the heart is atrophied and devoid of fat.

Of the Respiratory System. The deaths enumerated from lung diseases number about 1/5 of the total deaths in asylums.

There is a tendency to two forms of pneumonia in the insane without any rise of temperature and frequently with but little physical sign. Pneumonia is probably now common in the insane than the sane on account of debilitating tendencies, helplessness and inability to look after themselves in the way of clothing, exposure, etc.

Phthisis—epidemic in nearly 1200 deaths in 1901 out of 8,313, has been already alluded to. The Commissariat reports Dr. Cerecieri's paper on phthisical insanity, paper in the Journals of Mental Science should be consulted.
Of the Urinary System. Diabetes which
probably has some dependence on its cause,
malaise of the urinary system seems somewhat
uncommon in county asylums as its
incidence is mostly in the middle and upper
classes. Glycosuria is very rarely found
on examination after admission. Dr. H. Bond
in a paper (Journal M.R.C. 1896) discusses
the relationship to insanity; urges non care
and jail in the examination of the urine.
I have not as yet found it in cases of Carbonic
amongst male patients.

Bright's disease, in a chronic form, is a common
caused cause of death although the
typical symptoms may have been concealed
in real death in general paralysis.

Calculus renal seen is not infrequent.
Necration of the bladder wall and degeneration
and flattening of the muscular structure
is not infrequently found at post mortem exam.

Of the Reproductive System.
The genital tract in the frequent basis of
many of the diseases in this instance e.g.
(Adenoids, Nephritis, Pelvic Ulceration, etc.)
In every asylum such cases occur to our mind, they may be mild cases, or be pronounced and exhibit more excitement, indicating...

In the 56th Report of Committee (for 1901), urinary disorders are pain as the cause of insanity in 1.5 percent of private and 6.9 percent of pauper patients.

Wigginworth (Medical Jl. Jan. 1888) examined the condition of the uterine and appendages in 65 mental females and gave elaborate tables. It is difficult in most cases to state whether the bodily disease initiated the mental lesion, but it certainly seems that in many cases there is some organic basis for a patient's mental delirium.

Examinations of this nature are met with difficulties owing to the mental condition and mental status of a patient in an asylum as compared with the normal hospital patient and normal advice.

Wigginworth's observations (under anesthesia) are not on married women for obvious reasons, but unless all are examined or a delusion just as severe as occurs in the heart cases of women, how can accurate and definite results be obtained?
of the Nervous System. Disorders and
diseases of the nervous system are both
costnt at work and play a most important
part in causing insanity.

Subjective phenomena such as pain in one
orb of head, altered sensation, hyperesthesia,
are in some cases peculiar in their possession.
Deterioration connected with the spinal nerves
often have their origin in disease of the medullary.

One of the most interesting disease at the end is
Locomotor Ataxia. It does not need many
Common for patients to be admitted in the early
stages with insanity, referred to the Tubo
dorsalis. I remember but one case during
the past year in this patient. The Tubo was
far advanced in the paralytic stage, he lived
but a week after admission.

I have already made a comparison of the frequency
of Locomotor Ataxia and General paralysis.
Infantile paralysis is responsible for some
of the cases of paralysis, wasting and
department pain of foot in some of our circles.
Such conditions as tubercular paralysis, loco
paralysis are not often seen.
Some forms of meningoitis is a common pathological appearance in the brain of the insane. I may refer here to the most complete and exhaustive work of Dr. Fordyce Roberts, in the Pathology of insanity for full reference of Hydrocephalus. I have never seen any case of the ordinary hydrocephalus, probably the subject of the discarn rarely being long enough to come under the scope of asylum surgeons. But of external hydrocephalus which caused 1 death in 1901, I have seen fortunate cases to see two examples at post mortem examination. Both were males, and both were due to tumors of the cerebellum obstructing the veins of Galen. The first case in 1899, was at the Hants Asylum. I have no note by me of this case. The latter in the Three Counties Asylum in 1900. I give a brief summary of this case as it presents some clinical features of interest besides the mental apathy and dementia.

Case

J. E. male, aged 72, adm 23 Oct. 1899, die 29 Oct. 1900. (From the Union) Certificate states that he was taken no notice of his surroundings, the usual mental confusion, thought that he
was still going to his work as formerly.
His habits were dirty and filthy; at times he
was violent to others.
On admission was well-nourished and looked
of good habit, not the appearance of good health.
"Reflexes equal, rather irregular; react slightly
in light and accommodation. Tongue white,
tremulous, loose, cotton. Heart & lungs normal.
Arteries and veins well-marked. Arteries atheromatous.
Calcius of leg wasted, some rigidity of leg muscles.
Patient walks in stiff fashion. Patellar
reflexes absent. Temperature was normal.
6th 23. Mentally—quite much demented, lost to
his surroundings, says he has lost his brain,
has no idea how long he has been here and
thinks he has been at work quite recently.
Is very dirty in habits, somewhat rotted,
caul well.
6th 30th. Demented and talk, rather clever in
habits; eats and sleep well. Very quiet.
Nov 6th. Little change. Takes little interest in
anything, sits in dull apathy all day.
During ]903. His condition was similar to that described
fat and wasted, features large and broad,
face covered with grey hair ("hypertrichosis")
The mental acuteness increased, his gradually became
blind, loss control over defecation and micturition
were kept in bed for some months. Headache
and dizziness were present. He was quite blind
helpless and unconscious, and then he died
about a year after admission.

Autopsy made 30 hours after death. The important
farms were - Calvaria (16 g) thickened.
Dura mater thickened. A fibrous tumour attached
to right side of tentorium cerebelli.
Pia - arachnoid adherent to convolutions.
Brain (50 g) Haloing over parietal convolutions.
Brain substance softened. Hydrocephalus
very marked in III and lateral ventricles.
Choroid plexus infected.

There were slight changes in other organs.
The right lobe of the cerebellum was thickened out
and its interior occupied by a large cyst with
smooth, branchy walls. The left lobe appeared
normal. The presence of this cyst together
with the presence of the tumour on the right side
of the tentorium cerebelli must have caused
obstruction to the veins of Galen.

Perhaps ascribed to the optic chiasma brought
about the blindness.
Constitutional Disease & Fevers.

Rheumatism and insanity are sometimes connected but I have not observed any type of rheumatic insanity. I have already mentioned the depressing effects of chronic rheumatism and I knew a case where the pains were so excruciating that the sufferer committed suicide.

The insanity and helpless wretchedness might well produce some mental changes.

Of Rheumatic arthritis I remember one (female) case at the Hanover Asylum. She was a most patient and cheerful sufferer and as far as I remember betrayed little trace of acuter insanity.

The zymotic disease and fatality cases in asylums, the delirium of fever, &c. may be mistaken for acute mania.

Influenza is the cause often of vague ill health, mental irritability, and unwillingness to work, its resulting complications, especially pneumonia are well known. The form of insanity caused by it in some cases I noted was that of mania with homicidal tendency in several cases.

END    Thomas Parker Greenwood