

**Notes of a case of mania, followed by hyperæsthesia and osteomalacia - singular family tendency to excessive constipation and self-mutilation / by Jas. C. Howden.**

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NOTES OF A CASE OF MANIA, FOLLOWED BY  
HYPERÆSTHESIA AND OSTEOMALACIA—SINGU-  
LAR FAMILY TENDENCY TO EXCESSIVE CON-  
STIPATION AND SELF-MUTILATION.

BY JAS. C. HOWDEN, M.D.,

Superintendent, Royal Lunatic Asylum, Montrose.

J. C., a mason's wife, æt. 26, first admitted to the Montrose Asylum, 6th March, 1855, labouring under acute mania. No special cause was alleged except a feeble constitution inherited from a mother mentally and physically weak. She had been ill for some days before admission. Imagined that God ordered her to mutilate herself. Attempted to pull out her tongue, and on being restrained she pushed it out of her mouth and suddenly clenching her teeth bit a large portion off. She had a brother in the asylum who was admitted on 10th November, 1854, at the age of 22. He presented symptoms similar to his sister, especially in the tendency to self-mutilation, having gouged out one of his eyes.

J. C. was described by her friends as having always been weakly and unfit for much exertion. She had had two children, but could only nurse them for a short time, and after the birth of each had to keep her bed for three months.

She recovered, and was discharged on 2nd January, 1857. From this date she remained at home till 30th December, 1867, when she was re-admitted. In the interval she had two children, and after the birth of each made slow recoveries. On this second attack the records of her condition are more complete. Her height is stated 5 ft. 4 in., weight 164 lbs. She was stout and healthy like, pupils somewhat dilated. On admission, she was maniacal and suicidal. Her delusions were of a melancholic religious character. She thought God had ordered her to burn herself in order to purify her soul, which would then appear in heaven of pure gold. She refused food, stating that it was unclean, and that she was forbidden by God to eat it. She also stripped herself of her clothing as He had commanded her to be naked. She made persistent attempts to tear out her tongue. For two days after admission she took no food, and her bowels were not moved. She got castor oil which did not operate, and it was only after



repeated and copious enemata that a great accumulation of impacted fæces was removed from the rectum. She now took a little food, but her stomach was very irritable, and she frequently vomited.

*8th January, 1868.*—Digestive system still in an unsatisfactory state; bowels costive, stomach irritable, takes her food better.

*On 13th January* she is reported better, mentally and bodily. From this date she gradually improved, and was discharged recovered on 27th March.

*On 24th August* of the same year she was re-admitted. She seemed in good bodily condition, but her stomach and bowels were disordered as before. She vomited everything she took, and her rectum was impacted with fæces. Her urine was slightly albuminous. She had her old delusions that the food was unclean, the flesh being of animals which God had forbidden her to eat or touch. God had also ordered her to tear out her tongue and to destroy herself. She was very restless and excited. She had several wounds and bruises on her arms the result of attempts to injure herself. The third night after admission she pushed her hand into her vagina and injured herself severely, producing profuse hæmorrhage. On the evening of the 28th she was calmer and took her tea of her own accord. When she went to bed she slept till twelve o'clock, when the attendant noticed her lying on her face, and discovered that she was gouging her eyes out. Both eyes were much injured, the left eye was pushed almost completely out of the socket. (The sight of this eye was permanently destroyed.) She continued after this very excited for some time, and showed incessant tendency to self-mutilation, especially to have her tongue torn out.

*On 12th September* she is reported to be quiet, taking her food well, and working a little. In the summer of 1869 she had a slight attack of pleurisy, from which she recovered to a certain extent, though her health was never good afterwards. In February, 1870, she is stated to retain delusions similar to those she had on admission.

*On 2nd April, 1872,* it is reported that she lies constantly in bed complaining of pain in different parts of the body. She cries out when any one touches her. From this date, to her death in February, 1877, she lay constantly in bed on her back. *Hyperæsthesia* was very remarkable. The slightest touch on any part of the trunk or limbs made her wince, and she said it gave her great pain. The mere mention of getting



her out of bed put her in a state of great agitation, when she had to be moved for the purpose of changing her clothes she cried out with pain, and though the attendants took the greatest care not to hurt her, she often complained of being injured on these occasions. For a year before her death she suffered from frequent bronchitic and asthmatic attacks, and it was one of these that carried her off on 10th February, 1877.

The *post-mortem* examination was made on 12th February at noon. Temperature of room, 48°.

Nothing abnormal was detected in the head, except that the substance of the cerebellum was unusually soft and pulpy. The calvarium was thin, but all the bones of the skull were normal in consistence.

There was a considerable amount of fluid in both pleural cavities. The right lung was extensively adherent. Both lungs were flabby, oedematous, and non-crepitant; the right contained some tubercular deposit in the apex. The heart was loaded with fat externally, the muscular substance was pale and fatty like. On microscopic examination, the muscular substance of the heart was found to be in a state of fatty degeneration. The valves were normal. The liver was fatty and the gall bladder packed with angular gall stones. Spleen large but normal in structure. The kidneys, which were with difficulty removed from being deeply imbedded in fat, presented a most singular appearance, and in form more resembled the pancreas, but indeed neither of them could be said to have had any definite form; the left was much smaller than the right, the respective weights being  $3\frac{1}{2}$  oz. to  $5\frac{1}{4}$  oz. On microscopic examination the kidneys were found to be fatty. The uterus was large and somewhat mis-shapen. There was a great quantity of fat both beneath the skin and around the abdominal organs.

When examining the thorax, it was observed that the ribs were almost destitute of earthy matter, they were pliant, and after bending to a certain degree they snapped like a piece of thin cork. The 5th, 6th, 7th, 8th, and 9th ribs on the left side, were bent at a double angle just as if they had been folded; this position was permanent, and there was no evidence whatever of fracture. The bones of the limbs were next examined, and it was found that the knife could be pushed easily through them. The long bones of both legs and arms broke across with ease. The bones of the spine and pelvis were found to be in the same state of softness, cutting as easily as cheese.



## WEIGHTS OF ORGANS.

	Oz.
Encephalon, . . . . .	44 $\frac{1}{2}$
Cerebellum, &c., . . . . .	5 $\frac{3}{4}$
Heart, . . . . .	11 $\frac{1}{2}$
Right Lung, . . . . .	15 $\frac{3}{4}$
Left Lung, . . . . .	11 $\frac{1}{2}$
Liver, . . . . .	41 $\frac{3}{4}$
Spleen, . . . . .	8 $\frac{3}{4}$
Right Kidney, . . . . .	5 $\frac{1}{4}$
Left Kidney, . . . . .	3 $\frac{1}{2}$

*The family history* of this case is of interest. The tendency to constipation was always marked during the maniacal attacks. The same condition existed in the brother's case, and he died from ulceration of the stomach. A younger sister, who was admitted into the asylum in September, 1874, had it to a still more marked degree; during 4 $\frac{1}{2}$  years her bowels never acted except after the administration of copious enemata. In May, 1879, she had a severe attack of pneumonia, from which she made a good recovery; and, singularly enough, since then her bowels have acted quite normally.

The period of life at which insanity manifested itself in the three cases was, A. C., æt. 22, M. C., æt. 24, J. C., æt. 36. The tendency to self-mutilation has not yet shown itself in M. C., but it is remarkable that when J. C. gouged out her eyes in 1868, she was not aware that her brother A. C. did the same thing in 1854.

The mother was placed in the asylum in February, 1881, at the age of 78. She was demented and had been epileptic for twelve years. After the fits she became excited. She had no tendency to constipation. The father was a man of ordinary intelligence and enjoyed good health, though he had always been intemperate.

The osteomalacia in J. C. probably commenced shortly after the attack of pleurisy in 1869, at all events the symptoms were well marked in 1872. Although the pain and hyperæsthesia were remarkable, the existence of mollities ossium was not detected or suspected during life, and as she lay constantly in bed there was no deformity of the limbs or trunk. Extreme wasting of the fatty tissue has been generally observed in osteomalacia. In this case, however, the deposit of fat in all parts of the body was quite unusual. It will be noted that the only part of the osseous system which did not present degeneration was the skull.



The subjoined table, given by Erichsen, shows the relative frequency of softening in the various bones as observed in 131 cases.

	85 Child-bearing Women.	46 Other Cases.
Pelvis, . . .	96 per cent.	87 per cent.
Spinal Column, . .	54 "	87 "
Chest, . . .	31 "	80 "
Upper Limb, . .	12 "	62 "
Lower Limb, . .	17 "	78 "
Head, . . .	8 "	52 "

## LARGE NASO-PHARYNGEAL POLYPUS.

By WILLIAM HUNTLY, M.A., M.D.,  
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IN the *Glasgow Medical Journal* for August, Dr. W. Downie reports several cases of unusually large nasal polypi and the methods employed in their removal; in the June number Dr. Newman relates his experience of a specially large naso-pharyngeal polypus; and in the same connection it may not be uninteresting to record another case of a like nature occurring in my hospital practice, and the novel means used in bringing about a radical cure.

Two years ago a woman came to hospital complaining of a tumour hanging down in her throat. She had come from a distance of over a hundred miles. Women in this country have a special aversion to all manner of operations, and the above fact is to be noted as signifying the trouble and discomfort the tumour was causing her. She had suffered much from difficulty of breathing, and the secretions from the tumour had impaired digestion and health.

The tumour was easily seen filling in the pharynx, and on touching it with a probe some bleeding ensued. No complaint was made about the nose, but the left side of the nostril and the corresponding cheek were seen to bulge out considerably, and the tumour was seen immediately within the nostril filling up the whole left side of the nasal cavity.

My nasal instruments not being numerous, I was somewhat at a loss what to do, and while purposing sending for instruments I resolved to free her breathing by cutting off the portion projecting into the pharynx.

Cocaine being applied to the throat, &c., the end of the