

**Appendix to the annual report on the Montrose Royal Lunatic Asylum. 1863
/ [James Howden].**

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APPENDIX

TO THE

ANNUAL REPORT

ON THE

MONTROSE

ROYAL LUNATIC ASYLUM.

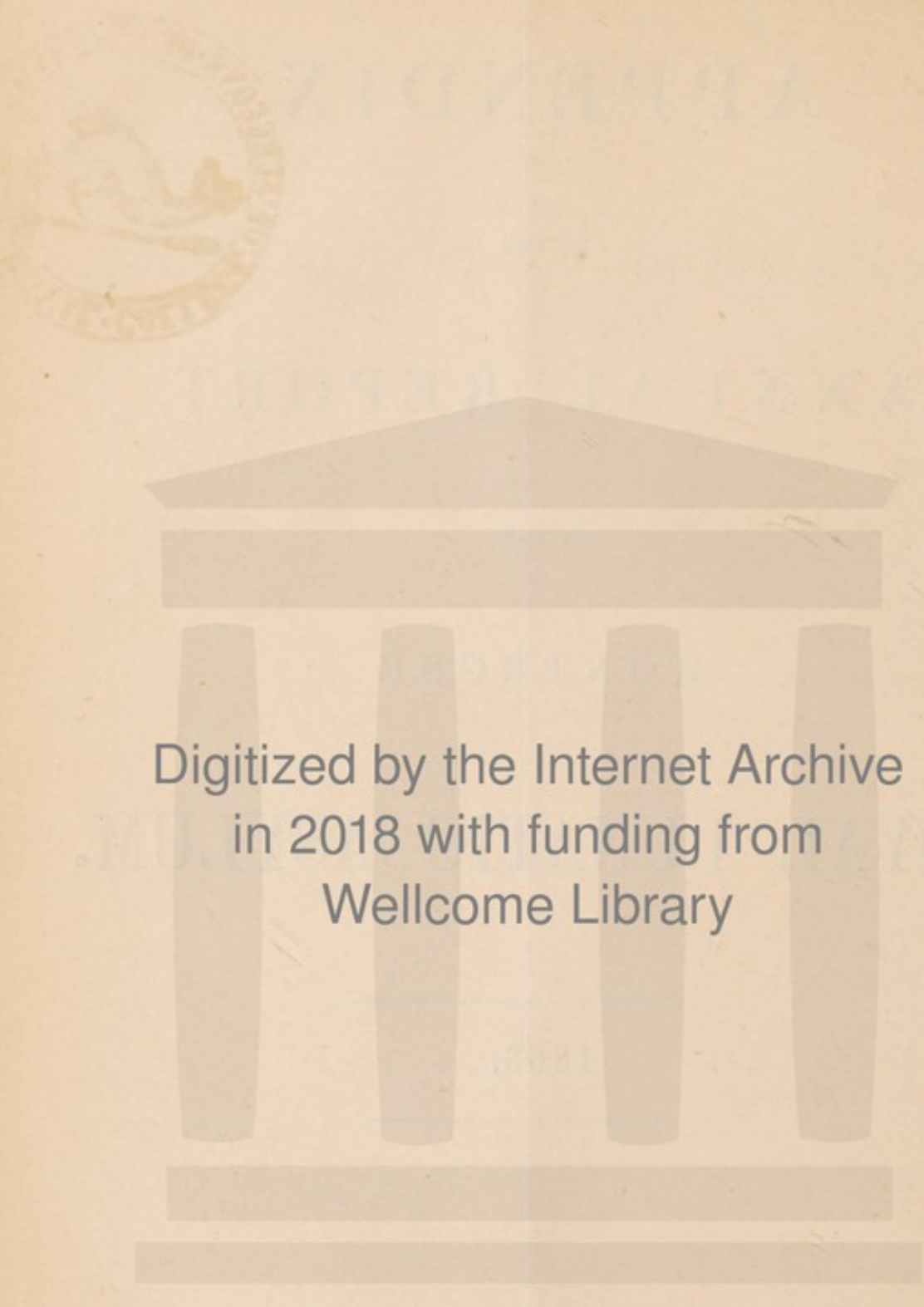
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APPENDIX.

PARALYSIS. — AUTOPSY. — *Inequality of cerebral hemispheres. Softening and hypertrophy of right side. Atrophy of left side, with cicatrix.*

M. R., æt. 26; admitted 16th January, 1862. Unmarried. Congenitally weak-minded. At one time was a mill-worker, but for some years she has been on the street. Has been frequently treated for syphilis. The cause of insanity is stated to be paralysis. None of the medical men who have attended her are aware of her having had an apoplectic attack, and no history can be obtained of the paralytic affection.

She was said to have been only two weeks insane, and was found wandering on the streets of Brechin. On admission, she laboured under syphilis. No paralysis could be detected: she walked with ease and firmness, and all the muscular functions seemed normal. She was quite demented; and during her residence in the Asylum, could never be employed in any way. Memory was quite gone; and though she was conscious of being spoken to, she could not enter into conversation, and seldom uttered anything but "yes" or "no."

Oct. 12.—Was seized with an apoplectic attack; became comatose; left side paralysed.

Oct. 28.—Is now so far restored as to be again in the day-room, but continues paralysed on the left side. She sits all day long with her mouth wide open, has a vacant stare, cannot utter any articulate sounds, but constantly screams aloud. She kicks with her right foot, and picks her dress with her right hand. Her appetite is voracious; but the powers of mastication and deglutition are much impaired.

March 25.—Is getting more feeble, dull, and stupid; cannot sit without support. The screaming has increased.

April 1.—Became Comatose.

April 8.—Continued Comatose for the last week, and unable to swallow.

Died at 8.30 a.m.

SECTION—8th April.

Body: emaciated, pallid. Calvarium thick. Dura mater normal. Glandulæ pacchioni very numerous and large. The arachnoid along the course of the vessels was very opaque. The right hemisphere of the cerebrum was bulging, and fluctuated under the finger; on cutting into it, it was found to be reduced to a soft pulpy mass—the white matter being completely broken up, and under the microscope displayed broken up nerve substance and numerous compound granular cells. The left lobe of the cerebrum was much shrunk—respective weights of the two sides being as follows: right hemisphere, 26 oz.; left hemisphere, 15 oz. On section, the left corpus striatum and optic thalamus were found to be very small and indistinct, and their substance occupied by an old cicatrix of an inch in length. Both lateral ventricles were very small, the right one being with difficulty detected. The cerebellum seemed normal. The fourth ventricle was thickly studded with crystalline granulations.

DEMENTIA.—*Suffocation by food.*

AUTOPSY.—*False membrane in arachnoid sac, with secondary extravasation. Ventricular extravasation of serum. Crystalline granulations. Particles of bread in pharynx, œsophagus, and large bronchi.*

A. G., admitted 16th July, 1859. A labourer, æt. 48. Married. Was always eccentric; two years ago he became possessed of several hundred pounds, which he spent in excessive drinking and irregular living. The particulars of his insanity previous to admission are unknown. He shows great timidity in his manner; seldom answers a question, and his remarks are generally confined to these, which are used on every occasion, viz: "Aye stappin' about, man," "Will I do it, man?" "I'll sune do it." He is quite harmless. His timidity is a source of great amusement to his fellow patients,—a word ad-

dressed to him in no wise threatening, the most insignificant gesture, a nod, a wink, or even a look, is sufficient to make him run off with all the speed he is possessed of. There was no change in his mental state, but latterly his bodily health visibly failed, and he became dirty in his habits.

Nov. 23.—At supper time, the attention of the attendant was called to A. G., when he was found livid in the face, and his mouth full of bread. Dr A. was instantly in attendance, and removed from the mouth pharynx and œsophagus, some masses of half-chewed bread, in the course of 5 or 6 minutes, but by this time respiration had ceased. Artificial respiration was tried without avail, and when Dr H. arrived within 10 minutes after the accident was first observed, he was quite dead.

SECTIO—26th Nov., 1863.

Body, tolerably robust; lividity on depending parts. Rigor mortis, considerable. *Head*: calvarium, very thick and dense. Dura mater adherent on right side to calvarium. On removing the dura mater, a soft pinkish jelly-like membrane was found covering both hemispheres. On the adjoining portions of the middle and posterior lobes of right side, this membrane presented a dark purple blush which was found to be caused by an extravasation of blood between the layers of the false membrane, measuring two inches in length by one in breadth. The arachnoid presented milky opacity, and was readily stript off the convolutions. Eight oz. of fluid was removed from the arachnoid sac, and one oz. from the lateral ventricles. Crystalline granulations were found in the lining membrane of the lateral and fourth ventricles. On the hemispheres, the gray matter was of normal density, but at the base it was soft and easily washed away by water, but presented no unusual microscopic appearance.

The *pharynx* and *œsophagus* showed patches of congestion on the lining membrane, and contained small portions of pulpy bread. Bread was also found in the glottidean folds, as well as in the larger bronchi of both lungs, which were otherwise normal. *Heart*: normal. *Spleen*: firm, large—weighing $19\frac{1}{2}$ oz. *Kidneys*: normal.

Remarks.—This case illustrated a low irritability of the mucous membrane of the bronchi. The patient was not observed to cough; and it seems likely that the mere plugging of the bronchi materially hastened death. I am inclined to think also, that the patient had,

unnoticed, an apoplectic seizure, during which the bread passed into the larynx. At least there was no previous attack to account for the large secondary clot, which, from its local and limited nature, could scarcely fail to produce serious symptoms.

CHRONIC MANIA, *resulting from intemperance. Hepatization and gangrene of lung, without any prominent symptom, but loss of appetite the day before death.*

AUTOPSY.—*Opacity of arachnoid. Injection of pia mater. Adhesion of membranes to cortical substance of hemispheres. Crystalline granulations of lining membrane of ventricles. Fluid in ventricles. Gangrene of right lung. Fatty liver. Cysts in kidneys.*

J. W., admitted 19th May, 1860. A carpenter, æt. 45. Married; of very intemperate habits; said to have been insane a few days before admission. Stated to be noisy and quarrelsome;—striking and swearing at his wife and children; cannot converse rationally, but declares he is dead. He presents the appearance of a person under the influence of drink; addresses strangers as if they were acquaintances, and intersperses his conversation with numerous and meaningless oaths; complained much of his head, and often burst into tears without any apparent reason. His gait was very unsteady, much as if he was intoxicated. He is very untidy in his person: his trousers are generally unbuttoned, and he grasps the fore part of these garments firmly with his left hand; while with the right he frequently rubs his forehead. During his residence in the Asylum, there was little change in his symptoms, until before his death, when he became much more feeble, and wet and dirty in his habits. The night before he died, he complained of pain in the chest; and it was found that the left lung was condensed, and that there was extensive crepitation in the right.

Died at 6 a.m., 23rd February, 1863.

SECTIO.—25th February.

Body: rather corpulent—no rigor mortis. *Head*: scalp thick and fatty. Calvarium, thick and spongy. Dura mater firmly adherent to calvarium. Arachnoid presents milky opacity. Pia mater inject-

ed, tough, and adherent to cortical substance of cerebral hemisphere, portions of which come away on removing the membrane. Cortical substance of a brownish colour. Considerable amount of fluid in the ventricles, the lining membrane of which was studded with crystalline granulations. *Heart*: normal. *Right Lung*: On removing some adhesions of right pleura, a large cavity was broken into in the lung, capable of containing the clenched fist, and full of a greenish-brown highly-fœtid fluid, mixed with broken down portions of the pulmonary substance. The remaining parts of the lung were hepatized. The *Left Lung* was congested. *Liver*: soft and fatty. *Spleen*: soft. *Kidneys*: pale, and contained numerous small cysts.

Remarks.—The points of interest in this case are, first, the invasion of extensive and fatal disease, without any of the usual symptoms; and, second, the close resemblance of the pathological appearances in the brain to those observed in General Paralysis. The sudden loss of appetite in a person labouring under chronic insanity, must always be regarded as a suspicious symptom—it frequently indicates the existence of serious thoracic, or abdominal disease. Pneumonia, pleurisy, peritonitis, often run on to a fatal termination, without any of the symptoms we are accustomed to consider as pathognomonic in the sane. I have observed in several cases where insanity was brought on by prolonged intemperance, that the morbid changes in the brain closely resemble those we commonly find in General Paralysis. The granular crystallations on the lining membrane of the ventricles, are found in all forms of insanity—probably in all instances where there is a chronic dropsical condition of these cavities. Whether the adhesion of the membranes to the cortical substance of the hemispheres depends on a change in the connective tissue, or on the exudation from the minute vessels, or on both these causes, the conditions may readily be supposed to exist, without necessarily producing General Paralysis.

GENERAL PARALYSIS. — *Death during the congestive period.*
 AUTOPSY.—*Congestion of brain. Absence of adhesions, effusions, or granular state of membranes.*

J. L., a mason, æt. 30; admitted 13th February. Married; of short stature; robust and powerfully-built man, tending to obesity. It is

stated that he has shown symptoms of insanity since the beginning of last month; but that since he fell and hurt his head ten months ago, he has never been quite well. He was sober and regular in his habits,—the only peculiarity in his character, his friends mention, is fickleness, especially as regards his employment: he seldom remained long with one master, and shifted constantly from one job to another. On admission, no symptoms of paralysis could be detected in his walking; but there was marked hesitancy in his speech, and want of expression in his face. His conversation is chiefly regarding himself, his strength, health and happiness; he speaks of the immense number of horses and coaches he possesses, and says his wife is the best woman in the world. A few days after admission, he became much excited—declared he never was in the enjoyment of such health, and that he must regain his liberty at all hazards. He repeatedly assaulted the attendants and patients, tried to force his way out by the door when any one opened it, and when these methods of obtaining his freedom failed, he broke one of the iron window frames with a bench; at the same time he tore his clothes to shreds, and for several days and nights, it was necessary to have a special attendant with him.

A fortnight's violent excitement was succeeded by a week's quiescence, during which his habits were unobjectionable, and he was employed working in the garden. This interval of comparative sanity, gave place to a state of nervous apprehension and melancholy; he wept like a child, and mourned over the errors he had committed in his past life. His appetite now failed, and his bowels never acted, except after the exhibition of a purge or clyster. He gradually became stupid, quite helpless, and apparently unconscious. He sat all day long on a bench, which he clenched firmly with his hands, as if to prevent his falling to the floor; his mouth was open, and his teeth covered with sordes; his eyes were fixed, staring vacantly; the conjunctiva injected and yellow; the skin was very sallow, and covered with a clammy sweat, emitting a strong mousey odour. He soon become bedridden. Enemata were administered, and leeches were applied to his temples. The day after the application of the leeches, there was a slight alleviation of the symptoms—he was conscious, and understood what was said to him, and took some food himself. Pulse, 120, feeble. The following day he relapsed into his

former condition, and the application of leeches was not followed by any good effect.

August 20.—Died.

SECTIO.

The vessels of the pia mater very much injected with blood. The substance of the brain highly vascular; the puncta in white matter were large, and exuded much blood; the gray substance was of a very decided pink hue. There was no adhesion of the membrane to the convolutions. The sub-arachnoid and ventricular fluid was scanty, and there was a scarcely appreciable crystalline granular appearance on the lining membrane of the lateral and fourth ventricles.

RECURRENT MANIA.—*Death from apoplexy.*

AUTOPSY.—*Adhesion of membranes to cortical substance. Clot.*

Atheroma of arteries. Softened condition of brain. Corpora amylacea. Granular corpuscles.

W. H., æt. 65. Had been an inmate of the Asylum for thirty years, labouring under recurrent mania. Latterly, the attacks lasted about six weeks; and the intervals, during which she was not excited, but rather petulant and discontented, from a fortnight to a month. She was addicted to onanism; and during the paroxysms of excitement, was violent, destructive, and filthy in her habits, and very obscene in her language. She had become feeble, and was often ailing, though, until her last illness, she rarely suffered from any severe physical indisposition.

11 a.m., 28th April.—Was found on her parlour floor quite unconscious. She was put to bed, and continued comatose till 6 p.m., when she died.

SECTIO—30th April.

Head: calvarium, thick and spongy. Marked injection of pia mater over whole surface. Membranes adherent to cortical substance over both hemispheres. A thin layer of extravasated blood was spread over the anterior third of left hemisphere. The convolutions of both hemispheres were flattened. In the substance of the left hemisphere, was a clot of blood, weighing $2\frac{1}{2}$ oz., occupying the left ventricle and centrum ovale. There was likewise some blood in the

right ventricle, and 1 oz. of serous fluid. The brain substance around the clot on the left side, including the optic thalamus and corpus striatum, was softened and disintegrated. The extravasation in the arachnoid sac extended to the inferior and lateral margin of the hemispheres. There was also an extensive extravasation beneath the arachnoid, over both lobes of cerebellum. The arteries of the base were all highly atheromatous. The substance of the medulla oblongata, corpus striatum, and optic thalamus, was soft. *Heart*: opacity along the course of the coronary arteries. Muscular substance, pale. Valves, competent. Atheromatous deposit and thickening of mitral and tricuspid valves, and in ascending aorta. *Lungs*: normal. *Liver*: slightly fatty. Gall bladder containing seven angular gall stones. *Spleen and Kidneys*: normal.

MICROSCOPIC APPEARANCES IN BRAIN.

In the cortical substance of both cerebral hemispheres and cerebellum, there were numerous *copora amylacea*, besides exudation granules, especially around the walls of the minute vessels. There were likewise cells, rather larger than the normal cells of the gray substance, containing minute brownish-coloured granules. These cells were very distinct, and five or six might be seen in the field at a time. The white substance of the left hemisphere surrounding the clot, presented broken up nerve fibres, and numerous granular corpuscles, besides irregular masses and isolated specimens of granules of a yellowish-brown colour.

DELIRIUM.—*Loss of sight and hearing. Coma.*

AUTOPSY.—*Serous effusion in ventricles. Granulations on lining membrane.*

D. T., a mason, æt. 35. Was an attendant in the Asylum for five months. He was a big, muscular man, of a dark complexion, and rather melancholy expression. He was steady and sober in his habits, but always dull and lifeless. His wife and fellow workmen state, that they had known him work all day without speaking to any one. For about a year, he had suffered from a varicose ulcer, which had latterly healed. He complained of lassitude, want of appetite, and dull pain in the forehead, more or less, for some months before his

last illness, and frequently required to lie down, especially after dinner. A fortnight before his death, he suffered from intense headache, which increased in severity for two days, when he took to bed on 14th August. Drastic purgatives were administered without affording any relief; his appetite failed, and he became sleepless.

Aug. 17.—Delirious and very restless; unconscious of the presence of his wife and child.

Aug. 19.—Was conscious, stated that his head felt very queer; has become deaf, and his sight is much impaired, so that he cannot recognise those around him; pupils dilated; pulse 48. Blister applied over the head. Brandy and beef-tea.

Aug. 21.—No amendment. He is now quite unconscious; wets his bed. Pulse 48, except when excited by brandy.

Aug. 23.—Died.

SECTIO.

Calvarium, thin; membranes, normal; convolutions of both cerebral hemispheres, flattened; sulci, closed. The lateral ventricles contained four ounces of serous fluid; the lining membrane of these as of the other ventricles, covered with crystalline granulations.

DEMENTIA.—*Repeated Convulsions.*

AUTOPSY.—*Cancerous deposit in cerebrum.*

M. B., æt. 56; admitted 2nd November, 1859. She had been three years insane at the date of admission. Is now demented—cannot answer the simplest questions, and her habits are filthy. No change in her mental or physical health occurred till 15th December, 1862, when it was observed that she was paralysed on the right side. The mouth was drawn to the left side, but the tongue, on protrusion, inclined to the right side. The night attendant reports that she was slightly convulsed during her visits.

Dec. 20.—Had a slight convulsive attack. The muscles of the right side, especially of the arm, twitched spasmodically, as if under the influence of a strong galvanic current.

March 25, 1863.—Since last notice, has had repeated slight convulsive seizures, and in the intervals, twitching of the muscles, especially of the right forearm and thigh—these twitchings were found to

be diminished in frequency, but increased in intensity, by the application of a strong galvanic current to the convulsed thigh. Convulsions were stronger to-day, and she was afterwards quite helpless, and unable to swallow.

March 26.—Died.

SECTION—27th March.

Body: emaciated. Calvarium dense, dura mater strongly adherent to it. Arachnoid had generally an opaque milky aspect. Over the superior portion of the anterior lobe of the left cerebral hemisphere, the arachnoid protruded into a gelatinous-like swelling, caused by fluid in the pia mater. On raising the membranes over this point, the cortical substance was found softened on the surface, and of a brownish-yellow tint. Between this softened matter and the white substance, there was a hard layer of the consistency of cheese. Under the microscope, the softened mass presented numerous compound granular corpuscles, and large, well-marked oil globules, besides nucleated cells. The vessels in the grey matter, were in many instances coated with oil granules. Crystalline granulations were found in the fourth ventricle. The arteries of the base were atheromatous. *Heart*: normal. *Lungs*: adhesions at both apices. Tubercular deposits in both lungs. *Liver*: fatty.

CHRONIC ALCOHOLISM.—*Dread of fire. Violence. Suspicion of poison. Hallucinations of smell and sight. Chronic Albuminuria. Hyperæsthesia (local). Dimness of vision. Complete recovery.*

A. N., admitted 20th February, 1863; a painter, æt. 50. Married; has been long of intemperate habits. Had an attack of painters' colic 20 years ago. He was at work till Saturday, 14th February, on which day, after getting his week's pay, he went to a public-house, where he met an acquaintance, with whom he drunk till he was unconscious. From this time till the following Wednesday, he remembers nothing; but it appears that he had been confined to bed. On Wednesday evening, when his wife was giving him some tea, he sprung to his feet, and stabbed her with a knife in one of her shoulders. His wife's cries brought a woman to her assistance, but

as soon as she entered, he rushed to the door and locked it. He then seized her by the hair, and dragged her about the room. Her screams attracted the attention of two men, who hastened to the spot; but finding the door fast, they burst it open, and before they could lay hold of N., he tore away the lower sash of the window, and leapt out into the close. He then rushed along the street in a state of great excitement, and having gained the shore near the suspension bridge leapt into the water. A boat was immediately put off, and he was picked up in a very exhausted condition. He was taken to the Infirmary, where he remained till the time of his removal to the Asylum. On admission, he was restless and excited: his features quivered, his tongue was covered with a dry brown fur; skin cold and clammy. He is very emaciated; suffers from inflammation of cellular tissue of left arm, and complains of a stich in the left side on which he cannot lie, over the tenth rib, where a distinct friction murmur is detected.

Feb. 25.—He can now give a tolerably clear account of his own mental state, from which it appears that on rallying from the stupor of drink, he was possessed of the idea that the house, and especially the staircase, was on fire. His anxiety to rescue his wife, and to escape himself from the flames, was the cause of his assaulting her. He says he wished her to leap out at the window with him, and that, in trying to drag her to the window, he accidentally hurt her with a knife he had in his hand. Notwithstanding the height of the window from the ground—11 feet—he felt nothing the worse of his leap, and ran off in great terror, supposing that he was pursued. His object in going into the river, was, he says, not to drown himself, but to escape from his pursuers, who he thought would be afraid to follow him. In the Infirmary, he was placed under the guardianship of two policemen in a special room. He now fancied that the policemen began to torture him: he thought they threw *stuff* in his face, and put asafœtida in the fire, so that he would have been suffocated had he not broken the window. It appeared to him that there were stars shining from the roof of the apartment; and he refused to take any food, believing it to be poisoned. These delusions he still maintained; but though he took no food in the Infirmary, he has eaten heartily in the Asylum, and seems to have no fear of poison.

Urine scanty, spec. gravity 1020, contains some albumen and

copious deposit of uric acid crystals. Leeches were applied on the left side of the chest, where the friction was detected.

Feb. 26.—Better to-day; pain and friction almost diminished; can now lie on either side.

March 7.—This morning he evinces great sensitiveness of the skin on the back of the neck, over the trapezius muscle. The slightest touch causes him to wince, and pressure over any part of the muscle, makes him cry out with pain. On no other part of the body does he evince hypersensation. He has vomited his meals once or twice, and his expression is anxious and haggard.

March 10.—Sensitiveness of trapezius diminished; complained that he cannot see distinctly; cannot distinguish the asticles of the window, or the type of a large bible. Everything seems to him in a mist; but he fancies he sees the roof of his room divided like a map, and covered with stars. To have porter and cod-liver in addition to extra diet.

March 15.—The symptoms noted at last entry have disappeared, and he now says he can see as well as before his illness.

April 14.—Has continued to improve in general health and condition, and has now commenced to work at his trade.

May 2.—Urine examined, and found to contain albumen. Being now quite sane, was discharged recovered.

DELUSIONS *connected with organic disease of abdomen.*

A. F., admitted September 6, 1862; a labourer's wife, æt. 55. She has been three months insane, and this is the first attack. The cause is not known; but her brother had two daughters insane, and inmates of a Lunatic Asylum. It appears that for several years she had been under treatment for an internal disease, of what nature is not stated. Three weeks previous to admission, the mental symptoms increased much in violence; she refused to take any food, and raved constantly about being forsaken by God. On admission, she was in a state of great exhaustion and faintness, and was with difficulty induced to take a little wine and beef-tea, saying that "these were the bitter dregs the wicked had to drink."

Sep. 10.—Confined to bed; constantly moaning and raving about

her lost condition. Pulse frequent and small; tongue dry. Wine and beef-tea are given with great difficulty, she declaring that she is quite "full," and that they cannot go down. Complains of pain in the epigastric region.

Nov. 19.—Still very weak; almost constantly in bed; still declining her food. Asserts that there is a serpent in her inside, which causes her much pain. On being visited by her son, she asserted that he was the devil who had come in the dress and habit of her son.

Dec. 2.—Died after several days abstinence from food, which could not be administered, owing to her very exhausted condition.

SECTION—4th December.

Body: emaciated. Rigor mortis, slight. *Head:* scalp, bloodless; calvarium, thin; longitudinal veins and vessels of dura mater, full; pia mater, vascular; gray matter, pink; puncta in white matter. No other abnormal appearance in encephalon. *Heart:* right antricle distended with dark clots; left, less so, with straw-coloured clots, which are also found in the ventricles and aorta. Lining membrane of heart and large vessels of a deep purple hue. *Lungs:* normal, except slight puckering at apex of left. *Liver:* friable, and presenting a nutmeg aspect on section. *Stomach:* coats much thickened, especially at pyloric extremity, where a section measures half an inch. The inner aspect is covered with a glairy yellowish jelly, and beneath this the substance is hard and cartilaginous-like. Under the microscope, well-marked cancer cells were observed. *Mesenteric Glands:* enlarged and hard. *Spleen:* very small, and mottled on section. *Kidneys,* normal.

DELUSIONS connected with organic disease in abdomen.

Mrs Y., æt. 62, a fisherman's wife, admitted 1st February. Had been two years insane. Emaciated, sallow complexion, and anxious expression. Complains that there is a beast in her inside, which will eat her up. Wants to be cut open to have the beast removed, or to be poisoned. During her residence in the Asylum, she continued to retain the same delusion. She was very unhappy, and never ceased to bemoan her lot. When not in bed, she was inclined to sit or lie

on the floor. Her appetite was always bad, and sometimes she refused her food altogether. Bowels rarely acted without medicine.

Died, 27th August.

SECTION.

Brain: small—weighed 43 oz. Gray matter very thin and pale. Little vascularity in white matter. Large quantity of fluid in arachnoid sac and in lateral ventricles. Both *Lungs* normal, with the exception of a few small calcareous concretions. *Heart*: normal, slight atheromatous deposit at origin of aorta. *Liver*: fatty. Peritoneum covering the abdominal viscera, was studded with small white deposits, varying in size from a pin-head to a pea. These yielded cancer cells under the microscope.

Remarks.—Insanity generally obscures the diagnosis of other diseases—at least, it conceals the symptoms we are accustomed to meet with in persons of sound mind. On the other hand, the delusions of the patient often supply the place of these symptoms and determine the nature and seat of organic disease. Females who have ovarian or uterine disease constantly refer their sensations to pregnancy, and the two cases given above are typical of a class in which malignant disease originates the illusion.

JAMES C. HOWDEN.