

I would suggest that this is a case of *epilepsie larvée*, or *masked epilepsy*, and further that the last attack, which was of longer duration and more severe than the others, and which terminated in acute meningitis and death, was the analogue of the *status epilepticus* which so often terminates in meningitis.\*

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#### OCCASIONAL NOTES OF THE QUARTER.

*Sir Andrew Clark, Bart.*

It will always be a subject of regret that the late Sir Andrew Clark left unfinished an article on "Gouty Melancholia," which he contributed to the "Journal of Mental Science" (Vol. xxvi., p. 343). In this paper, consisting mainly of an imaginary dialogue between the physician and a medical practitioner who consults him about his patient, he graphically describes the symptoms in reply to the inquiry what Sir Andrew really meant by "gouty."

"What it exactly means to other people I do not pretend to know; what it means to me I can tell you very shortly. By the gouty state I mean the state brought about in certain constitutions by the retention in the blood and tissues of the body of certain acid and other waste stuffs, and their effects thereon."

He proceeds to describe these constitutions as characterized by "a certain type of nervous impressibility, but a feeble capillary circulation, by tendencies to venous congestions, and by deficient excretory powers."

The practitioner humbly asks how this gouty state is to be recognized? His teacher replies that there is hardly any tissue, or organ, which does not at one time or another become the seat of these symptoms. "There is the glazed, the dusky, congested throat, catarrhal, acid, and painful indigestion, localized persisting abdominal pains, recurring diarrhœas, portal congestions with diminished bile excretion, and neuralgias, and the like, fleeting albuminurias, asthma, bronchitis, etc., bouts of irregular action of the heart, with transitory murmurs, venous congestions, etc. In the nervous system itself curious head-

\* I may take this opportunity of correcting a statement made by Dr. Whitcombe at the Coroner's inquest. Dr. Whitcombe there stated that some years ago a Commissioner in Lunacy was killed in Broadmoor Asylum by a patient who was the subject of homicidal impulse. Dr. Whitcombe, no doubt, was referring to the murder of Mr. Lutwidge by William McKave, which took place at Fisherton House, Salisbury, and not at Broadmoor. During the thirty years Broadmoor Asylum has been open, no murder has been committed by any of the inmates.

aches, vertigo, numbness, sensations of loss of power," above all, in relation to our own specialty, "sudden elations and depressions of spirits, and fits of morning misery."

The sad list is not exhausted, for there may be conjunctivitis, cataract, chronic nasal inflammation, cramps, muscular quiverings, odd pains in the heel, the instep, and the arm, and swellings of the fingers, while in the cutaneous system there may be troublesome eczemas and boils.

Sir Andrew Clark is asked what proof he can give of the connection between these symptoms and gout?

The reply is that people thus affected are peculiarly liable to gout, and that when the latter arises, these manifestations disappear. Sir Andrew gives a case of bronchitic asthma in his own practice which regularly alternated with gout in the hand. The medical practitioner reverts to his own patient, and asks for some proof that his melancholia is due to gout.

The previous history of the case affords the proof. The patient had suffered from indigestion four years ago, and became nervous, irritable, depressed, sleepless, and full of fears. He had slight liver attacks, then he had eczema on the forefinger, behind the ear, etc. Although sometimes better, he was never well; at last he had gout in the foot. Enjoined to live carefully, his health was good for two years. Then he fell, in consequence of being careless in his diet, into a state similar to that from which his gout had purged him. Again he has gout, and again he recovers. But once more having fallen into loose ways of eating and drinking, and neglected exercise, he drifted into the old state of dyspepsia, flatulence, acidity, his bowels irregular, his urine light coloured and of low density, and his skin yellowish. As the patient has headache, is irritable, nervous, and full of baseless fears, especially on waking, *without gout*, the conclusion is reached that these symptoms take its place: "The gouty stuffs retained in the blood and in the tissues strike with a partial severity the nutritive and functional activities of the nervous system, and you have the melancholia as the substitution for the gout. This is your patient's gouty melancholia."

An acute clinical physician like Sir Andrew Clark did not fail to observe the alternation of asthma and gout, and, in the medical practitioner's case, the alternation of gout with melancholia.

The article breaks off with noting the greater impressibility and subjectivism of women, the greater disturbing influences of retained waste in their system, and the contention

that many of their nervous affections, at the turn of life, have a gouty origin.

The practitioner is doubtless greatly impressed with Sir Andrew Clark's pathology of gouty melancholia, but he has come to him for practical advice, and he ventures to ask the question, "What have you to suggest, doctor?"

The request was never complied with in the pages of this Journal. In vain, during 13 years, was editorial importunity employed to induce the author to complete his task. To the excuse that he was too busy to fulfil his promise, it was hinted that other tasks were undertaken which were, to say the least, not more necessary than the matter in hand. The good-natured physician, who no doubt preferred "fresh woods and pastures new," could only reply that his favourite text was the apostle's homily on charity, and that he begged for its exercise in the present instance.

It may be stated, however, that as regards drugs he was fond of prescribing an alkali, preferably bicarbonate of potash, a bitter and perhaps spirit of chloroform. Then he would often add a drop or two of tinct. opii *to take the edge off the anguished nerves*, as he expressed it. A dose of the mixture was to be taken twice a day, two hours after dinner, and on going to bed. An alterative was usually prescribed, consisting of a grain of blue pill and one or two of colocynth, to be taken twice or thrice a week for some time. Moreover fluid magnesia was sometimes ordered, and directed to be taken by the patient on waking in the morning.

His favourite directions in regard to diet may be best indicated by the following, which we give from an instruction to a patient in his own handwriting.

On waking drink slowly half-a-pint of cold or of hot water.

*Breakfast.*—Bread and butter with one egg, or a wing of a cold chicken, or a little fresh fish, and one cup of weak tea.

*Mid-day Dinner.*—Half-a-pound of fresh tenderly dressed meat, bread, mashed potatoes, and fresh green vegetables. (In some cases a moderate dose of whisky was prescribed as a beverage.)

*Tea*, like breakfast, not earlier than 7 p.m. (In exceptional cases the patient accustomed to take whisky was allowed a small quantity at bed time.)

Avoid soups, sauces, pickles, spices, curries, fats, pies, salted or otherwise preserved meats; pastry, cheese, jams, fruits, rhubarb, lemons, tomatoes, vinegar, and all acid things; malt liquors, cyder, perry, wines, and acid drinks. Be as much as possible in the open air, and potter about on trot.

But neither drugs nor diet formed the central factors of his treatment or explained his success and widespread popularity. His treatment was emphatically psychological. "Suggestion" lay at the root of the wonderful growth which sprung up and bore fruit in the minds as well as the bodies of the patients who flocked to his consulting-room; the term, however, is too mild, unless understood in the technical sense in which it has been employed in recent times, that is to say no tame, half-hearted suggestion, but one so emphatic, so solemn, accompanied by gesture as well as word painting, so impressive and impassioned, as to make the patient feel that he must renounce his own will without reserve to that of the physician under whose control he had placed himself, or continue to suffer. With what earnest emphasis would he enjoin his favourite precept, "Walk in the paths of physiological righteousness." On one occasion an inebriate lady, forbidden to touch wine, asked him whether she might not take a little *sal volatile*. Sir Andrew replied in a tone which the patient was not likely to forget, "On the peril of your life, madam, not another drop!" A distinguished medical friend, in relating the story to us, added that he himself would have probably replied politely, "No, you had better not take any"—and would have failed.

Patients struggled vainly to gain some mitigation of the rigorous dietary to which they were subjected by their genial, but autocratic doctor. They had thought themselves free agents when they entered his room; they left it captives to the wise and health-giving commands by which they were fascinated and dominated.

In short, Sir Andrew out-Bernheimed Bernheim; he was, in a word, the most successful hypnotist of his day.

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*The Disuse of Inquisitions under the New Lunacy Acts.*

The comparative disuse of inquisitions under the new Lunacy Acts is naturally giving rise to much uncertainty and diversity of opinion in medico-legal circles. An attempt to explain the nature and extent of the departure which has been taken under these Statutes may not, therefore, be inopportune. It should be premised that—thanks to the somewhat meagre interest which medico-legal questions excite in Parliament—the pages of Hansard throw little light upon the solution of the difficulty, and the matter is, of course, not one that can readily be made the subject of judicial interpretation.