

## QUEBEC MEDICO-PSYCHOLOGICAL SOCIETY.

At a meeting of the Medico-Psychological Society of Quebec on October 15th, 1898, Dr. Chagnon read a paper on the "Influence of Traumatism on the Mental State."

Dr. CHAGNON said that incidental maladies and traumatism befalling the insane in the course of their mental affection are sometimes of good omen to the alienist physician, inasmuch as they lead to a speedy cure, which otherwise would have been slow to come, or perhaps would not have been brought about. He had had under observation at St. Jean de Dieu Asylum a case which thus terminated in a cure after two years' duration.

*Summary.*—Hugh James K—, aged 25 years, state of stupor, penetrating wound of the abdomen; cured.

The patient was admitted to St. Jean de Dieu Asylum, Long Point, on October 19th, 1896. There was never any hereditary taint of insanity in his family, and he himself did not show any physical stigma of degeneracy.

He had been a conductor on the street railway cars for several days, when a slight accident happened to the car in his charge. Though the accident was of little importance, it was nevertheless sufficient to affect his mental equilibrium. This accident happened about fifteen days before he came to the asylum.

On admission he showed a slight trace of maniacal excitement, which shortly afterwards gave place to stupor, during which it was sometimes necessary to have recourse to forced means of nutrition. This stupor did not, however, continue all the time; it was broken by maniacal attacks, more or less intense. Some ambitious ideas showed themselves at times, and hallucinations of hearing rendered him impulsive; he gradually fell into dirty habits.

On the morning of June 13th, 1898, he made an attempt to commit suicide. He drove a knife into the epigastric region. The course of the wound was from right to left, following the rectus muscle for the space of about half an inch, and then passing into the "linea alba" by a slightly oblique opening measuring one inch. Laparotomy was at once performed. No perforation was found. A superficial layer of the omentum only was cut off, and exhibited slight hæmorrhage from a small vein. The parts were stitched, and the abdomen was closed.

Whilst they were making the deep sutures the patient showed signs of asphyxia, stoppage of respiration, and was in imminent danger of death. Rhythmic tractions of the tongue, after Laborde's method, brought the patient to himself. The result of the operation was excellent,—no rise of temperature, no suppuration. This attempt at suicide, which was the first, was due to hallucinations of hearing.

During the first week after operation he fed himself very imperfectly, and wished to die. Forced feeding was in contemplation, when all of a sudden the patient decided to take everything which was offered him. From this moment his convalescence progressed rapidly, and on the 31st of August he was able to return to his family.

Dr. CHAGNON also communicated a paper upon "Two Cases of Psychological Troubles after Operations."

He had had the advantage of observing two cases of psychological troubles after the performance of operations, one following amputation of the breast, and the other after the amputation of a leg.

*Obs. 1. Summary.*—Madame D—, æt. 34; sarcoma of the breast, operation, acute mania.

Madame D— was admitted to the Notre Dame Hospital, Montreal, on March 26th, 1891. She came to undergo an operation for sarcoma of the breast. The operation was successfully performed on the morning of March 28th. The following night she had little sleep. Slight agitation during the day of the 29th, absolute insomnia during the night of the 29th, and at length a crisis of acute mania on the 30th. This state continued; she became so agitated and so noisy that it was decided to send her to the asylum on urgency. She was admitted to St. Jean de Dieu on the 3rd of April, and died there on the 7th of April from acute delirium. We learned from her husband, what she herself had not declared, that shortly after her marriage, which took place three years before, she showed signs of

maniacal excitement for a short time, and that one of her sisters was out of her mind. It was impossible to have any information about her family history.

Obs. 2. *Summary*.—Mrs. F—, æt. 54, arthritis of the tibio-tarsal articulation, amputation of the leg, circular insanity.

Mrs. F— was admitted to Notre Dame Hospital on June 5th, 1894, to be treated for arthritis of the tibio-tarsal articulation, of about five years' standing.

*Hereditary antecedents*.—Her father died at seventy-seven years of age from senile debility. Her mother died at the age of sixty-eight years from the "grippe." She had seven brothers, of whom four died young; the three living brothers are in good health. Three sisters are also in good health.

*Personal antecedents*.—Mrs. F— had eleven children and one miscarriage. She never showed any nervous trouble. About eighteen years ago she noticed that a "tumour" was growing on the dorsal surface of the foot. She had it removed six years later. The wound did not heal, a necrosis of the bone followed; a fragment of the necrosed bone was taken away. Some improvement followed, but the disease reappeared, and she was then admitted to the hospital. At this period the patient was excessively debilitated, and an operation was the only means of saving her life.

Amputation of the leg was performed at the inferior third. Secondary hæmorrhage was very abundant. She left the hospital on the 3rd of July.

On leaving the hospital Mrs. F— was very anæmic. Two or three months afterwards she began to show symptoms of melancholia. "She saw everything in black; everything appeared to her as big as mountains; she was to fall into poverty." This state of melancholia would begin towards evening, and continue until the following evening, and was succeeded by a period of mental sur-excitation lasting the same length of time.

The melancholico-maniacal fits succeeded each other regularly from the time they first began, and were not followed by lucid intervals.

In the first case there was an anterior attack of insanity, collateral, and perhaps direct heredity, inasmuch as the parents were unknown, and the effect of the traumatism was only to bring forth mental troubles in a brain already prepared.

The patient who is the subject of the second observation did not show any neuropathic antecedent, hereditary or personal. It is not possible to appeal to any preoccupation, the dread of the operation, or the fear of death. She knew that the operation alone could save her life, and she decided courageously to undergo it. The results of the operation were excellent, the recovery was rapid. It is necessary, then, to conclude that the operation alone was sufficient to bring forth the mental troubles.

Dr. Chagnon was therefore of the opinion that these operations alone were sufficient to bring forth the respective mental troubles.

At the same meeting Dr. VILLENEUVE communicated a paper on "Alcoholism and Responsibility," dealing with the social and administrative aspect of the question. In order to illustrate his paper he brought forward the following notes:—L. T—, æt. 36, married. Family history: father temperate; paternal grandfather and a paternal uncle suffered from alcoholic intemperance. Also a paternal aunt died in an asylum from an attack of acute mania. This aunt had frequent attacks of mania of great intensity, resulting from the most trivial causes, such as loss of sleep, contradictions, &c.

*Patient's history*.—At college he was considered a bright student, and notwithstanding a propensity for laziness he got along well in his classes, because it required little effort on his part to learn. But he was shunned on account of his sullen temper, and was generally looked upon as a badly balanced mortal. After leaving college he always fulfilled with intelligence, when sober, the duties confided to him, and was polite, industrious, intelligent, and possessed good business qualities.

Previous to his marriage, six years ago, he fell into alcoholic habits when living in his father's house, but without the knowledge of the latter. By degrees his drunken bouts became more numerous, of longer duration, and occurred nearly every month. He tried to conquer his desire for alcohol, but if the slightest occasion arose—*e. g.* the closing of a bargain—he would take what he mentally resolved should be his first and only glass. But, unfortunately, this first glass necessitated a number of others, each one supposed to be the last, and he was always under the

belief that he would be able to stop in time. A very small quantity of alcohol was sufficient to upset him, and he drank on until he became maniacal, aggressive, threatening, and violent. Within twenty-four hours from this stage he became delirious, had hallucinations of sight, and often had severe epileptic fits. As soon as he was deprived of stimulants he rapidly regained his senses, and the intellectual troubles did not further bother him. Several times during these attacks he made various attempts to commit suicide, but during his sane intervals he had no recollection of ever having attempted to do such a thing; and also during these intervals suicidal tendencies were completely absent. He had been sent to prison frequently during these attacks, and once to an asylum; and during his last confinement in gaol he had made three attempts to commit suicide. Dr. Villeneuve believed that L. T—'s actions could therefore be declared as irresponsible, and that his behaviour was manifestly due to an abnormal or pathological inebriety, due to a predisposition inherited from his grandfather; that he should not be considered a lunatic, as no mental weakness could be detected during his intervals of temperance; and that he was not responsible for his attempts to commit suicide. In conclusion, Dr. Villeneuve considered that L. T— should be confined in an inebriates' home, such as they have in other countries for similar patients.

As regards the drunkenness, the question of his penal responsibility belonged to the courts. However, on account of his morbid heredity, which makes him a "prédisposé," a palliation of such responsibility should be admitted.

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#### SOCIÉTÉ DE NEUROLOGIE.

We are requested to announce the formation of the Société de Neurologie at Paris on the 8th June. It is designed for the purpose of holding regular meetings of medical men engaged in the study of nervous diseases, and will have as an official organ the *Revue Neurologique*. The president is Dr. Joffroy, and the general secretary is Dr. Pierre Marie.

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#### MONTROSE ROYAL ASYLUM.

Dr. Howden's last great work in connection with the Montrose Asylum was to provide accommodation for the private patients in a separate building. This house, which stands in the immediate neighbourhood of the original asylum, has lately been opened; and it has been named in commemoration of Mrs. Carnegie of Charleton and Pitarrow, to whose generosity the institution was first indebted. The changes which have occurred since 1780, when the insane were kept in the Tolbooth, are indeed very striking. Certainly no better equipped asylum than Montrose exists for the benefit of the insane, and it is well that the pious founder should be commemorated in its latest development.

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#### SWIFT'S HOSPITAL.

This historic institution has at last begun to come into line with modern asylums. By the acquisition of St. Edmondsbury, Lucan, which has been open for some months, the patients will have the advantage of a palatial establishment in beautiful grounds. The environment is all that could be desired, and we hope that the benefits of St. Edmondsbury will soon be shared by all who are under treatment at Swift's Hospital. The original building has long stood condemned for the purposes of asylum care and treatment, and it is to be hoped that the committee of management will lose no time in formulating plans for a modern institution at Lucan with a view to abandon the present building to other purposes. Such an