II.—A CASE OF HOMICIDAL AND SUICIDAL INSANITY.

By FRANK ASHBY ELKINS, M.B., Assistant Physician, Royal Edinburgh Asylum.

WILLIAM W., aged 33, a married man, who had lately been a hall-porter, was admitted from the Calton Jail, by a warrant of the Sheriff, to the Royal Edinburgh Asylum, on April 26th, 1890, having made a homicidal attack upon a citizen of Edinburgh.

Disposition.—He was sensitive, cheerful, very excitable, rather proud, and sometimes quarrelsome.

Habits.—Although alcoholic, he led a fairly steady and industrious life till two years ago.

Previous Attacks.—These had been four, and all of them had occurred since November 1888. He had been treated at Londonderry, Perth, Greenock, and Edinburgh Asylums, having been discharged "recovered" from each asylum after an average residence of three months' duration.

Hereditary History.—A great aunt was insane, a brother was alcoholic and died of kidney disease, and a sister died of phthisis.

History.—He was the youngest child of his parents. As far as can be ascertained, his childhood and youth appear to have been normal. When a lad he had two severe falls from scaffolding, and after one of them he injured his back, and is said to have been unconscious for a few minutes. In 1874 he came to Edinburgh and was employed as porter and "boots" in various hotels. For the long period of eight years (1880 to 1888) he was hall-porter at the Liberal Club in Edinburgh, a position of some trust, and requiring a good deal of intelligence. The manager of this club says he did his work well, but that he was very excitable, and inclined to quarrel and fight when off duty, especially after taking a little drink, which "went to his head" and made him quite unreasonable and unmanageable. The members of the club speak highly of him, as having been obliging, attentive, and of agreeable manners, and he was very popular among his own acquaintances.

In 1885 W. consulted Dr John Playfair for "fainting fits," one of which he took in the doctor's consulting room. Dr Playfair knew W. well, and has some indistinct recollection of his becoming faint in the consulting room, but thinks he must have regarded the faint as a slight temporary heart weakness and nothing more.

During the general election of 1886 it was his duty to receive and post up a great many telegrams, and taking the keenest interest in politics, he became greatly excited, and behaved "crazy like." He was at last dismissed for drunkenness, but on account of his long service he was taken back at reduced wages. However, a short time after, he left the club of his own accord, and was then idle and drunken for several months, until at last, deciding to try his fortunes in the New World, he left Glasgow by the s.s. "Ethiopia" on the 8th November 1888.

Before leaving Glasgow he had a drink with some old friends, and during his first night on board he was sleepless and suspicious of his companions. He was afraid they wished to do something to him, and he thought they were going to torture him. Labouring under these delusions, next morning he deliberately attempted suicide by throwing himself overboard when off the coast of Ireland. By a splendid act of heroism, Dr D. Scott Moncrieff, a passenger on board, jumped over the side of the vessel and kept him afloat until both were rescued. W. was then taken to Londonderry prison, and ultimately to the asylum. Dr Hetherington has kindly supplied me with notes as to W.'s condition at that time. He was depressed, strongly suicidal, rather excited and restless, and fancied that he heard his wife's voice; but his memory was good, he was quite coherent, and could answer questions. He had a furred tongue, his heart's action was very quick, and the patellar reflexes were exaggerated. He was discharged quite well on 27th December 1888. W. himself says—"Whilst I was at Londonderry Asylum, I thought I was being drugged, and I believed I was being watched by Orangemen,"—the latter delusion, taking into account that he was a fervid Liberal in a disordered mental state, landed unexpectedly on the north of Ireland, was not very extraordinary. Leaving Londonderry, he went to live with his wife in Perthshire, and for a time did not drink at all, but suffered from "queer thoughts." One day he came into Edinburgh, took a good deal of drink, and returning to Perthshire, attempted to cut his throat, and thinking that his wife was urging him to cut his child's throat, he was greatly afraid he should injure it, and was most anxious to be sent to an asylum. He was then admitted to Perth Asylum, and Dr Campbell has kindly allowed me to make use of his notes. W. was then depressed, and had hallucinations of sight and hearing, and delusions of electrical agencies, and confessed to past suicidal impulses; there was partial forgetfulness of more marked maniacal outbursts, and Dr Campbell gathered the suspicion that while under the influence of drink he had epileptiform seizures. Otherwise he appeared an ordinary *Mania a Potu* case. After being in Perth Asylum for two months he was dismissed well, but soon became ill again, being suspicious of his wife without cause, and imagining that she never told him the truth. In consequence of these symptoms he was sent to stay with his brother in the Forfarshire hills, and was employed felling trees. He did not drink whilst there, but getting depressed and unsettled, he left and became for a short time hall-porter at a hotel in Inverness. The manager says he was quiet and unassuming, but rather absent minded. One morning W. asked the manager if he might leave, as he was insane. He said he felt depressed, and as if he were being hunted down. Getting work next at St Rollox Station, Glasgow, he attempted suicide by placing his head upon the rails

before an approaching engine, but was rescued by his fellow-workmen and taken to Greenock Asylum. By Dr Wallace's kind permission I am able to say that W. was then depressed, strongly suicidal, and had delusions that people were following him, and that everything was against him. Dr Wallace writes,—“Though unquestionably suicidal when brought to Smithston, it is remarkable that when affected with strangulated hernia, for which I had to operate on him, he showed the greatest eagerness to get well, and as a surgical patient I could not have had a better.” Leaving Greenock Asylum after four months' treatment, he went to Glasgow, and taking more drink, he was admitted, four days after leaving Greenock, to the Royal Edinburgh Asylum, having attempted suicide by throwing himself in front of a heavy van. On admission, he was depressed, suicidal, and with delusions that people were following him, and that he was going to be killed. He also stated that just before making the suicidal attempt he had a “fainting fit” similar to those for which he consulted Dr Playfair four years ago. His left forearm and hand were much bruised, owing to his suicidal attempt. A few days after admission he volunteered the statement that his muscles were urging him to do things which he knew were wrong. He made steady progress towards recovery, his delusions left him, and only for a day occasionally would he show any lowness of spirits. Ultimately after all signs of depression had gone, and as he was cheerful and working well, he was dismissed. He had been in the Asylum three months; he had been kept in a much longer time than would have been the case but for his history; his wife was urgent for his dismissal, and he himself thought it very hard lines to be kept in so long. Seven days after, he was re-admitted, having, in the interval, made the homicidal attack. His wife, who fetched him from the Asylum, noticed that he was strange in manner immediately after leaving. He was absent minded, and did not seem to notice her speaking to him. After a walk together, she was obliged to return to her work, and left him with sufficient money for immediate use. This money has been accounted for, and was not spent in drink. That night he went to the theatre, but says he did not enjoy himself, as he had the old suicidal longings, and the old ideas of being hunted. At the lodging-house where he stayed he was very uncommunicative, and the following day he appeared to have done little else but walk about in an aimless manner. He met his wife, who noticed he was worse and more depressed. He told her to go away and leave him to his fate, and when she left him he said—“This is the last time you will see me.” Being conscious of his state and wishing to be re-admitted, he twice on the following day came to the Asylum gate, and asked for Dr Clouston, who was unfortunately out. Meeting Mr N., whom he knew and whom he afterwards assaulted, W. conceived the idea of killing him, and bought an ordinary clasp pocket-knife for the purpose.

He had absolutely no ill-will towards Mr N.,—indeed, ten years previously Mr N. had been instrumental to some extent in getting W. his post in the Liberal Club. He walked about all that night and all the next day with the homicidal feeling uppermost in his mind, and quite replacing his suicidal desires. There is little doubt that he dogged Mr N.'s steps until at about midday, finding him alone and in Lover's Loan, a sequestered narrow lane in the city, W. rushed upon him from behind, threw him over, and stabbed him twice.

W.'s account is:—"I had queer thoughts; I thought everything was coming to an end; I felt I could not leave the city, and dogs kept me from getting work. When I looked towards Mr N. and determined to kill him, I felt happier and more satisfied, and as if I were doing right; the rain seemed to stop, and the sun got brighter; but when I turned away and was frightened to do the act, the sky seemed to darken and it rained."

During the attack W. never spoke a word, he appeared very confused, and had a determined, fixed, fierce look. After he had inflicted the injuries and had been disarmed, he sauntered quietly away without giving any explanation of his conduct. When arrested he was just going to the Infirmary to have his hand dressed, as it had received some slight cuts in the struggle, owing to the clasp knife closing upon him. To the police he gave a wrong name and was very reticent, but when taxed with the assault he admitted it. In the evening he told a detective that "Jesus Christ made him do it," and "when the electricity which comes in at my toes and runs up my body gets to my head then I do these things."

State on Admission.—He was depressed and nervous, and laboured under the delusion that dogs kept him from leaving the city, that he was being hunted down for crime, that electric shocks were going through his body, and that some evil-disposed persons marked him (showing some slight marks upon his skin). He was coherent, his memory was good, and he could answer questions. He was quite conscious of his insanity, and deplored his suicidal and homicidal impulses. In appearance he was a well-developed, muscular man, with a fine open countenance, which the accompanying portrait, admirably sketched from a photograph by Mr Williamson, will show. He had left internal squint, the eyes were placed rather near to each other, and as the outer orbital angles were directed a little upwards, he had a slightly Japanese expression. The eyebrows were continuous in the middle line, and the beard was very sparse and patchy. All the tendon reflexes were exaggerated, and he complained of numb and "electric" sensations. There were two scars upon the head, one upon the chin, and another over the seat of the strangulated hernia. The bodily health and condition appeared to be excellent.

Tried for the offence before the Sheriff, W. was sent to the

Lunatic Department of Perth Prison during Her Majesty's pleasure.

Causation.—His hereditary predisposition, his previous mental illnesses, his former alcoholic habits, and the falls during youth, all may have tended to produce the attack; but there is also the question as to whether he is an epileptic. The history of "fainting fits," the distinct "electric" *aura* preceding the homicidal impulse, together with Dr Campbell's suspicions as to his having had epileptiform seizures, all point in the direction of epilepsy. No doubt the alcoholic habits had much to do with the production of the first three attacks, but the last was certainly not so induced, and was probably the result of being sent from the controlling influence of Asylum life, when he had no home to go to and no work to occupy his mind. To him the Asylum was indeed a refuge, and he was fully conscious of its steadying effect upon him, as is abundantly proved by his two separate attempts to be re-admitted when he felt the impulse upon him, and by his frequent observation, during his last attack, that he felt "safe" in the Asylum.

Notes on the Case.—This is the case of a respectable man, who owing to his insane impulse has become a criminal lunatic, and he cannot be regarded in any way as an ordinary criminal; but there is much in common between his case and those of which the daily press constantly reminds us, where a parent, after a drinking bout, suddenly murders his or her children and then attempts or commits suicide. In his case the mental storm soon spends itself, and after being in an asylum for a short time, it would have been extremely difficult for a medical man to certify that he was insane, except for his history and his own conscious feeling that when he takes a little drink he loses all self-control.

Dr Clouston, in his book on *Mental Diseases*, writes—"Homicidal impulse is often spoken of by lawyers, publicists, and ignorant persons, as if it were a thing that did not really exist, but had been set up by the doctors to enable real criminals to escape justice." No better example than this case could be brought forward in proof of the real entity of the homicidal impulse.

One of the latest published books dealing with insanity from its legal aspects,¹ says—"The criminal premeditates his plan and of necessity selects his victim. The impulse has no premeditation, and has not of necessity a selection." W.'s case shows how ill some facts of Nature fit in with legal maxims. W. selected his victim, bought a knife, chose a quiet place for the assault, and gave a wrong name when arrested.

Such an attempt upon life is naturally alarming, and it was to be expected that the public would take a good deal of interest in the affair, and that panic views should find expression in the press. One daily paper,² after asking how it was that W. came to be at

¹ Williams' *Unsoundness of Mind*, 1890, page 211.

² *Scottish Leader*, June 7th, 1890.

large, goes on to say, that he having attempted suicide so frequently surely rendered him a case for detention.

Asylum officials have no right to keep a sane man in detention because of his having had an attack of insanity consequent on a drinking bout, and during the course of which he had attempted suicide.

Because a person is liable to become insane is no argument for continuous asylum detention.

It would be interesting to know for how long the writer of this article would take away the liberty of the subject under the above circumstances.

According to statistics taken in Morningside Asylum,¹ four-fifths of all cases of melancholia have the suicidal impulse, and thirty-nine per cent. have actually attempted the deed, many of the latter more than once, so that the size of asylums would have to be considerably enlarged if all these people are to be detained after their recovery.

III.—NOTE UPON CONCEPTION WITH UNRUPTURED HYMEN.

By W. MACFIE CAMPBELL, M.D., Liverpool.

(Read before the *Edinburgh Obstetrical Society*, 9th April 1890.)

SOME months ago a young lady was brought to me, by a relative of the young man to whom she was engaged, as she had not felt well lately. Something about her appearance caught my attention as she entered the room, and I made inquiry as to her menstruation as soon as possible. She had not been unwell for three months, but that had occurred before—she was listless, tired, breathless, and did not know what she felt. She said she was always plump, and did not think her bust or figure increased.

Examination of the mammae revealed dark areolæ, distended cutaneous veins, and a milky fluid was easily expressed from the nipples. By the stethoscope the foetal heart was readily detected. I thought it prudent to ask the relative to step into another room, and then told my patient that she was pregnant. I have frequently had to make such an announcement, but have never seen it received with such amazement and incredulity. "Utterly impossible," she said, but still with something in the expression which meant that there was a possibility. Still insisting, she told me that opportunity having twice offered, her fiancé had got into her bed, and had imperfect intercourse with her. No penetration nor attempt at penetration had been made. This was afterwards corroborated by the young man, whom I sent for. On examination, the blue appearance of the vulvar mucous membrane was well marked, and the hymen was perfect, but admitted the forefinger without causing much pain. The young man was so positive, that

¹ Clouston's *Mental Diseases*, p. 117.