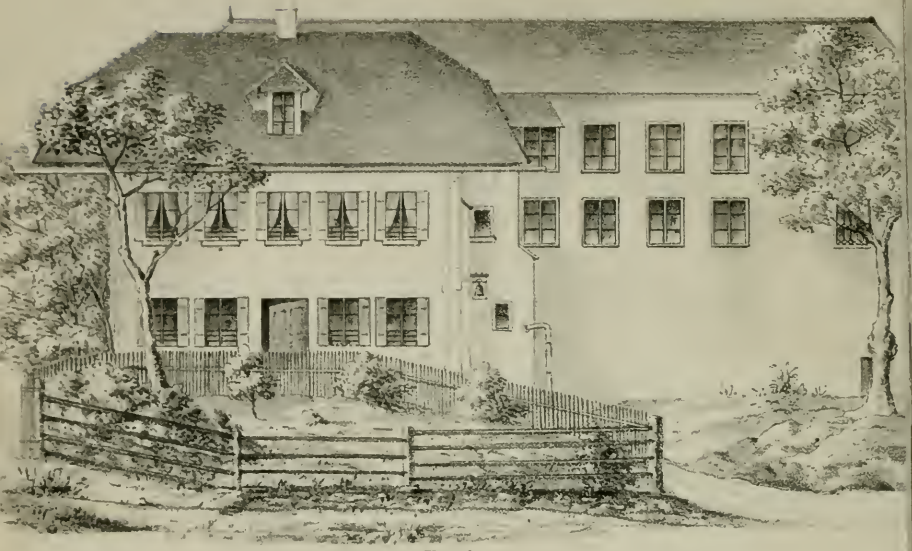
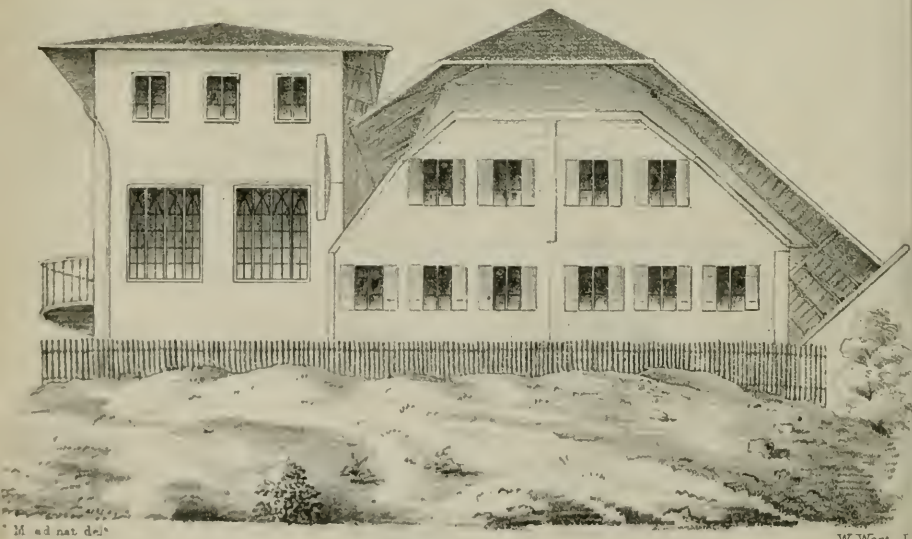


Fig. 1.



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THE JOURNAL

OF

MENTAL SCIENCE

Published by Authority of the
Association of Medical Officers of Asylums and Hospitals
for the Insane.

EDITED BY

C. L. ROBERTSON, M.D. CANTAB.

AND

HENRY MAUDSLEY, M.D. LOND.

"Nos vero intellectum longius à rebus non abstrahimus quam ut rerum imagines et radii (ut in sensu fit) coire possint."

FRANCIS BACON, *Proleg. Instaurat. Mag.*

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MDCCCLXIV.

"In adopting our title of the 'Journal of Mental Science, published by authority of The Association of Medical Officers of Asylums and Hospitals for the Insane,' we profess that we cultivate in our pages mental science of a particular kind, namely, such mental science as appertains to medical men who are engaged in the treatment of the insane. But it has been objected that the term mental science is inapplicable, and that the terms, mental physiology, or mental pathology, or psychology, or psychiatry (a term much affected by our German brethren), would have been more correct and appropriate; and that, moreover, we do not deal in mental science, which is properly the sphere of the aspiring metaphysical intellect. If mental science is strictly synonymous with metaphysics, these objections are certainly valid, for although we do not eschew metaphysical discussion, the aim of this Journal is certainly bent upon more attainable objects than the pursuit of those recondite inquiries which have occupied the most ambitious intellects from the time of Plato to the present, with so much labour and so little result. But while we admit that metaphysics may be called one department of mental science, we maintain that mental physiology and mental pathology are also mental science under a different aspect. While metaphysics may be called speculative mental science, mental physiology and pathology, with their vast range of inquiry into insanity, education, crime, and all things which tend to preserve mental health, or to produce mental disease, are not less questions of mental science in its practical, that is, in its sociological, point of view. If it were not unjust to high mathematics to compare it in any way with abstruse metaphysics, it would illustrate our meaning to say, that our practical mental science would fairly bear the same relation to the mental science of the metaphysicians as applied mathematics bears to the pure science. In both instances the aim of the pure science is the attainment of abstract truth; its utility, however, frequently going no further than to serve as a gymnasium for the intellect. In both instances the mixed science aims at, and, to a certain extent, attains, immediate practical results of the greatest utility to the welfare of mankind; we therefore maintain that our Journal is not inaptly called the 'Journal of Mental Science,' although the science may only attempt to deal with sociological and medical inquiries, relating either to the preservation of the health of the mind or to the amelioration or cure of its diseases; and although not soaring to the height of abstruse metaphysics, we only aim at such metaphysical knowledge as may be available to our purposes, as the mechanician uses the formularies of mathematics. This is our view of the kind of mental science which physicians engaged in the grave responsibility of caring for the mental health of their fellow-men may, in all modesty, pretend to cultivate; and while we cannot doubt that all additions to our certain knowledge in the speculative department of the science will be great gain, the necessities of duty and of danger must ever compel us to pursue that knowledge which is to be obtained in the practical departments of science, with the earnestness of real workmen. The captain of a ship would be none the worse for being well acquainted with the higher branches of astronomical science, but it is the practical part of that science as it is applicable to navigation which he is compelled to study."

J. C. Bucknill.

THE JOURNAL OF MENTAL SCIENCE.

No. 45. APRIL, 1863. Vol. IX.

PART I.—ORIGINAL ARTICLES.

Delusions. By Henry Maudsley, M.D. Lond.

"We are of such stuff
As dreams are made of; and our little life
Is rounded with a sleep."—*Shakespeare.*

"Was ich *soll?* Wer löst mir je die Frage?
Was ich *kann?* Wer gönnt mir den Versuch?
Was ich *muss?* Vermag' ich's ohne Klage?
So viel Arbeit für ein Leichentuch!"—*Platen.*

"It is only with renunciation that life, properly speaking, can be said to begin."—*Goethe.*

The meditations of the philosopher cannot be uninfluenced, nor the heart of the philanthropist be unmoved, by the fact, which statistics prove, that there are at the present moment in England alone more than thirty thousand people who are deprived of all their active rights as human beings, and made, as far as possible, nonentities in the world. About twenty-six thousand of these are actually shut up in lunatic asylums; and of that number but very few are ever likely to leave their undesired abodes until they take their leave of life itself. It cannot, then, be unprofitable to endeavour, in one department of an extensive subject, to follow the gradual course of mental degeneration, and, by the exhibition of it, to justify the world's manner of dealing with the particular discords in nature's general harmony.

The world's treatment of those on whom it supposes a delusion to have fallen, so that they believe a lie, is not to be accepted as just, merely because of its existence. General agreement in an opinion is no sure guarantee of its truth; and the question may be fairly asked, on behalf of the imprisoned minority, which was asked in vain by Pilate of old, "What is truth?" It is certain that the greatest reformer must at first be, as it has been said, in a minority of one; he for a time is the only believer in himself, while his opinions are generally

derided as the enthusiastic delusions of a fanatical imagination or as the foolish creations of an intellectual vanity. Well is it for him if he is not fiercely persecuted as a dangerous being, whom it is the duty of mankind in some way or other to silence. The world does not like its ancient convictions to be rudely disturbed, and although history, revealing a succession of revolutions of thought, shows that the opinions of one age become the laughing-stock of the next, and tells in mournful story how the author of each revolution has been in turn reviled and rejected of men, yet the world goes on contentedly as heretofore, and systematically opposes the new doctrine. Torture, poison, imprisonment, stoning to death, burning alive, crucifixion, death, indeed, in all its cruellest forms, have been the ungrateful rewards which mankind has presented to its greatest benefactors. The slow death-agony on the cross of Calvary of Him who had not where to lay his head in life is but a type of that which happens in the case of every great reformer.

Though it is certainly not the fashion now to stone, burn, or crucify those who put forward new doctrines, yet such innovators are still subjected to much persecution. For the persecution of opinion in modern society is often as real as, and sometimes scarce less cruel than, the torture of the stake. And he must be a strong man who can brave the world's censure, and rise in despite thereof to acceptance and success. A fear might naturally arise in some minds that sincere reformers, having noble aspirations and high resolves, may often fail pitifully in the struggle for lack of strength; and a suspicion might not unnaturally be entertained that important truths, which it would much advantage mankind to take closely to heart, are even now withering unregarded in the desolation of a lunatic asylum. When Paul, with earnest utterance, proclaimed great truths before the judgment-seat of the Roman governor, his enthusiasm seemed foolishness unto Festus, and it was the opinion of worldly self-sufficiency that much learning had made the apostle mad. Is it not possible, then, that a similar unjust opinion at the present day may be frustrating the usefulness of some sincere and genuine reformers?

When we consider the matter more closely, however, it seems really well, as it is inevitable, that the new doctrine should meet with opposition. How else could it be tested? Were men content to accept with kind acquiescence everything which an enthusiastic being might promulgate, it is plain that error would soon be predominant upon earth. The result of the application of the severe test of opposition is to try the doctrine, which, if a truth, must surely come forth refined and triumphant from the crucible. Let the kings of the earth combine, and let the rulers take counsel together, to oppose truth, and the humblest inhabitant of the earth uttering it sends forth that which is stronger than kings, rulers, and counsellors, which has the force of the universe on its side, and must

in the end prevail, by a law as sure as that by which a stone must fall. But if it is error which is put forth, the persecution happily kills it; in the error which lives there is some truth which keeps it alive. The truly great reformer, earnestly conscious of that, sincerely does his work, and manfully goes on his way of duty, "though all the tiles in Worms are devils," and though it "rain Duke Georges for nine days running;" he does not think so much of himself as of the truth which he has, and which he knows well that neither devils nor Duke Georges, be they never so virulent, can harm. Thus he endures the fire of persecution, and is taught and strengthened by suffering; his truth is proved by the test, and the gates of hell cannot prevail against it.

It is very different with the unduly self-conscious being who claims to be a reformer, while he is really, potentially or actually, insane. He is the victim of a great self-feeling or egoism, and cannot by any means forget himself; he feels acutely that the persecution hurts him, and, identifying his selfhood with the truth, fancies that it is injuring the truth. Accordingly, sincere in his conviction, but feeble by reason of his great egoism, he angrily expostulates with destiny or wildly proclaims himself the victim of an unrighteous envy. J. J. Rousseau, for example, actually believed and said that there was a general conspiracy on the part of humanity to isolate and degrade him. And a certain metaphysical philosopher, named Stuart, whose writings have received the distinguished praise of so great a master of English composition as Thomas De Quincy, but who was unquestionably insane, fancied that the kings of the earth would form a league to destroy his works; and he begged, therefore, of his friends that they would carefully wrap up some copies, so as to preserve them from moisture, and bury them, taking care to declare on their death-bed, under the seal of secresy, the place where they had buried them. Such men might enunciate some truth, but it is plain that they had far too much feeling of self, and improperly identified their selfhood with the truth.* The pure metal was in them so combined with a morbid egoism that its value became extremely small, and the test of opposition at once disclosed the nature of the alloy.

It is the misfortune of great selfhood that, while it imparts the

* It seems desirable that some such word as selfhood or "egoism" should come into regular use to express that selfness which is not selfishness, but which is concerned in all passions, and which lies at the root of self-conceit, self-complacency, self-opiniated, &c. To speak of it as the idea of self or self-feeling is not always correct, because implying a consciousness of it, whereas the selfhood may be very great without an active consciousness of it. Self-feeling, too, is used to denote the ænesthesis. It is curious to observe that the words "selfish" and "selfishness" are not above two hundred years old, obvious as they seem. "Suicism" and "philauty" (φιλαυτία) were both tried before the gap was filled up by the Puritan writers, as Dean Trench remarks.

sincerity and earnestness which are the essential qualities of a successful reformer, it tends in almost equal degree to prevent just insight. Hence that which is an advantage in enabling the promulgator of a new doctrine to meet opposition may become a serious evil by supplying strength to unjust conviction and force to unjust action. That a man be sincere and earnest is plainly not sufficient to constitute him a hero; if it were so, admiration might be properly claimed for insane convulsions of thought on account of the earnestness and sincerity of them. The lunatic is often the most sincere of mortals; he has such earnest faith in his conviction that he adheres to it under the certainty of perpetual loss of liberty, and when he is the only person in the world who does so believe. And his faith is not one of words only, but a vital faith, governing all his actions, as the following well-known example may aptly testify. Matthew Loval, a shoemaker, of Venice, imagined that God had ordered him to die on the cross. For two years he meditated on the means of accomplishing this, and occupied himself in preparing the necessary apparatus. He then crowned himself with thorns, and after stripping himself, sat down on the middle of the cross which he had made, and adjusting his feet to a ledge fixed to the lower branch, pierced each of them with a nail five inches long, which he knocked in with a hammer to a great depth. He next pierced his hands with long nails, striking the heads of the nails against the floor of the chamber; after which he raised his hands so pierced, and adapted the nails to holes which he had made beforehand at the ends of the arms of the cross. Before fixing his left hand he made a deep gash with a knife in his side; then, with the aid of ropes and light movements of the body, he swung the cross out of the window, and remained suspended till next day, when he was taken down. Loval afterwards thought it his duty to starve himself, and so died from fasting. As a sacrifice to his conviction, what can a man give more than his life? The lunatic will sacrifice liberty, happiness, life itself, but he will not sacrifice his delusion.

> "You may as well
> Forbid the sea for to obey the moon
> As or by oath remove or counsel shake
> The fabric of his folly whose foundation
> Is piled upon his faith, and will continue
> The standing of his body."

The selfhood which imparts to the insane their earnest feeling and sincerity to themselves perverts, in almost equal degree, their insight, and renders them insincere or false in their relations to nature.

The answer which society gives to such people is complete and just. It is the lunatic asylum. That is the reply which it makes to the pretensions of a delusion. You demand, says society, why you may not be right; and the answer is, that your want of success,

your present deplorable position, are sufficient proofs that you have not apprehended the truth; or if you have obtained some smattering of a truth, you have drowned it in a flood of egoism, and are clearly not a man of sufficient insight and strength to promulgate it. According to the constitution of nature it is the plain duty of a man to live in relations with his kind, and if he has allowed his egoism to grow into some delusion which is incompatible with the maintenance of those relations it is evident that he is rightly put into confinement. He is himself a contradiction to truth, and must always be in a minority of one; even his fellow-patients in the asylum will laugh at him. The earnest belief of another in an idea is some presumption in its favour. "It is certain," says Novalis, "my conviction gains infinitely the moment another soul will believe in it." And we may well understand, therefore, the infinite comfort which it was to Mahomet when Kadijah expressed her faith in him. When Ayesha, his young and favorite wife, asked him whether he did not love her more than Kadijah, who was old and a widow, he replied, "No, by Allah! She believed in me when no one else would." It is the unhappy lot of the lunatic that his conviction is not capable of any increase in strength; he could not believe more firmly in himself if all the world believed with him, and he holds sincerely to his delusion though everybody else in the world laughs at it. Accordingly there is no union amongst the imprisoned minority; there is no true minority, but an aggregation of individuals who cannot combine, and each of whom is in a minority of one. The power of a united majority wisely responds to the incoherent energies of those unfortunates of fate by gathering them together into a spot where their discordant activity may not interfere with the harmonious progress of nature.

The reply, on the other hand, to the earnest sincerity of the reformer, and to the altruistic use of his force with insight, is the reformation which he accomplishes; his success is his justification; and it is a positive advantage to the reformer, as far as the production of an effect upon his own generation is concerned, that he should be fully possessed with one idea by which his selfhood is affected. Thereby the idea is intensified by feeling into strong conviction, and all the force of it is employed in a definite direction.* He who possesses great judgment and has his feelings completely under the

* "In itself," says Müller, "no idea relating to external things is ever in this sense intense or strong, but merely distinct or indistinct, and convincing in different degrees. By intensity or strength of opinion, therefore, we here mean only the *power* or *quantity* which they acquire through the influence of passion in consequence of the striving self." In a few pages of his 'Physiology' Müller has given an admirable and profound account, on physiological principles, of the laws of mental phenomena, of which account such works as the valuable one of Mr. Bain, and such articles as the elaborate one on "Volition," by Mr. Lockhart Clarke, in the 'Psychological Journal,' contain a laboured exposition.

control of his reason is not likely to be a great reformer in his lifetime. Succeeding generations may discover what great insight he was possessed of and what important truths he calmly uttered, but his calmness will probably scarce at all impress his own generation. While the man of feeling is absorbed in his one great conviction, because it seems the one important thing in the world to him, many and various relations disclose themselves to the man of wider and deeper insight, so that he discerns positive error in the exclusiveness of the one idea. He sees more truly, but acts less energetically; for the one-sided man puts all his force into a special action, and, as passionate earnestness is always infectious, carries people with him. The latter is *intense*, the former is *extensive;* one, like lightning, is tense, quick, disruptive—the other, like light, calm, constant, creative. Accordingly, one-ideal mortals make the best reformers, and in that lies the reason of an observation which has been made, that all reformations have been effected by lunatics. The mission of the one-sided is to awaken attention to and to propagate the one idea with which they have been charged. This they effectually do; and as centuries pass on, the judgment of humanity puts the idea in its proper place.

It needs not, then, the penetration of a very profound insight to perceive that the man of one idea, even if it be a just idea, might cause much mischief in the world were it not for the existence of other men of one idea who counteract him, and of men of insight and judgment who sum him up. For such a being must be intolerant, and cannot rest content until he has made everybody acknowledge his idea; he is a Mahomet propagating by the sword—a Calvin burning Servetus—a Knox fulminating intoleration. But it is in the world as it is in a lunatic asylum, when two insane patients with opposite delusions are made to occupy the same room. One of them fancies that he is being artificially played upon with fire, and feeling in himself such a great heat, opens the windows, and would put out the fire. The other fancies that he is being maliciously frozen to death, and makes up the fire and gets close to it. They quarrel, and the stronger has his way for a time; but the persistency of the other never ceases, and in the end a mutual toleration is established. One opens the windows and screens himself from the fire; the other makes up the fire, gets close to it, and screens himself from the window. In a similar way the one idea of a reformer comes into collision with the one idea of another reformer; and, after a period of persecution, toleration results, and religious liberty is established among warring sects. The world moves on in the diagonal of opposing ideas.

It will be furthermore evident that the reformer who is so fully possessed with his one idea, and is in such a state of earnest feeling about it, is not very far removed from the monomaniac. The idea

may be a noble and valuable one, and his passion may be very necessary to launch it into the minds of men, and yet he himself, by reason of his exclusiveness and earnestness, is incapacitated from seeing justly things which do not stand in relation to his idea. As the idea tends to increase the passion, and is in turn intensified by the passion, it may easily degenerate into an idea which is not just, that is, into a delusion; and as there is never any passion connected with an idea save when the idea of self or the self-feeling is concerned, the delusion really represents or results from the undue increase of the self-feeling. The exaggerated self-feeling is mistaken for truth, and the individual is a monomaniac. Accordingly we find that great reformers have not unfrequently been in a perilous condition from that danger. Whilst a monk in the convent, Luther was much troubled with melancholy and hypochondriac feelings; he even believed himself likely to die soon, and fancied that he was doomed to eternal damnation. Then, again, it is not to be supposed that the devil did really appear to him, and yet that he did actually see the devil and fling his inkstand at his head is certain. He says, moreover, that the devil made a noise to torment him; that he once appeared to him in his own garden in the form of a black boar; that, for his own part, he thoroughly knew the devil, and had eaten more than one bushel of salt with him; that the devil had much more frequently and closely lain in bed and slept with him than his wife Catherine; that he was wont to walk about with him in his bedchamber; and that he had had him hanging about his neck. The devil which thus persistently tormented Luther, and against which he fought so well, was his own self-feeling objectified into Satanic form by his great earnestness.

When we reflect, again, it is impossible to believe that Mahomet was throughout his career a mere cunning quack, who imposed upon others without imposing upon himself. An excellent encouragement for quackery, truly, to commence the most hopeless and most dangerous task which a man could well undertake, to disgust and alienate every friend and every relative, to give up an honorable position in his tribe, and to be compelled to hide in caverns and to flee for his life. He was forty years old when the truth was revealed unto him, and in three years he had but thirteen followers! The most sanguine and ambitious of quacks would have refused Mahomet's task, and the cleverest of impostors could not have done Mahomet's work. If the laws of nature will admit of the raising of such a superstructure as the Mahometan religion—a religion which at the present time counts more believers than any other save Buddhism—on mere imposture, then most assuredly the scepticism of the cynical as to human progress is justified, and the faith of the most hopeful may rightly despair. The sincerity of Mahomet is unquestionable, but we vindicate his sincerity to some extent at the

expense of his sanity. Certainly it is not to be admitted that the angel Gabriel appeared to him and carried him up into heaven, but that he, the earnest epileptic, did in his visions really see the angel Gabriel is a supposition which may more justly claim the candid consideration of the charitable than the hasty sneer of the scornful. Whether, however, Mahomet was conscious of it or not, it can admit of no question that his egoism was the devil which successfully imposed on him.

Recently there has been published the story of the life of Edward Irving, whose mind, as his friends think, broke down under the vast labour to which he subjected himself. His biographer has thought fit to publish some very remarkable letters of Irving to his wife, and with some animation claims for them the unqualified approbation of the world. Perhaps no more melancholy letters than these ever have been printed, and admiration can be claimed for them only on the same principle as it might be claimed for the hectic beauty of a rapid consumption. The letters are beautiful, but it is with the beauty of disease, for no one acquainted with the laws of the human mind can fail to perceive in them the fatal symptoms of an oncoming, incurable insanity. Irving's career illustrates the gradual growth of the unconscious selfhood into insanity; he was in a perilous state long before these extravagances appeared in him which alienated his injudicious friends; and though no one can read the story of his life without affectionate sympathy, it is not a life which can be pointed to as a sound and healthy one—not a life to be imitated, but to be pitied. His admirers might say that its early part was grand and holy as the swell of cathedral music, and that, had it but stopped short of its melancholy conclusion, it would have remained a noble monument in the burial-ground of the past. But how can a life stop short in its inevitable progress? As well might we say that the flushed cheek and brilliant eye of consumption would be well if it stopped short of the hollowed lung and lingering death. The sickly beauty of the earlier part of Irving's career was symptomatic of a condition which inevitably terminated in the ultimate wreck. But of Irving as, perhaps, of Mahomet, it may be truly said, that in so far as he was deluded, he was himself the most sincere and earnest believer in his delusion.

Many other men might be instanced, were it necessary, the stories of whose lives reveal a similar one-sided earnestness. The careers of Whitfield, George Fox, founder of the Quakers, Ignatius Loyola, founder of the Jesuits, seem to show that the extreme earnestness and sincerity of a little insanity are almost essential to move a man to the unhopeful and laborious task of combating the heavy opposition of the existing state of things. Cromwell was very subject at one time to hypochondriacal melancholy. A Huntingdon physician told Sir P. Warwick that he had often been sent for at midnight;

Mr. Cromwell was very "splenetic," and thought he was about to die, and also had "fancies about the town cross!" Dr. Johnson, as is well known, was similarly afflicted; and Aristotle says that all the great men of his time were melancholy and hypochondriac. In such men the self-feeling or selfhood is great; and when, therefore, their energies are directed outwards for the realisation of some idea or plan, the earnestness of great feeling enters into their convictions, and is put into their actions. It is this happy direction of force outwards which cures them of their melancholy and prevents them from becoming insane. Great self-feeling confers the liability of becoming a lunatic or the power of becoming a reformer.

These considerations may in some degree assist the recognition of the relations in which genius and madness often stand to one another. For it can scarce be questioned that some who exhibit what is called genius only just miss madness, and, on the other hand, that some who become insane lack but a little of having genius. Across the murky atmosphere of madness lightning-flashes of the deepest insight occasionally shoot, and the light of genius is at times but the light of a falling star. If, instead of directing force outwards for the good of others, and thus undermining by self-abnegation the internal morbid feeling, the latter be nursed by the encouragement of an unhealthy self-consciousness, it is greatly invigorated, and luxuriates into madness with a marvellous ease. While genius is manifest in an altruistic development of force, insanity is often produced by an egoistic development thereof.

It will not be unprofitable to endeavour to illustrate the way in which the self-feeling operates in the causation of insanity. All passions, but notably the egoistic passions, with which we are at present concerned, may be referred to the pleasant or unpleasant feelings which result from gratification of, or opposition to, the striving of the self to maintain its integrity and increase its power. Such inherent striving of the self is manifest both in consciousness and out of consciousness; and as in organic action that which favours development produces a pleasant sensation, and that which opposes development produces a painful sensation, so in mental activity the idea which is favorable to the striving of self is accompanied with an agreeable emotion, and the idea which opposes such striving with a painful emotion. As, indeed, inflammation of organic structure is the reaction against injury thereof, so in organic consciousness anger or great passion is the reaction of the mind against opposing ideas. Great self-feeling is a great weakness in a character; for the greater the self-feeling the more quickly is passion excited, just as inflammation is more easily produced in structure which is not strong and sound. Now, it is with the insane as it is with any one who is under the influence of some passion arising from an opposition to or gratification of the self-feeling—the reason is blinded by

the storm, and instead of seeing clearly he feels intensely; he is blind without knowing it. How quick is anger against one who has offended to perceive faults where none appeared before! And yet it is not the offender, but the angry man, who is changed. If the force of passion be directed outwards—if, for example, the offender be knocked down—there is a chance of clear vision being restored and a reconciliation being effected; but if the passion be nursed in the mind, it degenerates into envy, malice, and hatred, and produces permanent blindness. Anger, like every other passion, is truly a short madness; and a passion which becomes permanent is madness. In many cases the insane are under the sway of a permanent passion, so that they cannot see correctly, and see as objective realities what exist only in their own morbid feeling. The delusion then becomes the natural evolution or expression of the predominant passion. The vain person who cherishes an ambitious passion may in time be so possessed by it that he is utterly unable to see things as they really are; his erroneous notions cannot then be corrected by impressions from without, and his excessive self-conceit terminates in a delusion that he is a priest, emperor, or king. Accordingly there are in all asylums emperors of the world, prophets favoured of heaven, and such-like mortals too big for earth. "I was frequently followed at the Bicêtre by a general who said that he had just been fighting an important battle, and had left 50,000 men dead on the field. At my side was a monarch who talked of nothing but his subjects and his provinces. In another place was the prophet Mahomet in person, who denounced vengeance in the name of the Almighty. A little further on was a sovereign of the universe who could with a breath annihilate the earth." One man always signed these letters after his name—D.D., R. R., D.M.; Dominus dominorum, Rex regum, Dominus mundi; Lords of lords, King of kings, Ruler of the world. A certain Capability Brown must have nurtured self-conceit into an outrageous development when, on surveying a conquest of his in the way of levelling hills, arranging trees in picturesque groups, and such like, he could exclaim, "Ay! none but your Browns and your God Almighties can do such things as these."

The hypochondriac broods over his bodily discomfort with such persistency that in time the feeling of it becomes that of an unspeakable affliction. It is idle then to reason with him and to point out how slight is the actual cause of his calamity; the feeling is the real thing to him, and he interprets it as its magnitude and importance seem to demand. A common disturbance of some function, which is the fact, seems to him a completely inadequate cause of so great suffering, and he supposes that he has a ball of fire in his side as Pascal did, or that he is filled with snakes as many do, or that whole armies are fighting in his inside. Dr. Rush mentions a man who believed that he had a Caffre in his stomach, who had got in

once at the Cape of Good Hope, and tormented him ever since. Some dread death at every moment, and others believe that they actually are dead. The sufferings which a hypochondriac may undergo are sometimes exceedingly great, and it is a great error to laugh at his affliction as an unreal thing. One writes to his physician thus :—"My poor body is a burning furnace, my nerves red-hot coals, my blood is boiling oil, all sleep has fled, and I am suffering martyrdom. I am in agony when I lie on my back, I cannot lie on either side, and I endure excruciating torture when I seek relief by lying upon my stomach; and to add to my misery, I can neither sit, stand, nor walk." Of what avail is it to such a one that his nerves are not red-hot coals nor his blood boiling oil; they are so to his agonising feelings. Pain is a very real thing to the sufferer, though nature seem indifferent.

As in the sound mind it is a law of perception to project outwards the ordinary states of consciousness which objects excite in the mind, and to regard such states as qualities of the object, so in like manner the hypochondriacal melancholic often assigns his extraordinary subjective experience to extraordinary objective causes. His anomalous sensations seem to be the work of external malicious agencies; the heat, or other sensation, which he feels, as the result of internal disease, is the undoubted work of concealed enemies, who are playing upon him with artificial fire, or are operating upon him with a galvanic battery, or are bewitching him with their devilish influence. So man creates the goblins which he fears.

The grief which follows some great worldly loss or domestic calamity may drive a person of feeble and ill-regulated mind into a state of gloom and despondency; and if, in place of rising up to vigorous action, and thus undermining the feeling by directing force outwards, he gives way to the indulgence of it, which is the easier plan, the feeling increases until he is completely possessed by it, despondency becomes despair, and he cannot see beyond the dark cloud in which he is enshrouded. In time the vast and undefined gloom condenses into definite form, and the delusion that he is ruined for time and eternity is established. So it happens that an individual who is reasonable upon other matters may believe that he has committed the unpardonable sin against the Holy Ghost, and that he is doomed to eternal damnation.

As anger is a short madness, so the ardour of love is a temporary insanity. The lover's passion creates the excellencies with which he invests the object of his admiration, and he worships an ideal of his imagination rather than an actual being. Hence love is proverbially blind, and Shakespeare has admirably represented its blindness in the story of Titania, who falls desperately in love with Bottom's ass's head. There is no reasoning with a person in love; and if anything is said in disparagement of the object of his affection by his

nearest friend, who speaks the words of truth and soberness, he will inevitably deem him prejudiced and unjust, and, in spite of himself, will abate in his regard towards him. Uninfluenced by passion, the looker-on sees truly; whilst he, having his self-feeling exceedingly gratified, "sees Helen's beauty in a brow of Egypt," or finds Lucretia's virtue in Lais' purchased charms.

> "The lunatic, the lover, and the poet,
> Are of imagination all compact:
> One sees more devils than vast hell can hold;
> That is the madman: the lover, all as frantic,
> Sees Helen's beauty in a brow of Egypt:
> The poet's eye, in a fine frenzy rolling,
> Doth glance from heaven to earth, from earth to heaven;
> And as imagination bodies forth
> The forms of things unknown, the poet's pen
> Turns them to shapes, and gives to airy nothings
> A local habitation and a name."

In a lunatic asylum some are found who are under a permanent passion of love; and instead of clothing a real object with delusive excellencies and imaginary virtues, they go a little further, and create the object and its excellencies also. They converse in words of endearing affection with lovers whom no one can see but themselves, and are happy in the visits of those who exist nowhere but in their own imaginations. Some enthusiasts who have been canonised as saints unquestionably suffered from this form of mental disease. Of St. Theresa it has been said, "She possessed an ardent and sensitive disposition, transported, no doubt, by terrestrial affection, which she strove to exchange for a more exalted ardour for the Deity; for devotion and love are more or less of a similar character. Theresa was not fired by that adoration which is exclusively due to the infinite and invisible Intelligence which rules the universe; so much so, that she not unfrequently reproached herself with bitterness that these raptures were not sufficiently unconnected with corporeal pleasures and voluptuous feelings." Another, St. Catherine de Sienne, thought, during her ecstasies, that she was received as "a veritable sponse into the bosom of the Saviour." Of such imaginative ecstatics Dryden's lines are certainly true:

> "There is a pleasure, sure, in being mad
> Which none but madmen know."

It is the same with the remaining egoistic passions as with those which have been mentioned; when vehement and habitual, they end in delusions. The *nature* or kind of the delusion will be determined by the nature of the passion in which the self-feeling is engaged, but the particular *form* which it assumes will depend on the individual's education and on the circumstances in which he was placed. Thus the vain and ambitious mortal, who has enjoyed a religious training, will assume a character in accordance with his sentiments, and

will claim to be a prophet favoured of heaven, or even Jesus Christ. Tell him, then, that he cannot be Christ, because Christ is in heaven, and he will reply, as one lunatic did, "Heaven is wherever I am." Amongst those insane who are of the Catholic religion it is not unusual to find women who claim to be the Virgin Mary. The politician will be a prime minister or a king; the man of science will profess to have solved the problem of perpetual motion, and will assume miraculous powers. The insane white who sees the devil sees him black, the insane black sees the devil white. The circumstances of the time also influence the form of the delusion. When witchcraft was believed in, the insane frequently fancied themselves tormented by witches; since the police have been established, they often suppose the police to be pursuing them. At the time when Napoleon was setting up and pulling down kings, many people were admitted into French asylums who supposed themselves to be kings and emperors. And Esquirol asserts that he could write the history of the French revolution, from the taking of the Bastile to the last appearance of Napoleon, from the character of the insanity which accompanied its different phases. Strange and unaccountable, then, as the delusions of the insane may appear, it is certain that if we were intimately acquainted with the character of the individual, and with all the circumstances in which he had been placed, it would be manifest that a delusion is formed by laws as regular as those which govern the appearance of any other phenomenon in nature.

The account of the mode of origin of a delusion is a commentary on the untrustworthiness of self-feeling. Some are apt to boast confidently of the faith which they have in their feelings, and seem to fancy that they are never deceived by them. They would, perhaps, speak more correctly if they were to say that it very seldom happens but that they are deceived by them; when they fall back upon their feelings for the justification of an opinion, they often have recourse to their infirmity for an obstinacy which their reason cannot justify. In proportion as they gain obstinacy from the excitement of personal feeling does the danger of missing truth increase. The power of insight is in proportion to the degree of renunciation of self, and with the incarnation of Divine Wisdom we are taught that there was an annihilation of self. Delusion is the certain companion of extravagant development of self.

Furthermore, there exists a sufficient reason for the untrustworthiness of the egoistic feeling in the intimate relation which exists between mind and body, whereby it happens that a temporary or permanent derangement of the latter very notably affects the former. So seeming slight a matter as the presence of a little bile in the blood produces great depression of feeling, and accordingly things have a marvellously different aspect or events a very different outlook

then from that which they have when there is a sound state of health. The mind cannot resist successfully a feeling which is the result or dynamic correlative of a certain condition of the cerebral molecules; but the restoration of the action of the liver, by removing this condition, changes the whole aspect of nature, and transports the individual from misery to bliss. Life seems a wretched penalty during the irritation of some diseases; in a state of buoyant health and vigour 'the very fact of breathing is happiness enough.' So close, indeed, is the relation between mind and body, that it may justly be said that not an impression falls upon the body without the movement palpitating through the soul; and, on the other hand, that not a thought stirs in the mind without the motion vibrating through the body. How, then, can we rightly trust to feelings which do not consciously recognise the disturbing influence of bodily states?

As a temporary bodily disturbance plainly affects the feelings and through the feelings the faculty of right insight, so a chronic disease of some internal organ sometimes permanently disturbs the nice relation which exists between the brain and the organ. The morbid condition of the organ is reflected in an altered condition of the cerebral structure, and the physical disturbance is manifest to us in the disturbed feeling of the individual, a feeling which he cannot successfully resist, because it is the morbid expression of a morbid state. All ideas which arise under these conditions will not be the just representations of objects, because the faithfulness of their relation will be perverted by the undue idea or feeling of self. This will happen when the disturbance exists only in a moderate degree; but when, from an innate feebleness of nervous organization or from other causes, the feeling of depression passes into hypochondriacal melancholy, the ideas will be proportionately more unjust—they will, in fact, become the strangest delusions. The delusion is the sufferer's interpretation of an extremely morbid feeling, which claims, in consciousness, a cause commensurate with the magnitude of its morbid affection of consciousness. It is found that chronic diseases of the internal organs are common amongst the insane, and the disturbed feelings which they give rise to are attributed to the most absurd causes. Pinel even considered that, in general, the primitive seat of insanity was in the region of the stomach and intestinal canal, and that it was from that central part that mental aberration was "propagated, as by irradiation." It is not improbable that careful investigation would prove this opinion of Pinel to be often strictly true of the gradually produced emotional insanity.*

* It is sometimes possible to form a tolerably certain opinion as to whether the primary pathological condition of insanity is in the brain or in the viscera from the character of the disease and from the mode of its invasion. The emotions may be shortly said to depend upon the whole organism; the intellectual faculties depend on the brain itself. Hence injury to the brain structure from advanced disease or

When the nervous structure of the mental organ is directly affected by actual injury to it, or by disease, or by the exhausting effects of debilitating vice, a notable symptom is an increased emotional susceptibility. As the nervous material passes through decay, the selfhood sprouts up luxuriantly; weed-like, it flourishes well amidst ruins; and the correlative degeneration of nervous force is accompanied or expressed by the emotional display of great self-feeling. Few things are more irritating to the temper than an attempt to reason with the self-constituted wreck which the persistent onanist is; with an unceasing iteration he will talk of his peculiar feelings, and with a wearisome self-confidence will relate the delusions of his self-conceit. He is the incarnation of unbounded self-confidence in a deceptive self-feeling.

Not less remarkable is the wondrously perverted development of the self-feeling in that degeneration of nervous structure which is the condition of general paralysis. Correlative with the decay of material is the decay of its functional action, as it is progressively manifest in increased emotional display, extravagant delusions of personal power or grandeur, and final extinction. It is interesting to reflect that an individual thinks most of himself in that disease in which the nervous system is most hopelessly decayed. Regarding only the mental aspect, we might say that exaggerated self-feeling is the fungus which causes and constitutes decay; limitless, therefore, in grandeur, are the delusions which it produces. "I am," said one of Dr. Tuke's patients frequently, "Duke of Devonshire and Marquis of Westminster; I shall marry the Countess of Blessington and live in the Vatican, which I have ordered to be pulled down and rebuilt at Kensington. My wife is the handsomest woman in the world; she and I are the best singers. I am to appear in 'Othello' to night. I have won five millions on the Derby. I am the strongest and the happiest of men."

The account which has been given of the origin of a delusion by the condensation of emotion into idea, which may be afterwards projected into outward realisation as an object, is by no means applicable only to the unsound mind; the same process is taking place regularly in the sound mind, and is very strikingly illustrated in dreams. A person who goes to sleep under the influence of some depressing emotion may in his dream pass through events which have no resemblance to the events which really caused the emotion, but which have a very evident relation to the character of the emotion. Thus, he who has gone to sleep under a feeling of fear and depression may

from violence is likely to produce intellectual derangement and incoherency; disease of viscera will initiate emotional insanity. Of course, however, the molecular cerebral change which visceral disease may produce, and which is manifest dynamically in emotional insanity, may be caused by blood poisons or produced in the earlier stages of actual cerebral disease.

in his dreams go through the processes of being tried, sentenced, and hanged. People have sometimes found dreams to come true, because they have gone to sleep with a feeling which has in dreamland been resolved into ideas having reference to the matter about which they were interested. The fanatical religious feeling of Louis XI of France with regard to the Crusades, in his dream took the form of a battle between the Christians and Moslems before Jerusalem; and he then regarded his dream as an incentive from heaven to urge him to fight for the holy sepulchre. The uncontrolled frolic of the selfhood in dreaming, which happens in consequence of the removal of the corrective action of external impressions, accounts for the grand character of the ideas which often then occupy the mind, and may enable us to form some conception of the condition of the insane mind which is possessed with delusions of grandeur. For in dreamland the most important events take place with reference to self without causing any surprise; we are kings, and are not astonished; scavengers, and it seems quite natural; we are on the pinnacle of happiness, and are not greatly transported by it; or we flee in an agony of terror when no man pursueth. But we awake, and are thankful that it was a dream. The insane do not awake from their dreams.

It must certainly be confessed that all delusions produced by moral causes cannot always be traced in the individual out of the definite condensation of an exaggerated passion. Some are so extravagant, and are accompanied with such great mental incoherency, that it is necessary to go further back than the individual to account for them. The effects of moral causes, as surely as those of physical causes, do not perish, but endure in nature; they go on working through all time; and the previous generation will often render plain that which appears inexplicable in the present. The habitual passion of the parent becomes the insanity of the child, which then represents a further stage in mental degeneration. It is born with an innate tendency to delusions—is a discord in nature, displaying its incoherency almost as soon as it displays action. During the French revolution, when great fear necessarily pervaded all minds, many children were born who became insane from the slightest causes. Esquirol relates the case of a young man who throughout life was a prey to constant terror. His mother had had a great fright during pregnancy, and, as she lived amongst the fearful events of La Vendée, was constantly exposed to causes of terror. From birth to his fifth year the child was subject to convulsions, and at six he had an acute affection of the brain. Ultimately he fancied that he saw persons armed with daggers, pistols, &c., for the purpose of murdering him; and if he went out of the house he returned hastily, saying that a bullet had whizzed past his ear. He feared also that all who came near him wished to poison him. The case furnishes an example of passion

which had not taken form in the generation in which it arose, but which had, as it were, undergone crystallisation into idea in the second generation. When the delusions of an insane person are very extravagant and numerous, and are very calmly and decidedly expressed, as though not being something extraneous or adventitious, but really a part of the nature of the individual and essential, it may often be predicted with great confidence that the insanity is hereditary. If a person in good bodily health, whose insanity was not produced by physical causes, maintained that he was a teapot or a coal-skuttle, the most positive denial of any hereditary predisposition should scarce produce a conviction of the non-existence of some predisposition. The good and the evil in a constitution alike descend through generations; the habitual passion of the parent may become the delusion of the child, and the delusion of the child become the idiocy of the grandchild, which, as idiots are not commonly fruitful, is happily the extinction of the direct evil. This gradual degeneration of mind through morbid passion, delusions, and dementia, to extinction, frequently takes place—is, in fact, the regular course of insanity—in an individual life.

The inquiry as to what passions are deemed to be the most powerful causes in deranging the mental balance will conveniently make manifest the distinction between those feelings of self which do lead to insanity and those feelings for the not-self or for others which probably never do conduct to such a painful end. One author has said that men become insane from pride, girls from love, and women from jealousy; and, without doubt, such affections of the selfhood do often pass on to actual insanity. But it is commonly believed and said that religion and love have the most powerful effects upon the mind, and frequently overthrow its stability. The enthusiastic exaltation to which they both sometimes lead is not unlike, although the effects of it are different, for the enthusiasm of love is much more curable than that of religion. The infidelity of the object of affection or the dissipation of the lover's delusion by time and familiarity restores his senses and does away with his extravagances. Leander the lover may swim across the Hellespont for his Hero, but Leander married would scarce swim across a duck-pond for her. Petrarch wrote very moving sonnets to his Laura, but when Laura was offered to him he declined to accept her. The enthusiasm of love is a temporary hallucination which is mostly soon recovered from, but the love which does sometimes produce insanity is that which is disappointed by the infidelity of its object or by some other cause. In such case, however, disappointed affection is often but another name for wounded self-love, as the following example may aptly illustrate. A young girl of great sensibility and much self-love, who had been religiously educated, was not permitted to marry. She thereupon became melancholy, and imagined herself to be abandoned by every

one, and, making a vow of chastity, devoted herself to Christ. Falling short of her promises, she was seized with remorse, and believed herself damned and given up to the devil. Recovering from that after six weeks of dissipation, she again fell in love, was again forsaken, and renewed her vows, but again fell, was again in the power of the devil, who played all kinds of pranks with her body, burning and gnawing her heart and tearing her entrails. She thought herself enveloped in the flames of hell, refused consolation, cursed the devil who was torturing her, cursed God who was precipitating her into hell, and finally died exhausted. Love has, indeed, two very different directions of development, an altruistic and an egoistic development; in one case it is very much a self-gratification, in the other case it is self-forgetful, and has regard more to the good and gratification of the object. It is the egoistic kind of love that is concerned in the causation of the insanity which is attributed to disappointed affection, for the mortification of it is a serious wound to the self-feeling which has so much to do in the production of madness. Altruistic love is founded upon self-renunciation, and that way madness does not lie.

As it is with love, so also is it with religion. The religious ascetic of the middle ages fled from the society of mankind into the forests, lived in caves, mortified his body with stripes, and fed on the coarsest food, all the while deeming himself a religious hero. The fact was that his exaggerated selfhood had grown into madness, and he was labouring under a great delusion—he was simply possessed with a devil. It is related of St. Macarius that, having one day killed a gnat which had stung him, he was seized with such compunction that, as an atonement for his crime, he threw away his clothes and remained naked for six months in a marsh exposed to the bites of every insect. The result of that was that St. Macarius had his skin very much tanned, and the universe gained nothing thereby. But the hero of asceticism is unquestionably St. Simeon Stylites. "At the age of thirteen," says Gibbon, "the young Syrian deserted the profession of a shepherd, and threw himself into an austere monastery. After a long and painful novitiate, in which Simeon was repeatedly saved from pious suicide, he established his residence in a mountain about thirty or forty miles to the east of Antioch. Within the space of a mandra, or circle of stones to which he had attached himself by a ponderous chain, he ascended a column, which was successively raised from the height of nine to that of sixty feet from the ground. In this last and lofty station the Syrian anchoret resisted the heat of thirty summers and the cold of as many winters. Habit and exercise instructed him to maintain his dangerous situation without fear or giddiness, and successively to assume the different postures of devotion. He sometimes prayed in an erect attitude, with his outstretched arms in the figure of a cross, but his most familiar practice

was that of bending his meagre skeleton from the forehead to the feet, and a curious spectator, after numbering 1244 repetitions, at length desisted from the endless account. The progress of an ulcer in his thigh might shorten, but it could not disturb, this celestial life, and the patient hermit expired without descending from his column." As it is the part of sound religion not to rail at and escape from the ill, but to sympathise with the good and to make a man one with his kind, Stylites' lofty column and mistaken mortification represent to us the loftiness of his selfhood and the delusions which sprang from it. As may be supposed, the ascetic often saw visions, was favoured with the visits of angels or apostles, and was distinguished by the special persecution of Satan. It might really seem, from the accounts which some of these saints gave of themselves, that the devil left everything else in order to devote all his energies to shake their righteous steadfastness. And it was a great triumph for them to relate how he had been foiled. St. Athanasius informs us that St. Anthony was frequently whipped by the devil, and St. Jerome says the same of St. Hilarius. Of Cornelia Juliana it is said that in her room one day "the other nuns heard a prodigious noise, which turned out to be a strife which she had had with the devil, whom, after having laid hold of him, she fustigated most unmercifully; then, having him upon the ground, she trampled upon him with her feet, and ridiculed him in the most bitter manner." What with St. Dunstan's red-hot tongs, Luther's ink-bottle, and Cornelia's tongue, the devil has come off badly in his warfare with the saints. Amidst the manifold extravangances which holy men at sundry periods have been guilty of, some, like St. Francis, founder of the Franciscans, have stripped themselves naked in proof of their innocence, and have even appeared in public without garments, as Diogenes did, and as lunatics are sometimes prone to do. Their follies have been the symptoms of an insane selfhood which had identified itself with religion, just as happens at the present day in an equally offensive manner with the sanctimonious self-righteousness of the Pharisees who unctuously thank God that they are not as other men are. Man finds it wondrous easy to deceive himself, and while feeding his vanity fancies that he is advancing religion. But as an ape appears the more deformed from his resemblance to man, so the aping of humility by religious pride makes it the more odious.

Religion cannot, then, be justly considered as the principal cause of the madness of asceticism any more than it can rightly be considered as the cause of the numerous and bloody wars which have been undertaken under its holy name. The just aim of religion is to plant self-denial, charity, long-suffering, and peace amongst mankind; and yet we see that the selfish passions of men have, with a marvellous, but often unconscious, audacity, made it the excuse for their insane extravagances, and the unrighteous pretext for watering the earth

with blood and filling it with groans. It can admit of no question that fanatics would have acted as madly as they have acted, and that nations would have fought as fiercely as they have fought, if there had been no such thing as religion among men.

There exist certain valid reasons why religious delusions and religious fears form so large a part of the phenomena of insanity as they unquestionably do. In the first place, religion is a matter about which almost every one has some knowledge, and the only subject almost of which some know anything; so that when insanity is established in such cases, it becomes a necessity that its delusions should have reference to religious notions. In the second place, the ideas which are furnished by religion are the only ones which can adequately express the immense fear and despair from which some who are melancholy suffer or the grand notions which some who are maniacal have. It sometimes happens that an insane person is possessed with a vast and undefined fear without being able to say what it is which is the cause of such a great dread; there is a state of exaggerated and unnatural emotion, without the ability to realise it in idea or to body it forth in words. Suppose that this vast horror is ultimately expressed in words, such as may render it conceivable to lookers-on. There is but one idea in the whole of human conceptions which can adequately convey the great fear, and that is the idea that an unpardonable sin has been committed, and that the soul is for ever lost. So that, for the adequate utterance of the severest emotional insanity, it is necessary to have recourse to religious conceptions. In like manner, for the expression of an insane feeling of ambitious vanity, an individual will naturally look to that which in his ideas stands highest in greatness and glory; he desires admiration and worship, and he claims to be One who is most worshipped—he is Jesus Christ or the Holy Ghost. Manifestly, then, in many cases of insanity in which there are religious delusions and religious fears, religion has not been concerned as a cause. In the third place, the miraculous nature of many religious events silences the opposition of reason to the pretensions of excessive self-feeling. "God appeared to Abraham, to Isaac, to Paul," exclaims the self-inspired lunatic, "and why not to me? Christ wrought a miracle for the benefit of a poor widow; and is not the conversion of an unbelieving world before a fast-approaching judgment, which I am sent to proclaim, of importance enough to require many miracles? How long will ye doubt, oh ye of little faith?"

The relation of religious ideas to the supernatural, again, or, in other words, their non-relation to the natural, seems to operate sometimes in making religious delusions of a very extreme and desperate nature. Thus, for example, Pinel tells of a missionary who believed himself to be the fourth person in the Trinity, who killed two of his children, and would have killed his wife had she

not escaped, deeming it his duty to save the world by *the baptism of blood*. After being in confinement for some time he murdered two of his fellow-patients. A vine-dresser killed his children in order to send them to heaven; and some, wishful to die, will not commit suicide, because they would then be damned, but commit murder, in order that they may be hanged and may have time to repent. A similar reasoning unreason was displayed in Greece after Plato had propagated his doctrine of the immortality of the soul; many committed suicide, thinking it better to die and be happy than to live and be miserable. Esquirol relates the case of a captain, aged thirty-four, a strong man, who, in consequence of some crossed inclination, became sad and solitary, and after some weeks burst out into raving, fancying that he had a mission from heaven to convert mankind. Accordingly, he seized a pewter pot and struck an attendant three blows on the head, from which the latter died after a few days. He was then restrained and became furious, believing that he was commissioned by God to regenerate mankind by the baptism of blood. Already he had killed, he said, twenty millions of people whom he had regenerated. He invited Esquirol, calmly, with the accents of benevolence, to go to him. "Approach, that I may cut your head off; it is the means of ensuring your future happiness." At times he was conscious of his condition, and then lamented his position. To such desperate sufferers the voice of heaven seems as real as the voice of God seemed to Abraham when it commanded him to sacrifice his only son Isaac.

It is undoubtedly true that in certain cases religious excitement may cause insanity, although it is even then not the whole cause. A predisposing cause has most likely existed in an infirmity of organization, and religion has been the exciting cause of an outbreak which, without it, might have happened from some other cause, such as disappointed affection, wounded vanity, or domestic calamity. Still, as it is certain that a person of sound constitution may be rendered temporarily susceptible to the influence of disturbing causes by reason of depressing external circumstances or of some bodily disorder, it is plain that great religious excitement may be injurious, as it unquestionably was in the recent revivals. When the body is cool and strong, a draught of cold air may play upon it and do no harm; but if it is hot and perspiring from exertion, a draught of air may produce inflammation of the lungs; it is well, then, to avoid draughts of air at all times, and necessary to do so when the body is heated and exhausted. So with religious excitement; it is well that devotion should be calm and sober at all times; it is necessary that it be so if there is any innate or temporary susceptibility to disturbing mental causes. For the feebler a mortal is in nervous organization, whether as a natural fact or from accidental causes, and the more marked is the morbid self-feeling, the more proneness, there-

fore, is there to insanity. The sensation which she excites and the notoriety which she gains are gratifying to the self-love of the weak, hysterical woman, who falls down in convulsions or bursts out into raving incoherency as she listens to the wordblasts of an exciting preacher. But as convulsion is not strength of body, so noise and raving are not strength of mind. Both manifest the degeneration or unkinding of superior force.

The foregoing considerations render it sufficiently evident that when religion and love are said to be powerful causes of insanity, the statement is not an exact representation of the truth. A question lies deeper as to the character of the individual and the kind of religion or love which prevails. Is it egoistic and a self-gratification, or altruistic and a self-renunciation? Those feelings which arise in a desire for the good of others, such as compassion and benevolence, the altruistic emotions, as they are called, do not lead to insanity, and the appearance of them in one who is insane from other causes is always of hopeful augury. Even those who become insane from grief at the loss of a friend, which is not a strictly altruistic grief, because the sorrow is not for the friend who has gone, but for the loss which the living self who is left has suffered, are much more hopeful as regards recovery than those whom envy, jealousy, wounded self-love, disappointed ambition, or any other of the purely egoistic passions, have deranged.

To live for others or to live for self, that is the question:—whether the actions shall be excited by the altruistic feelings for the welfare of others, or whether they shall be prompted by the egoistic passions for the gratification of self? The true reformer unshrinkingly devotes himself to accomplishing the good of others, and labours at self-renunciation; but human nature is weak, and the selfhood is very apt to thrust itself forward into the best works. It is the persistent devil against which the earnest reformer has to fight; it was the devil which hung round Luther's neck, and against which he struggled with such fearful earnestness. It was the devil which ultimately succeeded in imposing upon Mahomet; the devil which deluded the fanatic in his cell when it made him fancy that he was fighting with the devil; and the devil with which false reformers and the insane are possessed. No marvel, then, that the Scriptures describe the insane as being possessed with a devil.

The morality of all religions, in all ages, has enforced the doctrine of self-renunciation upon the individual as the condition of his welfare and salvation, but we do not observe that the doctrine has been duly enforced upon humanity as a whole. On the contrary, it is too evident that the selfhood of humanity has created, age after age, most extraordinary delusions, so that the history of human thought is the history of human delusions. Regarding themselves as the end and aim of creation, mankind have considered the arrangements of nature

as ordained and maintained for their profit; they have thought that the universe moved round man as a centre at the will of gods, who were deifications of humanity. For, assuredly, the selfhood of humanity has created its gods. The imagination of the barbarian, when he suffered, peopled the air and woods and storms with evil deities or spirits who were injuring him; while the gratification of his selfhood by prosperity was deemed to be the work of a good deity, who favoured him. Odin, and Thor, and Apollo, and Jupiter, and the rest of the dwellers in Valhalla and on Olympus, were human beings with impossible qualities. "If oxen and lions had hands and fingers like ours," said Xenophanes, "horses would paint and fashion their gods like horses and oxen like oxen, and would give them bodies of like shape to their own." But Xenophanes rebuked in vain the gross anthropomorphism of his countrymen. Man was made god, and the idealisation of himself was worshipped by him. And as we have seen it to be with the individual, so it has been with humanity—the opposition to the delusions of its self-feeling excited passion, and those who rejected its superstition fell victims to its anger. Self-renunciation is as necessary a condition of right insight to humanity as it is unquestionably the necessary condition of right insight to the individual.

The scientific spirit of the present age preaches self-renunciation. The investigations of geology, revealing the existence of the earth for thousands of years before man appeared on it—the discoveries of astronomy, showing how small a fragment the earth is in the vast immensity of the universe—the records of history, teaching the littleness of man in the mighty course of nature—and the researches of the chemist and physiologist, proving the very close relationship of man to the flower which he tramples upon and the dust which he despises—all tend to dispel human blindness and to humble human arrogance. How persistently has the selfhood of mankind opposed these revelations of its humble position in the system of the universe! Willingly or unwillingly, however, man must acknowledge them—nay, must indeed believe it possible that the sun may rise when there is no human eye to behold it, that the birds may sing when there is no human ear to listen, that the fruits may ripen when there is no human hand to pluck them, that the course of nature may continue though all men have perished. For it is a supposition which the history of the past does not reject, that after man has disappeared from the earth other and higher beings may take his place and rejoice in the beauties of nature as he has rejoiced in them.

If the lesson of self-renunciation is distinctly taught to humanity, with how much greater force is it taught to the individual mortal! It is a natural vanity in every one to think that he will be greatly missed when life's fitful dream is ended; and yet how little is the loss of the most distinguished felt! When he has gone to his ever-

lasting rest it seems that he has rightly gone, and his place is so filled up that he seems no longer wanted. A little while, and who thinks of the touch of a vanished hand?—who remembers "the sound of a voice that is still"? Life refuses to carry with it the dead body of grief; for death is the condition of new life. "Oh! how beautiful is death," exclaims Jean Paul, "seeing that we die in a world of life and of creation without end!" The storied urn lasts only for a few generations at most, but the living work which a man has done never dies; it is a monument which outlasts time, which the universe cannot destroy unless it destroys itself.

It is well, then, for a struggling and suffering mortal that he learn the saving lesson of renunciation soon, that he early discover the holiness of endurance in the "sanctuary of sorrow." Through repression of self by a well-fashioned will, through altruistic development of feeling and altruistic use of power, he enters on that onward course of mental development which conducts to the clearest insight, the highest moral feeling, and the noblest moral action; he rises into a serene atmosphere, in which he sees life stripped of its delusions and death deprived of its horrors. But as surely as disobedience to the physical laws of nature results in disease and destruction, so surely does disobedience to the moral laws of development end in delusion and damnation. The sermon which scientific psychology preaches to-day is the sermon which more than eighteen hundred years ago was preached from the Mount of Olives near Jerusalem.

> "So live that, when thy summons comes
> To join the innumerable caravan that moves
> To that mysterious realm where each shall take
> His chamber in the silent halls of Death,
> Thou go not like a quarry slave at night
> Scourged to his dungeon, but, sustained and nourished
> By an unfaltering trust, approach thy grave
> As one who wraps the drapery of his couch
> About him, and lies down to pleasant dreams."

Asylum Notes on Typhoid Fever. By W. Carmichael McIntosh, M.D. Edin., Assistant-Physician and Superintendent Murray's Royal Asylum, Perth.

Fever and other diseases amongst the insane attract attention in their mental as well as in their physical relations; and if at the same time both sane and insane suffer, a comparison of the cases is interesting. Besides, in an asylum the patients are especially under charge from the first faint indications of the malady, and the previous history, habits, and constitution of the individual are familiar. In

ordinary cases of fever amongst the community at large, the particular currents of the patient's thoughts and volitions do not attract special attention, save in protecting him from injury; and if insanity or other brain disease subsequently occurs, the features of the fever-poisoned brain are generally unknown and forgotten. Additional light might be thrown upon mental pathology and treatment, if such observations, sufficiently extensive, were correctly made and recorded. Alienists, on the other hand, have long noted the influence of physical diseases in the course of an attack of insanity; and recently cases from foreign journals were given by Dr. Arlidge,* where recovery has followed from wounds causing profuse suppuration in melancholia and general paralysis, from scarlatina in suicidal melancholia, from dysentery in mania and melancholia, from dysentery and acute rheumatism in monomania, from dysentery and a compound fracture of the elbow in religious monomania; lastly, profuse intestinal hæmorrhage is mentioned by M. Baillarger as ushering in recovery in a case of painful hallucination of vision consequent upon injury from a railway accident. Numerous other interesting cases are mentioned in the pages of our medico-psychological literature. Professor Laycock lately made known to me the case of a young girl, æt. 15, an epileptic, who had typhus fever for five weeks, and never had a fit all that time. As she recovered, the fits returned as before (several daily), and ultimately the patient became acutely maniacal.†

In the following cases of typhoid fever, which occurred in the Perth Asylum, none were so fortunate as to be permanently benefited in their mental condition by the blood poison, yet the changes observed in the speech and bearing of the invalids were not without interest. Besides, in an asylum, where intercourse with the external world is somewhat limited, there is a good field for examining into the causation and spread of such diseases.

The epidemic occurred in the spring of 1862, and from all I can learn had no connection with contagion, and indeed the onset of the fever in the individual cases had little evidence of this, except in the instance of the man who waited on the male patients. All the cases occurred on the ground-floor of the house, with the last-mentioned exception. Several cases of what appeared to be irregular ague occurring in the same wards likewise rendered the spontaneous origin of the disease the more probable.

The first person attacked was a female attendant, æt. 28, who on the 20th of April felt unusually fatigued, but went about her duties till the evening of the 22nd, when intense headache, weakness, languor and shivering compelled her to give in. She occupied the ground-floor of the house, which is much below the level

* 'Journal of Mental Science,' October, 1862.

† Communicated by Mr. Dyce Duckworth, St. Bartholomew's.

of the lawn in front. The shivering last mentioned was followed during the night by profuse perspiration, which soaked her garments.

On the 23rd she had nausea, rapid pulse, great thirst, and was very restless; sweating occurred every few hours.

24th.—After the operation of a purgative, she felt easier, though still prostrate; the sweating, however, returned in the evening, and her pulse averaged 108; pupils dilated; eyes sore and heavy; tongue covered with a white fur; face flushed. For the succeeding three or four days she was much in the same condition—with alternate shiverings and sweatings, and she was completely prostrated. Her catamenia came on, and before disappearing, the discharge became abundant and leucorrhœal.

On the 29th there appeared some scattered papules on her skin, which felt itchy. The chest likewise began to pain her, and she had difficulty in breathing; no abnormal sounds were observable, however, on using the stethoscope, though there seemed slight dulness on percussion; pulse rapid (106). For several days afterwards general debility, frequent sweatings, constant nausea, and a variable pulse, which on one evening reached 140, marked the case, and little alteration followed on removal to a higher and more airy room.

Up to this time she had not suffered from diarrhœa, but on the 8th of May this made its appearance, and she had two or three ochrey stools daily for several days; tongue moist and white; pulse variable, sometimes down to 80. Over the breast and body generally there occurred an eruption of pimples, from the bases of which the cuticle shortly peeled; they caused much itching, which was relieved by the application of glycerine. The debility in this case continued for many days, with restlessness at night, sweating, and a tendency to headache; and it was not until the 6th of June that she was able to take an airing in the grounds. The fluctuating state, and the feeble and capricious appetite which continued during her long convalescence, was very wearisome and trying to the patient, who was seldom two days alike; the progress of to-day often being almost negatived by the relapse of to-morrow. Throughout the entire case, she was always able to report on her own state, and nothing like delirium occurred, except that about the beginning of May she wished to get out of bed several times to resume duties.

The treatment in this case consisted of a purgative of castor oil at the outset, milk and farinaceous diet, Aq. Acet. Ammon., at the commencement, and seidlitz powders for thirst. Quinine was tried in small doses (grs. v, twice daily) with temporary benefit. An occasional warm bath, nourishing diet and wine, catechu and chalk for diarrhœa, and bismuth and camphor for vomiting, were the chief remedies used.

On the 24th of April, two female patients were taken ill in the gallery waited on by the former attendant. The younger of the two, æt. 24, a case of recurrent mania, at this time convalescent, was seized with intense headache, so great that, although a very vain girl, she requested her hair to be cut off, and she perspired profusely; pulse 110. She complained especially of great pain in the occiput and general soreness of body; tongue covered with a white fur, moist; pupils widely dilated, and eyes suffused. She was put on farinaceous diet, had a purgative of castor oil, and Aq. Acet. Ammon. ℥ss every three hours (in a little sugar and water). For some days the pulse continued at 108, and she perspired a good deal; her appetite, however, was fair. Fearing that local miasmata might have some connection with the case, she had ℞ Quinæ disulphatis, grs. v, twice daily, but with doubtful efficacy. Instead of being a lively and spirited girl, she became reserved and quiet, lying in bed with a semi-dejected and anxious aspect, and only speaking when addressed. Her conversation, however, was always rational.

On the 3rd of May one or two rose-coloured spots appeared on her thorax and epigastrium, and she was weak, sickly, and faint. From a slight injury to the Schneiderian membrane of the nose, profuse bleeding ensued. She was removed from the ground floor to the infirmary ward up stairs without much change in her symptoms; pulse 100; skin hot; tongue furred and moist, and sleep often disturbed. Never, on any occasion, however, did she become irritable and troublesome, and she made no complaints. After this a few rose-coloured spots appeared on the abdomen and at the bend of the arm, but these soon disappeared. Beef tea and nourishing diet were prescribed with advantage, and all the medicine necessary was an occasional laxative (Tinct. Sennæ co.), which in its operation never caused any tendency to diarrhœa.

About the end of May she was able to get out of bed, and rapidly regained her usual condition. The symptoms in this case were very mild, and there was neither affection of bowels, chest, nor kidneys; but the peculiar nature of the eruption, the pulse, tongue, and concomitant cases of greater severity rendered the diagnosis trustworthy. The only effect noticeable in the mental condition of this patient was the salutary calming of her usually buoyant spirits, and the absence of her recurrent fits of noisy excitement. There was no loss of temper, or irritability; on the contrary, she always strove to give as little trouble as possible.

The other female who took to bed at the same time as the former had chronic mania, and was sixty-four years old. The pulse was 90, full; skin dry, and headache intense; tongue furred, and appetite failing. She also had a purgative and Acetate of Ammonia. It was a most unusual occurrence for this person to complain, and though of the above age, she was one of the most vigorous and wiry

patients in the institution, and her entire muscular system was hardened by incessant use. She had intense headache for several days, and though depressed, feverish, and emotional, never lost her habits of mischief and drollery. She recovered without further symptoms, evidently in virtue of the innate power of her constitution.

The next case occurred in a female fifty-seven years of age, who suffered from chronic mania. At all times she was lethargic and torpid, and the only organ which seemed to be duly exercised was her tongue. She was found lying on the gallery floor in a weak condition on the 23rd of April, and was immediately put to bed; pulse 115; tongue furred and dry. In the evening she became much excited, shouting, and in a state of terror declaring that some one was going to murder her, and that people were plundering her of her fancied money. She continued in a feverish condition, with much thirst for some days, her nights in general being disturbed and noisy.

On the 29th, tongue still furred and pulse rapid (110), and she is full of her ordinary delusions as to her daughter, who she imagined was being abused and shamefully treated in the asylum. Her thirst continued great, and she had many seidlitz powders and bitrate of potash mixtures, which she devoured with avidity. No eruption was observable at any period of her illness. To be brief, she remained in a weak and feverish condition for about a month, with a hot and dry skin, and a variable pulse, which sometimes in the evening reached 140, taking little else than fluids, and every now and then becoming noisy and abusive. Towards the end of May the pulse fell and became steadier, and with the exception of a large furunculus on the hip, she had no further physical annoyance. She rose on the 2nd or 3rd of June, and resumed her former obscene and noisy language. Throughout her bowels were quite regular. The slight nature of the symptoms, and the absence of any complication, do not make it suprising that the disease had little or no influence on her ordinary mental manifestations, except at the commencement when she was seized with panphobia. In a few days this faded away, and the usual delusions about the improper detention and abuse of her daughter in the asylum returned as before.

Another female, æt. 30, labouring under chronic mania, with homicidal propensities, took ill on the 25th of April. She was a powerful, heavily developed woman, and very troublesome from the frequency and severity of her assaults. She complained of feeling "curious;" her countenance was cyanotic and dusky, and tongue loaded. She had a purgative of castor oil, which operated freely. Loitering about for a day or two in a doubtful condition, she was at last compelled to take to bed on the 30th of April. She felt sick and giddy; tongue with a well-marked brownish, dry, glazed

portion in the centre, whitish at the edges; pulse weak and rapid; countenance turgid and speech confused.

On the 1st May her respiration was considerably affected, and bronchitic râles abounded over the entire chest, which likewise was dull on percussion. A large mustard sinapism was applied to her chest, and she had grs. x Potass. Chlorat. in syrup thrice daily. Next day her respiration was still more embarrassed, but a repetition of the sinapism gave relief. The bronchitic rhonchi were loud and audible to the unassisted ear, and the heart's sounds were muffled; tongue dry and brown in the centre. On her abdomen, and thorax, and the upper part of her arms, are many spots, larger than in the other cases, and of two kinds—small reddish pink, and larger brownish ones with a light scurf; the latter of course were independent of the present ailment.

3rd May, countenance still turgid, and skin hot; pulse 114. She complained much of abdominal pain during the night, and bent her body in agony; it was relieved by warm fomentations. Formerly taciturn and gloomy, prone to assault cunningly, and talk incoherently, she even at this stage of the disease presented a remarkable change in manner and conduct, being patient, gentle, and subdued. She inquired after her friends, and hoped they would come and visit her, wondering how she could have been so wild as to act as she had done; and expressed a hope that she might be restored to her family after she recovered from the present bodily ailment. Never before had she manifested the slightest solicitude in regard to her friends, and her repeated ferocious and stealthy onslaughts on her companions and the attendants had rendered her an object of suspicion and dread to both. All this urbanity was therefore new and agreeable, and rendered her case one of more than ordinary interest. Instead of the peevish and fretful disposition too often displayed by such a case in a sane person, she was rational and composed in all respects—a condition vastly different from her ordinary demeanour.

The bronchitic murmurs were still present on the 5th, though modified; and the pulse fell to 90. About this time she complained much of crampy pains in the thighs, which caused her great uneasiness. During the next ten days the pulse kept down, and her bowels, tongue, and appetite improved, though sometimes the pains in the limbs annoyed her.

On the 18th, however, she felt weak, and had a slight faintish attack, and her pulse rose to 130, small. She had sweats every now and then, and her tongue became furred and white, and her countenance flushed and heavy.

For eight days after the last-mentioned date she continued uneasy, her pulse on the 25th rising to 140. After this relapse, however, she progressed favorably, and, like the others, rose about the beginning (5th) of June. Quinine was given continuously for

a considerable time in this case also, but its effects were not marked. During the early part of her convalescence she evinced more especially those characteristic changes in her manner which have been noted above, and she was afterwards allowed to mingle freely with her neighbours, which she could seldom do with safety formerly. Her bearing was gentle and subdued; her inquiries for her friends at home frequent and kind, and her habits steady and industrious. But, alas! all this apparent improvement in her mental state gave way as her physical recovery became established, and by degrees her former homicidal and quarrelsome disposition usurped this better nature, and made her as troublesome, dangerous, and crafty as of old.

A case of dementia, æt. 34, was the next female sufferer. She felt ill on the 6th May—losing her appetite, and looking haggard and discoloured; pulse rapid, and she has headache. She had a laxative of castor oil, and was removed to the infirmary. The headache continued next day, with the addition of pain in the back and abdomen; pulse 100, and skin hot. She also has a slight cough and sore throat.

On the 9th she had several loose stools, light coloured, and very fluid. Tongue dry, and she is thirsty. Wine was added to her farinaceous diet, as she was of feeble build and strumous diathesis. The diarrhœa abated under catechu and chalk mixture, and she progressed favorably till the 17th, when her pulse rose from 87 to 100, and she had a tendency to wander; hæmorrhage from the nostrils occurred from an injury with her fingers. Next day the diarrhœa recurred, and for the first time one or two small red papulæ appeared on her abdomen and back; they were slightly raised. The same astringents were used as formerly, and with benefit. Once or twice subsequently diarrhœa appeared, but it was easily managed.

Between the 18th and 25th fresh papules made their appearance in small numbers at a time, and others faded away. By the latter date she was considerably improved, and took beef-tea, chicken broth with relish; and without relapse she was able to leave her bed with the others in the beginning of June. Throughout her illness, except on a few occasions when sick and depressed, she retained a good deal of her ordinary mischief-loving, childish propensities, accusing her husband of flirting with the female attendants when he called on her, and swearing at and abusing the latter in the exercise of their duties. There has been no alteration in her conduct since.

Besides the foregoing cases, there were two or three other females in the galleries and rooms on the ground-floor seized with shivering, languor, sweating, and high pulse, and in general the symptoms of irregular ague, which lasted about a week. A simple purge was most of the treatment demanded, in addition to moderate doses of quinine.

Of the males, the first attacked was a stout florid man, æt. 45, of a highly arthritic diathesis, and one who seldom went beyond his gallery to take exercise or anything else. A case of monomania of pride and ambition, he dignified himself generally with the title of "emperor of all the nations," and was enraged if otherwise addressed; the presence of other dignitaries (for he usually dined beside a "king") had no other effect upon him than increasing his haughtiness and reserve. Inconsistently with his usually distant conduct, he came forward on the 23rd of April and complained of being sick and ill; his facial vessels, at all times well marked, were much congested, eyes suffused, and pupils dilated; tongue heavily loaded, pulse 106; he stated that he had passed the night in a sleepless condition. He had a full dose of castor oil. Next morning he was no better physically, yet mentally he had become wondrously affable, stickling, however, to being called by any other title than that of "emperor." His diet was strictly farinaceous, and he had cooling drinks for his thirst.

25th.—Vomiting occurred in the evening, followed by profuse perspiration, and he slept none.

On the 26th he lost sight of his dignity, and was solely taken up with the physical discomfort of want of sleep, begging earnestly to have only one half hour's good repose; adding that all his distress was due to "pressure," a delusion he has since retained in regard to other ailments.* He is likewise more incoherent than usual. In the evening he had 10 grs. of Dover's powder, and in a short time slept soundly, even with tendency to stupor, for the opium affected him much. Next morning he declared that he was better, and his pulse was less bounding; tongue still furred. A slight laxative (Tinct. Sennæ co. ʒss) was mixed with his cooling drink, but had shortly to be discontinued, since a tendency to diarrhœa manifested itself, and the evacuations were fluid and ochrey. At night he did not rest well, averring that the "pressure" again affected him most injuriously; countenance and scalp very turgid; headache; pulse rapid.

On the evening of the 28th Dover's powder again gave him sound sleep, but with the same tendency to narcotism.

29th.—He does not look well; lips dry and crusted, and tongue brownish at the tip. Dull, weak, and tormented with thirst, the exalted idea of his place and power remains still in abeyance. Some small red papules now appeared on the right side of the abdomen, and one or two elsewhere in the same region; pulse 100. Next day there was no improvement, and the cyanotic depression increased, even to lividity of the hands, and many bloody sputa were ejected. More rose-coloured spots made their appearance on the left side of

* *e. g.*, Erysipelatous inflammation of the nose.

the abdomen, on the thorax and arms; pupils dilated, was drowsy, and spoke little; experienced no pain except at the hip.

Diarrhœa became more evident to-day (30th), and in the evening he passed both urine and stools in bed; pulse 98, sharp; tongue moist; no pain or tenderness in the tumid abdomen, and no gurgling. The stools were characteristically ochrey, and quite fluid. He had catechu and chalk mixture, and chlorate of potash in boiled milk. The diarrhœa somewhat abated, for during the following night he had only one loose stool, but he frequently got out of bed, and wandered about the room; his notions of dignity, too, all came crowding back upon him; he was imperious and dictatorial, averring that he had power to make all men equal, and that no one should have power over another. The constant and watchful care to which he was subjected, and the due carrying out of medical orders rather than his own, seem to have made him imagine that his majesty was encroached on, and hence his remarks. Stutters in speech, the first part of many words being cut off; the tongue likewise goes through many wrigglings before it is extruded. The spots are spread over the abdomen, some recent and distinct, others fading, and he complains of pain, but there is no localization of this on pressure.

From the 3rd to the 5th of May his pulse became feeble, and he was more drowsy, with a falling of the cheek to the side on which he reclined; tongue brownish, but moist; eruption still present. His stimulants were increased. The account he gives of himself is that he has now got quit of the "putrescence," but that he is still weak.

On the 5th his pulse had fallen to 85, and though his tongue was dry, complained of no thirst; diarrhœa gone: many of the spots on the abdomen have faded, and all are less distinct. He spoke freely, and requested solid food, thanking those around for any kindly office done to him, and altogether was unusually affable and communicative.

His delusions reappeared again on the 8th, and he was much enraged at an attendant, whom he thought unskilful.

From the 8th to the 17th improvement went on steadily; one or two fresh spots, however, appeared on the 11th.

From the 17th to the 20th his pulse rose first to 95, and on the evening of the latter to 108, small; tongue furred, skin warm and moist, and appetite declining. He attributed the present relapse to the "pressure" in his bowels, and eagerly solicited purgatives.

From the 27th gradual improvement again took place, and though occasionally restless and more delusional than usual, he made a good recovery physically. His ideas of power and dignity remain unaltered, and but lately he demanded that his full titles be stamped on his clothes.

The next patient was a young man, æt. 23, a case of dementia, who inhabited the same gallery as the former, though he was regularly employed in the garden at pump-work during the day.

On the 25th of April he was dull, listless, and complained that his back ached much, and he seemed cold; shivering, and crouching over the fire. He had a laxative of castor oil, which he vomited, so that another was necessary when he was removed to the infirmary.

27th.—He is abrupt and imperious in his demands, and makes no distinction between persons; pulse full and quick, and skin burning; thirst excessive, and he scrambles out of bed and drinks anything he can lay his hands on.

29th.—Some red papules out on abdomen, which did not altogether fade on pressure; irritable and restless, getting angry and excited if drink, in the shape of tea, is not supplied him immediately; and, although constantly tossing in bed, resents the slightest interference of a second party; pulse 90, full.

On the 5th and 8th he had several loose stools, all of a dark colour; and he now makes many pressing inquiries after his father, insisting, in his usual irritable manner, on seeing him directly; tongue with a central coating of whitish fur, clean at the edges; pulse 90; photophobia. The diarrhœa continued with varying severity on the 9th, 10th, and 11th, and assumed the characteristic ochrey colour; pulse 95; some fresh spots on abdomen; is as irritable as ever, and states that he is dying, and that he will be carried out in a coffin. Under the use of astringents, the diarrhœa abated during the next day or two, and little interesting occurred until the 18th, when he complained of pain in the left groin, the lymphatics of which had become enlarged. For the next eight days this pain, which shot down the thigh and leg, continued, in spite of warm fomentations and care. During this period, however, he regained his appetite, and his pulse became less variable; and by the 3rd of June he was able to leave his bed with an improved temper.

During the early part of his convalescence he wrote his father a very sensible letter, in a clear and legible hand, an effort which he had not attempted for years previously. His feelings in regard to his mother were also changed at this time, and he was anxious to see her, whereas he had formerly shunned and abused her. His friends stated that he had an attack of scarlet fever some years ago, and that ever since his antipathy to his mother was marked. After recovery he lapsed into the state of apathy and carelessness which usually characterised his life.

The last serious case was that of the male attendant, æt. 23, who waited on the two former, chiefly at night. He was an active, vigorous young man, of most exemplary habits, a tailor by trade, and at the time of his seizure had a due amount of outdoor exercise, for he went to town thrice daily in the capacity of postman. His

case was long and interesting; but since the chief object in the present instance is to use it by way of comparison and contrast, the following brief abstract of my notes will suffice.

From the first his was clearly an illness from contagion, for he not only occasionally waited on the male patients during the day, but he slept in the same room at night. Attacked with intense frontal headache on the 30th of April, a laudable wish to be at his post and a manly resolve kept him on his feet for a day or two, but sleeplessness, persistent frontal pain, sickness, and vomiting, completely prostrated him by the 4th of May. The headache was peculiarly severe, and was scarce relieved by ice to the shaven scalp, while, to complicate matters, the typical diarrhœa set in on the 5th, and continued, more or less, to the end. During the first week he had also much pain in the throat, and his voice was husky and cracked. The brown, dry tongue, protruded with difficulty, and after many turns and twists, and the crusted lips, the pain in the region of the colon, the peculiar abdominal swelling, with gurgling on pressure, the attitude of his body (reclining on the back, with the knees drawn up), and the small, quick pulse, could not have been better marked. Hæmorrhage from the nostrils occurred on the 9th, profuse, and with difficulty staid, and a trace of blood likewise appeared in the dejections, and more clearly in vomited matters. The typhoid eruption now covered the abdomen in abundance, and might have been seen sooner but for the redness consequent on the application of mustard sinapisms; in a few days it extended to chest, arms, and backs of hands. With a hard and tympanitic abdomen, a pulse of 120, a parched tongue, and a mouth and lips covered with sordes, paralysis of the bladder, and frequent stools—some containing large masses of coagulated blood, and all more or less hæmorrhagic—led the case from bad to worse, and beyond the control of either astringent or stimulant. Incoherent and wandering in a very marked degree, and with difficulty kept in bed; hæmorrhage from the right nostril recurred on the morning of the 13th, to an alarming extent, and, from his extreme restlessness, could only be stanched by plugging the nostril.

On the 14th the small, weak pulse rose to 160; copious sweating occurred frequently, and an abundant crop of sudamina appeared over the chest and abdomen, while the sphincter muscles readily permitted the escape of the clotted masses. Carpologia was well marked; and gradually sinking, he died on the 15th.

Of the post-mortem examination I will only glance at the state of the abdominal contents and the brain. The liver was anæmic, and the gall-bladder much enlarged, containing a light, straw-coloured fluid; spleen enlarged to four or five times its normal bulk; stomach with many hæmorrhagic points at its pyloric end; intestines discoloured, injected, and enormously distended; in the ileum a few

hæmorrhagic points only occurred, without ulceration, while in the cæcum and colon lay the chief mischief, for the mucous membrane was thickened, and from the ileo-cæcal valve to the sigmoid flexure was one vast, bloody surface, with only a few interruptions; yet it was a capillary hæmorrhage, and no distinct ulceration, far less any circumscribed ulcer eating into a vessel, was discoverable. The mesenteric glands were everywhere dark and enlarged. Each supra-renal capsule contained a bloody fluid in the centre.* In the cranium the adherence of the dura mater on both surfaces, a considerable amount of subarachnoid effusion, and extravasation with a clot of blood in each internal ear, were the points of weightiest import.

There were two other male patients who, at the end of April, suffered from headache, furred tongue, and shivering; in one followed, in a day or two, by hot skin, profuse sweating, and much prostration; in the other by diarrhœa and epigastric pain. The former had quinine, iron, and nutritious diet; the latter, astringents and stimulants. Both were able to be up in ten days. The cases occurred on the ground-flat, and in patients predisposed by age or voluntary confinement. No local cause, even after diligent search, could be found to account for the outbreak on either side of the house.

By the foregoing notes it will be seen that scarcely two cases presented like features, and that the poison varied much in intensity. The females, in general, had mild attacks, without much complication, whereas the three males all had diarrhœa of a severe nature. The case of the male attendant is very interesting, on account of the number of the mucous surfaces where capillary hæmorrhage happened. It is further interesting in regard to the seat of the hæmorrhage in the bowel and the absence of ulceration. The state of the gall-bladder and spleen have a value in connection with the irregular ague which occurred in the mildest cases. The fatal case, too, is an example of the communicability of typhoid fever, for he was the one in most intimate relation with the sick.

In regard to those cases where a change (however short) for the better took place in the mental state of the patient, some interesting questions are started. Seeing that insanity has been supposed by some to be due to an inflammation of the healthy brain or its coverings, are we to infer that in the above instances healthy thought resulted from an accession of inflammation in a morbid organ? Or did the poisoned blood so adapt itself to the altered brain-texture (whether functionally or organically) that more normal mental manifestations ensued? If the results of such bodily ailments amongst the insane were often attended by alleviation or cure of the mental disease, we might, after the fashion of the professor of natural history at Cremona† with his epileptic patient, send our lunatics to a "marshy place;"

* His skin was always of a dusky hue.

† Watson 'Principle and Practice of Physic,' vol. i, p. 772.

but, unfortunately, the relief of the mental, on a supervention of the physical, ailment, seems as yet to be a coincidence, and it would be at once novel and hazardous willingly to venture on the experiment.

Tuberculosis and Insanity. By T. S. Clouston, M.D. Edin., Assistant-Physician, Royal Edinburgh Asylum; Member of the Medical and Chirurgical Society, Edinburgh; formerly Demonstrator of Anatomy, Surgeons' Hall, Edinburgh; and President of the Hunterian Medical Society, 1860-61, 1861-62.

(*Read before the Medical and Chirurgical Society of Edinburgh, February* 11, 1863.)

From the time of Hippocrates downwards a special connection has been assumed to exist between certain forms of insanity and diseases of the abdominal organs, but it is only recently that diseases of the lungs have been ascertained to have any relation to mental derangement. Arnold,* who epitomised everything known about insanity before his time, does not mention any disease of the lungs among even the "remote causes" of insanity, although he includes among these, diseases of almost every other organ of the body. Esquirol† and Georget‡ were the first to show the frequency of lung disease among the insane. Burrows§ and Ellis‖ were the first to refer to the frequency of phthisis pulmonalis among the insane in this country; but the subject has scarcely received that attention from the profession which its importance and interest demand. Dr. McKinnon¶, the first Medical Superintendent of the Royal Edinburgh Asylum, came to the conclusion that "the scrofulous and insane constitutions are nearly allied." Dr. Skae, in his annual report for 1847, remarked the great frequency of tubercular deposits in the bodies of those dying insane. Dr. Hitchman** estimated that 20 per cent. of the deaths among the females in Hanwell Asylum were from phthisis, and Sir Alexander Morrison says that, out of 1428 deaths that occurred in patients who had

* Arnold, 'On Insanity,' vol. ii.
† Esquirol, 'Des Maladies Mentales,' tom. ii.
‡ Georget, 'De la Folie.'
§ Burrows' 'Commentaries on Insanity.'
‖ Ellis, 'On Insanity.'
¶ 'Annual Report of the Royal Edinburgh Asylum,' 1845.
** 'Psychological Journal,' vol. iii.

been under his charge, 164, or 11·5 per cent., were from pulmonary consumption, and 4·7 per cent. from other allied lung diseases. According to the Registrar-General's returns, the proportion of deaths from tubercular diseases in this country is between 16 and 17 per cent. of the total number of deaths at all ages, and phthisis pulmonalis alone is the assigned cause of death in about 12 per cent. No fair comparison can be instituted between this rate of mortality and that among the insane, because the Registrar-General's returns include the deaths among children, while the insane, as a general rule, have attained the adult age. Taking the returns from the eight principal towns in Scotland for the year 1861, where the Registrar gives the number of deaths at four periods of life, we find that phthisis pulmonalis was the assigned cause in 21 per cent. of all the deaths above five years of age, and in about 20 per cent. of all those above twenty. The deaths among the insane under twenty are so rare that the latter per-centage forms the best standard of comparison. There have been 1082 deaths in the Royal Edinburgh Asylum between the years 1842 and 1861 included, and phthisis pulmonalis was the assigned cause in 315 of them, or in nearly one third. There were 591 deaths among the men, and 136 of these were from this cause; and 491 deaths among the women, of whom 179 were from phthisis; being 23 per cent. of the males and 36 per cent. of the females. I have gone over the obituaries attached to the reports of most of the English county asylums for the last five years, and I find that phthisis is the assigned cause of death in only 13 per cent. of the males and in 18·6 per cent. of the females. In the asylums, however, in which the causes of death are determined to any extent from post-mortem examinations, phthisis stands as a much more frequent cause of mortality than in others where this is not the case. When such expressions as "exhaustion," "general decay," "natural decay," "marasmus," are put down as the "causes of death," in 10, 15, and in one as high as 60 per cent. of the cases, we cannot arrive at any correct idea of the true causes of mortality in asylums. "Consumption and lung diseases" are the causes of death in 22·5 per cent. of the males and 32 per cent. of the females who have died in all the public asylums of Scotland for the last four years, according to the reports of the Commissioners in Lunacy.

In eight of the North American asylums the deaths from consumption amount to 27 per cent. of the whole, according to Dr. Workman.* He remarks that the deaths from consumption in the New York city asylum are twice the rate per cent. of any of the others, except his own at Toronto, and says, "I am strongly inclined to the belief that the New York city asylum records of

* 'American Journal of Insanity,' July, 1862.

mortality have been based, to a large extent, on post-mortem evidences rather than on ante-mortem suppositions."

In the time of Georget* phthisis was the cause of death in more than one half the cases in the Salpêtrière. He also states that in three fourths of the bodies of the insane examined by him he found thoracic diseases. Esquirol says that two cases of insanity out of eight are affected with thoracic disease. He also mentions scrofula as one of the causes that predispose to insanity. There is but little reference made to this subject in recent French psychological literature.

In the asylum at Prague we shall see how frequently tuberculosis occurs among the patients. Leidesdorf† remarks the frequency of phthisis among the insane in Vienna. Dr. Geerds seems to think that phthisis is not more common among the insane, than among the sane.‡ In Holland Schroeder van der Kolk§ noticed the frequency of phthisis among the insane, and the relationship between the two diseases.

The following is a tabular view of the *assigned* frequency of phthisis as a cause of death.

Table I.

	Per Cent.		
	Male.	Female.	Both sexes.
Royal Edinburgh Asylum since 1842 .	23	36	29
English county asylums for last five years	13	18·6	15·5
Hanwell (Hitchman) . . .	—	20	—
Sir A. Morrison's, 1428 cases . .	—	—	11·5
Scottish public asylums since 1858 .	25	32	26·7
Bethlem Hospital from 1846 to 1860 (Hood)	11·7	18·3	15·3
Seven North American asylums (Workman)	—	—	27
Salpêtrière (Georget) . . .	—	—	50

But to arrive at anything like correct conclusions as to the extent to which tuberculosis prevails among the insane, we must examine carefully the records of a sufficient number of post-mortem examinations, and not trust at all to the *apparent* death-rate from phthisis and tubercular diseases. Among the majority of the insane, the

* Georget, 'De la Folie.'

† Leidesdorf, 'Pathologie und Therapie der Psychischen Krankheiten.'

‡ 'Allgemeine Zeitschrift für Psychiatrie,' 1861.

§ A case of atrophy of left hemisphere of brain (Syd. Soc. Trans.).

diagnosis of disease is a matter of uncertainty and doubt, the precise causes of death cannot be definitely known without post-mortem examinations—frequently not even by this means—and nothing but an exact statement of the frequency of tubercular deposit in the body, and a comparison of this with its frequency among the sane, can give us satisfactory results. Even when this has been done we have only got a few simple pathological facts, and must examine into the history of each case during life—the history of the insanity, and the history of the tuberculosis—before we can attempt to determine what relation they had to each other, and which of them was first developed.

Dr. Skae has kindly allowed me to go over the records of 463 post-mortem examinations that have been made, under his own superintendence, in the Royal Edinburgh Asylum since 1851, and from the case-books of the institution I have been able to get a tolerably complete history of each of these cases, both before their admission into the asylum and afterwards. I tabulated as much of the information thus obtained as I could, and made a separate record of what could not be so systematically arranged. From the 'Pathological Register' I was able to discover in how many cases there was tubercular deposit in each lung, the peritoneum, the other abdominal organs, and the brain; and in how many of those cases the brain was diseased. I divided the cases into those in which there was slight tubercular deposit and those in which there was much, including among the former all the cases of calcareous deposit that had evidently been tubercular, but not those where there were only cicatrices of tubercular ulcers that had fully healed. The cases in which there was "much deposit" included all those in which the quantity of the deposit was really large, or those in which the tubercle was evidently in an active state of deposition or disintegration. Had I been able to classify them into old tubercular deposits and recent deposits, it would have been still more satisfactory; but this I found to be impossible. In a few cases there were evidences of its having been deposited for a long time, from there being old cavities lined by condensed tissue, or from chalky deposits, and in other cases there were unmistakable signs of its being newly deposited; but the majority did not present characters so decided as to enable one to tell the date of the deposition; frequently there was both old and recent tubercle in the same lung. From the case-books I ascertained the age, the duration and the form of the insanity, the number of cases in which there had been previous attacks or hereditary predisposition, the existence in each case of suspicions, hallucinations, or suicidal tendency, the history of the tuberculosis during life if there were any signs of its existence then, the length of time in the asylum, and the form of insanity at death. In addition to the foregoing information, which I could

tabulate, I arranged the cases into such natural groups as were suggested to me by their resemblance to each other.

Taking the 463 cases, tubercular deposit was found in 282, or 60·9 per cent. There were 263 males, and tubercular deposit was found in 136, or 51·7 per cent. In the 200 females it was found 146 times, being 73 per cent. The distribution of the deposit among the organs of the body is seen in the following table.

Table II.

	Males.	Females.	Total.
Total number of cases found tubercular .	136	146	282
Lungs	133	144	277
„ much deposit	108	105	213
„ slight deposit	25	39	64
Deposit in right lung	115	130	245
„ left lung	124	131	255
Peritoneum	9	18	27
Nervous centres	6	2	8
Other organs (not including intestines) .	13	9	22

The frequency of this deposit seems at first startling, and we naturally ask if the number of cases here stated is not above the average, even among the insane. That nearly two thirds of all those who die in asylums should be affected with this one pathological lesion would indicate, without doubt, a special connection between it and insanity. Unfortunately I have no means of comparison with the statistics of the post-mortem appearances in any considerable number of the insane elsewhere in this country. Dr. Webster has described the post-mortem appearances in 115 cases that had died in Bethlem Hospital.* He found that in 49 of these there was tubercular deposit in considerable amount, but he does not seem to include those cases in which there were only slight deposits of tubercle in the lungs. These latter, although unimportant in themselves, indicate that a tendency to tuberculization exists. The same remark applies to the summary of post-mortem appearances given in the "Obituaries" of Dr. Boyd's admirable reports of the Somerset County Asylum. He found that tuberculization existed as a *cause of death* in 16 per cent. of the 539 cases in which autopsies had been performed.† As Dr. Boyd attributes the extraordinary proportion of 27½ per cent. of those cases to pneumonia as a cause of death, we can scarcely help concluding that many of these

* 'Psychological Journal,' vol. viii.

† 'Annual Report of Somerset County Asylum,' 1861.

must have been cases of tubercular pneumonia. Dr. R. Fischer* gives the details of 314 autopsies performed under the superintendence of Prof. Engel at the asylum at Prague. The following abstract of his observations, which I have made, shows the frequency of tubercular deposit.

Table III.

Total cases examined	314
Lungs tubercular	151
Of which the tubercle was obsolete in .	62
Right lung	143
Left lung	119
Peritoneum	10
Abdominal organs	6
Nervous centres	2

About one half of the cases are thus seen to have presented tubercular deposits.

We shall now compare those results with the frequency of tubercular deposits among the general population. Louis says that, of 358 cases that died in La Charité, 127 died of phthisis, and in 40 more tubercles were found in the lungs, so that in nearly one half there was tuberculization. Dr. T. K. Chambers has published the results of 2161 carefully performed and recorded autopsies at St. George's Hospital.† He found tubercular deposit in 550 of those, or in about a fourth of the whole. His results as to the frequency of tubercle in the two sexes were remarkable, for he found it in about 27 per cent. of the men and only in about 22 per cent. of the women. The disease is more common in females among the general population, as is the case among the insane.

Whether, therefore, we take phthisis as the assigned cause of death, or tubercular deposition in the body, tuberculosis is much more common among the insane than among the sane. Three persons die of phthisis in the Royal Edinburgh Asylum for every two who die in the eight principal towns of Scotland above twenty years of age. For every five bodies in which tubercular deposit was found in St. George's Hospital with tubercular deposition in them, twelve were found in the dissections made in the Royal Edinburgh Asylum. For every two persons dying of phthisis in La Charité, there were three in Salpêtrière.

Phthisis was the "*assigned cause of death*" in only 73 of the 136 men, and in 97 of the 146 women in whose bodies tuberculosis was found. This shows better than anything else how inadequate and erroneous an idea we should have if we estimated the prevalence of the pathological lesion according to the assigned frequency of its

* 'Pathologisch-Anatomische Befunde in Leichen von Geistes kranken,' R. Fischer.
† 'Med. Times and Gazette,' 1852.

principal symptoms. All the cases in which *lung diseases* are the assigned causes of death only amount to 189 out of the 282 with tubercular deposit. For the sake of showing how many diseases may be associated with tuberculosis, I have given in the following table the assigned causes of death in all the cases.

TABLE IV.

Assigned causes of death.	Male.	Fem.	Total	Assigned causes of death.	Male.	Fem.	Total.
Abscess of liver	0	1	1	Brought up	20	26	46
Abscess of lung	0	1	1	General paralysis	24	6	30
Apoplexy	1	7	8	Hanging	1	1	2
Arachnitis	3	1	4	Hydrothorax	1	1	2
Ascitis	0	1	1	Morbus cordis	2	1	3
Bright's disease	1	4	5	Paraplegia	1	0	1
Cancer of bladder ...	1	0	1	Peritonitis	2	3	5
Cancer of lip	1	0	1	Phlebitis.....	2	0	2
Cancer of stomach ...	1	0	1	Phthisis	73	97	170
Cancer of peritoneum...	0	1	1	Pleurisy	2	2	4
Chronic bronchitis ...	1	3	4	Pneumonia.....	4	1	5
Chronic gastritis	1	1	2	Ramollissement	2	1	3
Cirrhosis of liver	0	1	1	Scrofula	1	0	1
Diarrhœa	3	2	5	Strangulation of bowels	1	0	1
Dysentery	2	1	3	Suppuration of kidney	0	1	1
Empyema	0	1	1	Tubercular meningitis	0	1	1
Epilepsy	3	0	3	Tubercular peritonitis	0	4	4
Erysipelas of leg	1	0	1	Ulceration of intestine	0	1	1
Gangrene of lung	1	1	2				
	20	26	46		136	146	282

Pathology of the brain among the tubercular.—In the majority of the cases the brain did not present any very well-marked pathological lesion. By well-marked I mean a decided change of structure that could in any way be directly connected with the tuberculosis, or sufficient to account for the insanity. In eight of the cases there was tubercle in the nervous centres, and in ninety more of them, including the general paralytics, there were organic changes in the brain. Ramollissement, thickening, and morbid adhesions of the membranes, granular ventricles, and intense hyperæmia, were the chief of these well-marked deviations from the normal standard. But in addition to these, there was in nearly all the others a state of the brain which, although often found in cases of dementia without tuberculosis, yet seems to me to be more common in phthisical cases than in any others. There was great anæmia of the gray substance, with more or less atrophy of the convolutions and dropsy of the membranes and of the brain itself, while the white substance was soft and pale generally, with irregular patches where the punctæ vasculosæ were more numerous than usual. The white substance was especially softened in the fornix and its neighbourhood; sometimes, indeed, being quite diffluent at that part. Louis notices this softening

of the fornix in many of his cases of phthisis who were not insane, and associates the lesion with the tuberculosis.* Louis did not find the brain diseased more frequently among the phthisical than among those who had died of other diseases, and Dr. Chambers confirms his observations on this point by larger statistics. The state of the brain I have described gives much more the impression of an ill-nourished than of a diseased brain. The unequal vascularity of the white substance seems like the local congestions that occur in organs whose circulation is feeble. The arachnoid is frequently thickened; but as this is such a common condition in brains whose functions during life have been unimpaired, not much importance is to be attached to it.

In the appendix to the report of the Royal Edinburgh Asylum for 1854, Dr. Skae, when speaking of the specific gravity of the brain, says,—"On examining my cases in detail, I find that in most of those cases where the specific gravity of the gray matter was considerably below the mean, the patients had died of phthisis." This observation was made quite independently of any theory as to the relation between phthisis and insanity, and is a very important confirmation of the conclusions at which I have arrived from an investigation into the clinical history and pathological lesions of the cases of tuberculosis among the insane.

Tubercle in the nervous centres.—In eight of the cases there was tubercular deposit in the brain or its membranes or the cerebellum. This is, as nearly as possible, the same per-centage as Chambers found in the sane, taking all the cases examined; but taking the tubercular only, nearly 6 per cent. of Chambers's cases had the deposit in the nervous centres, while scarcely 3 per cent. of the cases examined in the asylum had tubercular deposit there. Ancell's per-centage is only 1·5 in 647 cases of tuberculosis in the adult collected by him. Of the eight cases, six were men and two women, and this more frequent occurrence of tubercle in the nervous system among males agrees with Chambers's observations. It might be supposed, *à priori*, that brain diseases being more common among the insane than among the sane, and tubercular deposition also more common, tubercle in the brain would be more frequent in the former. Such, however, we have seen not to be the case. Nerve-tissue seems to be almost exempt from tubercular deposition, for of the eight cases there were only two in which the tubercular deposition had not evidently commenced in the membranes. In those two cases there were large masses of tubercle in the cerebellum. The depth to which the convolutions extend in the cerebellum makes,

* Dr. Chambers found "idiopathic inflammation of the membranes of the brain," a condition which he thinks is almost peculiar to the tubercular, in 2·7 per cent. of his cases. The expression is so vague, and the brain so frequently diseased among the insane, that it is impossible to confirm his observations on this point in any way.

it probable that even in these the original nucleus of tubercular matter had been deposited in the pia mater at the bottom of the sulci, and had extended towards the centre of the organ, encroaching on the white substance and corpus denticulare. In two other cases there were masses of tubercle extending inwards among the cerebral convolutions, but they were in contact externally with the membranes. This is quite in accordance with the view of the origin of tubercle propounded by Virchow, and now so generally held by histologists of eminence. He believes, and indeed professes to have demonstrated, that tubercle is the result of an altered and increased development of the nucleated cells which exist in the ordinary connective tissue, or of the epithelium-cells. Now, although connective tissue has been demonstrated to exist among the nerve-fibres and nerve-cells of the brain and spinal cord, yet it is in such small quantity and of such a kind that its nuclei do not readily undergo the altered development into tubercle. In the pia mater and arachnoid, on the contrary, both connective tissue-corpuscles and epithelium-cells abound, and the tubercle is developed in them accordingly. In one of the cases the only parts tubercular were the choroid plexuses of the lateral ventricles. The most frequent site of the tubercular deposition was on the membranes over the hemispheres, or between the brain and cerebellum.

In only one case was the tubercular meningitis at the base of the brain, and it was not confined to the anterior part, but extended to the pons and medulla. In no case, therefore, was there any analogy to the ordinary tubercular meningitis of the child.

I am not to be understood as saying that tubercle cannot be developed in the cerebral substance. Such high authorities are in favour of that view that it would be presumption in me to do so. Guislain* expresses his decided conviction that it may be developed in the medullary brain-substance. Rokitansky holds the same view. Ancell says that tubercle of the brain rarely coincides with tubercle of the membranes; but if he means by this that tubercular masses extending into the cerebral substance are rarely associated with deposit in the membranes, his observation is very decidedly contradicted by the cases of which I have given a summary. Of fifty cases in which Dr. Chambers found tubercle in the nerve-centres, only eight were of the membranes. We cannot help thinking that he has included with tubercle of the membranes merely those cases in which they were covered with small, gray granulations, and has enumerated every example of soft, yellow tubercle, as in the brain, even though it was in contact externally with the membranes.

In every one of the eight cases there was tubercle in the lungs. In three of the cases there was tubercle of the peritoneum and of nearly all the abdominal organs, and in two of them, tubercular

* 'Leçons Orales sur les Phrenopathies,' tome ii.

caries of the bones. In three of the cases the tubercles in the lungs were in small quantity, and apparently stationary, and in one, the only evidences of tuberculosis in the body elsewhere were cretaceous masses in one lung.

In five of the cases the age was between twenty and thirty, in two between sixty and seventy, and in one sixteen. Four of the cases were demented, and had been for a considerable time in the asylum; two were cases of epilepsy, in only one of which, however—a boy of sixteen, in whom the fits came on a month before death—the disease could be ascribed to the tubercular deposition within the cranium; one was a case of general paralysis, and one monomania of suspicion.

Dr. Chapin * has collated seventy-four cases of tubercle of the brain, only sixteen of which, however, were above the age of twenty; so that the symptoms which he connects with the disease must be held to indicate more the acute hydrocephalus of the child than the disease in the adult. The symptoms he mentions as being generally present are convulsions, paralysis, cephalalgia, and mental impairment. He says that the cases occur in the scrofulous diathesis most frequently. In three only of the eight cases to which I have referred were there any cerebral symptoms that could be ascribed to the tubercular deposit. One of these was the boy of sixteen who had epileptic fits for a month before death, and for the last few days laboured under the ordinary symptoms of inflammation of the membranes of the brain, viz., squinting, paralysis, and coma. Another man had hemiplegia for fourteen days before death, and a woman who had laboured under monomania of unseen agency, was seized ten days before death with weakness, inclination to roll over on one side, and paralysis, which passed into coma. It was in this case that there was found tubercular meningitis over the whole base of the brain, medulla, and cerebellum. In the other five cases there were no symptoms whatever during life that could be ascribed to the pathological lesion, although in one of them there was a large tubercular mass occupying the greater part of the medullary substance of the cerebellum, in another the pia mater over part of both hemispheres and in the fissure of Sylvius was covered with small nodules of tubercle that were partly imbedded in the cortical substance, in another there were large masses of tubercle in the cerebellum and posterior hemispheres of brain. In only one third of Dr. Chapin's cases was there tubercular deposition in other organs; but in this, as in other respects, he lessens the value of his memoir by not distinguishing between the disease in the child and adult. He believes that in those cases in which the tubercle is found in the substance of the brain it must have commenced in the pia mater.

Tuberculosis of the peritoneum.—Tubercular deposit was found in the peritoneum in eighteen females and nine males. This is

* 'American Journal of Insanity,' Jan., 1862.

nearly 6 per cent. of the total cases examined, and 9½ per cent. of the cases of tuberculosis. Dr. Chambers found tubercle of the peritoneum to exist in 2·3 per cent. of all his cases, and in 9 per cent. of those in which tubercle existed. Of 647 cases of tuberculosis in the adult, Ancell gives only nine as having had tubercular peritoneum, or about 1·3 per cent. Both in the Royal Edinburgh Asylum and St. George's Hospital, it was nearly twice as frequent among the females as the males. In almost all the cases the tubercle was deposited in granular masses, of varying size, according to the stage of the disease. In a few of them it presented the appearance of large, yellow, soft masses, underneath the membrane. In the majority of the cases the tubercular depositions occurred all over the membrane, both visceral and parietal; and when it was limited, the peritoneal coats of the intestines, liver, and spleen, were its most frequent sites. Generally there were adhesions, soft and easily broken down, and frequently a purulent deposit. In all the cases, except one of the females, there was tubercular deposit in other parts of the body, and there were only three of them in which the tubercular deposit elsewhere was not extensive. In three of the cases there was tubercular deposit in the brain as well as in other organs, showing that in them the tendency to tuberculization was so strong that almost every organ was affected.

The following tables exhibit the form of insanity, and the length of time it had existed:

TABLE V.

	Male.	Female.	Total.
Dementia . . .	3	6	9
Epileptic ditto . .	1	0	1
Melancholia . .	1	6	7
Monomania of suspicion	2	3	5
Mania	2	2	4
General paralysis . .	0	1	1
Totals . . .	9	18	27

TABLE VI.

Years insane before death	Number of cases.
1	4
2	5
3	6
4	1
5	1
6	2
9	2
11	2
12	2
14	1
15	1
Totals	27

The object of this is to show the large proportion of cases of melancholia and monomania of suspicion—a larger proportion

than exists even among the cases of tuberculosis of other organs, and much larger than among the general population of asylums. This might have been expected from the intimate relationship between melancholia and disorder of the functions of the abdominal organs. It will be seen that more than one half the cases had been under three years insane.

Besides those cases of actual tubercular deposit in the peritoneum, there were among the tubercular five cases of ordinary peritonitis. Louis and Ancell attribute to the peritonitis a tubercular origin in similar cases.

Age.—The ages of the 282 tubercular patients at death are given in the following table:

Table VII.

	Male.	Female.	Total.
Between 10 and 20 .	7	4	11
„ 20 „ 30 .	33	23	56
„ 30 „ 40 .	43	45	88
„ 40 „ 50 .	20	36	56
„ 50 „ 60 .	23	18	41
„ 60 „ 70 .	8	14	22
„ 70 „ 80 .	2	6	8
	136	146	282

It will be seen from this that nearly one fourth of the cases were under thirty years of age; whereas I find that not more than one sixth of all the cases, taking the total number of deaths in the asylum, are under thirty. The average age at death was for males forty, and for females forty-two; whereas the average age, taking the whole number of deaths in the asylum since 1857, has been forty-three and a half for men and forty-four and a half for women. The average age at death in those with much tubercular deposit was thirty-seven for the men and forty for the women.

Previous attacks.—In 14·7 per cent. of the men and in 23 per cent. of the women they had had attacks of insanity previous to the one during which they died. Taking the ordinary admissions of the asylum since 1854, there were 18 per cent. of the men who had been insane on previous occasions, and 23 per cent. of the women. Dr. Boyd found that, of 1000 male and as many female patients admitted into the Somerset Asylum, 17·6 of each sex had had previous attacks. The difference between the per-centage of previous attacks among the males who were tubercular and those who were not is so small that nothing can be deduced from it.

Hereditary predisposition.—Van der Kolk thinks that a hereditary predisposition to phthisis may develop into or towards insanity, and *vicè versâ*. There were more than two or three examples among the cases I have examined of a predisposition to both phthisis and insanity in the same individual, and three instances of members of the same family dying of phthisis in the asylum at the same length of time from the commencement of the insanity in each. Two sisters came into the asylum within a year of each other, labouring under the same form of insanity, and both died of phthisis within a year after their admission. The hereditary predisposition to phthisis being seldom inquired into when the patients come into the asylum, anything like its real frequency could not be ascertained.

Some near relatives of the patients, were insane in 28 per cent. of the men and in 25 per cent. of the women who were tubercular, while the per-centage of hereditary predisposition among the admissions since 1840 has been 19 per cent. for both males and females. This may show either that phthisis is most frequent among those with a hereditary tendency to insanity, or that insanity is apt to appear in more than one member of families with a phthisical predisposition.

Those general statistics of tuberculosis among the insane are only the first step of the inquiry we propose to make, however.

The questions that next arise are—How is tuberculosis more common in asylums than among the general population? Is insanity a predisposing cause of tuberculosis? or, do the conditions of life in asylums determine this frequency? or, does the tuberculosis predispose to insanity? Those questions can only be answered by a careful examination of the clinical history of a sufficient number of cases. They are not mere curiosities of vital statistics, for they involve a consideration of the conditions of life among the insane, the etiology of disease among them, and the causes of the insanity itself. They are more complicated questions than most others in medicine, for in addition to the vital forces that govern the bodily functions, to the derangement of which we endeavour to trace diseased structure and disordered action, we have here to deal with psychical and moral causes of disease, operating on individuals of enfeebled constitutions and impaired nervous energy. We shall best arrive at definite conclusions by examining the *facts* in the histories of the cases that show—

1st. The influence of the tuberculosis on the insanity; and—

2nd. The effect of the insanity on the tuberculosis.

The forms of insanity assumed by the 282 cases of tuberculosis are shown in the following table. As the form of insanity changes in most cases, I have given the form of insanity on admission and at death; and as many of the cases had been insane for long periods before their admission into the asylum, I have given the forms of insanity in 103 of them who had been under three months insane before they were admitted. In the latter cases we see the forms first

assumed by the insanity, and the changes that took place before death, and we have therefore their complete history in a tabular form.

Table VIII.

	All the cases of tuberculosis examined.						Cases that had been under three months insane before admission.					
	On admission.			At death.			On admission.			At death.		
	Male.	Fem.	Total.	Male	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Total.
Acute mania	13	21	34	5	7	12	12	18	30	5	4	9
Mania	16	24	40	4	11	15	4	12	16	1	7	8
Monomania	26	28	54	25	14	39	3	9	12	5	6	11
Melancholia	19	32	51	13	16	29	10	17	27	7	11	18
Dementia	36	35	71	61	92	153	3	6	9	13	34	47
General paralysis	26	6	32	28	6	34	8	1	9	9	1	10
Totals	136	146	282	136	146	282	40	63	103	40	63	103
Epileptics	...	...	...	12	5	17	...	...	...	...	...	...

Every form of insanity is thus seen to tend towards dementia before death, but the tendency in mania is twice as strong as in melancholia, and the majority of monomaniacs die unchanged.

In order that a comparison may be made, I have in the following table given the forms of insanity at death of the 181 cases examined, in whom no evidences of tuberculosis were found.

Table IX.

	Male.	Female.	Total.
Acute mania . .	11	9	20
Mania	13	6	19
Monomania . . .	13	7	20
Melancholia . .	8	7	15
Dementia . . .	26	23	49
General paralysis . .	56	2	58
Totals . .	127	54	181
Epileptics . . .	9	3	12

Half the tubercular cases were demented, only one fourth of the non-tubercular were so; one tenth of the former died maniacal, one fifth of the latter; one tenth of the former were melancholiacs, only one twelfth of the latter; one seventh of the former were monomaniacs, only

one ninth of the latter; and only one eighth the former were general paralytics, while one third of the latter laboured under this disease. I have associated all the forms of monomania together in those tables, but if one form, viz., monomania of suspicion, be taken separately, a striking difference results. All the females with this form of insanity except one, were found to have tubercular deposit after death, while only six of the males were exempt. General paralysis is the form of insanity most exempt from tuberculosis, and the relations between those two diseases, demands a more careful consideration.

Tuberculosis in General Paralysis.—Since 1851 there have been recorded in the 'Pathological Register' of the Royal Edin. Asylum accounts of the post-mortem appearances in 92 general paralytics, eight of whom were females, and the rest men. In twenty-seven of the males and in six of the females tubercular deposit was found in the lungs. In going over the histories of those thirty-three cases I remarked how constantly they had commenced with melancholia, and how many of them had been suicidal and had refused food at first; but I was scarcely prepared for the result, when at the end I found that in nearly all of them the insanity had commenced with depression. There were seven men and one woman in whom the disease had advanced considerably before their admission into the asylum, whose previous history could not be ascertained; but of the others there were only two males who did not at first exhibit symptoms of melancholia, and the tubercles in those was nearly obsolete. Many of the others were suicidal, and many of them laboured under that deep and intense form of melancholia in which food is refused, while in others the symptoms of depression were not so great. Many of the cases in a subsequent stage of the disease exhibited the excitement and ambitious delusions that more generally characterise general paralysis, but even in those cases they seldom seem to have been so extravagant in their character as they generally are. There are very few examples of the disease to be found where excitement and extravagant delusions are altogether absent in all its stages, and those few will be chiefly found among the phthisical. There are three well-marked cases of general paralysis in which the disease commenced with deep melancholia in the asylum at present, and physical examination demonstrates tubercular deposition in them all.

This intimate relationship between the general paralysis with depression and tuberculosis has never before, so far as I am aware, been pointed out. The number of cases I have adduced are not sufficient to establish a general law that such a connection always exists, but they are sufficiently numerous to show that the one is very frequently related to the other. The tuberculosis was not the effect of the refusal of food or the deranged nutrition that frequently exists in melancholic general paralytics, for in many of the cases there was neither. Many of them, although depressed at first, took their food well, and

appeared to be in good bodily health. In the majority of them the phthisis caused but little inconvenience, and was not even detected till after death. The latency of the pulmonary affection was more marked than in any other form of mental disorder, both from the absence of the usual symptoms, such as cough, expectoration, &c., and from the infrequent occurrence of marked emaciation or feverishness. In this disease, more than in any other, do we see purely vegetative and nutritive functions so independent of all nervous and animal influence, that a man with extensive lung disease may be fat and feverless until the excito-motor centres lose entirely their irritability, the involuntary muscles cease to act, and he ceases to live. It will be said that this results from the stagnation of the pulmonary disease, and that when a man with lung disease becomes affected by general paralysis, the former remains thereafter in *statu quo*, and whatever parts of the lungs are then healthy, remain so, and do the work of respiration. Doubtless this is partly true, but not by any means wholly so. In many of the cases I have referred to, the lung disease was so extensive that it could not have existed before the cerebral mischief without showing well-marked symptoms; and at the autopsies the pulmonary lesions showed distinct indications that they had not been stationary long before death. There are exceptions to the latency of the symptoms of phthisis even in general paralysis, for in five of the cases the tuberculosis was detected during life by the symptoms it produced, viz., cough, hectic, and exhaustion. The average duration of life, after general paralysis has manifested itself, is too short for the development of phthisis from such a cause as want of nourishment. The average duration of life, after the first symptoms of general paralysis had shown themselves in those cases in which there was a large amount of tubercular deposit in the lungs, was two years.* Now as this is not much different from the duration of the disease in ordinary cases, we must conclude that phthisis does not tend much to shorten the lives of the general paralytics in whom it exists; or I should rather be inclined to put it thus: the tendency to death from the cerebral affection is so strong, and certain, and rapid, that the pulmonary affection does little to accelerate it. In fact, the intra-cranial lesion diminishing the excito-mortor irritability of the centres from which the fibres of the pneumogastric nerve arise, deprives the lung lesion of more than half its wasting and exhausting effects. The cough and wakefulness and want of appetite of consumption do not exist.

M. Baillarger has described the depression that precedes and accompanies some cases of general paralysis,† but does not attempt

* Austin gives two years and a half as the average term of life among general paralytics.

† 'Annales Médico-Psycologiques,' 1860.

to explain why this should exist in some cases, and exaltation in others. Austin attributes the symptoms of depression to lesion of the right optic thalamus, but this has been sufficiently disproved by Dr. Skae.* Dr. Skae found that, of 108 cases, 28 were depressed or suspicious. This is nearly the same proportion as the tubercular bear to the whole number of general paralytics examined. Austin gives a somewhat different proportion, for out of 135 cases seen by him there were 57 with melancholic delusions.

Both Austin and Baillarger mention—the latter more particularly dwells on it—that the melancholic delusions of general paralytics are characterised by their extravagance. He says that they imagine they have no stomachs or hearts, that their organs are changed, and that they frequently have hallucinations of smell. Among the cases that have come under my own observation, or whose records I have perused, delusions of this character have not been more frequent than among melancholics generally. The majority of the cases of tubercular general paralytics were characterised by great intensity of depression, frequently of a vague, undefined character, the patient being stupid and confused, with sudden and unaccountable suicidal impulses, and not always with delusions of any kind. In some cases the patients attempted suicide in the coolest possible manner, without manifesting any unusual depression at the time, and evinced no disappointment when their attempts were frustrated. One man told me, when I asked him why he had attempted to hang himself, that it was "for fun." Those who refused food did not do so because they imagined they had no stomach or belly, in any of the cases in the Royal Edin. Asylum. In some cases the depression passed gradually into dementia as the paralytic symptoms advanced, but in fully an equal number there was more or less excitement during some part of the second stage of the disease.

In only one case was there a distinct history of phthisis before the paralytic symptoms commenced; but as, in sixteen of the cases, death occurred within a year of the first manifestation of insanity, it is almost certain that in them the tuberculosis preceded the insanity. It is highly probable that in all of them the tuberculosis had begun before the brain disease; and it is certain that if it had not begun in any of them, the tendency to it must have been very strong. Two such diseases as tuberculosis and general paralysis seldom originate simultaneously in the human body; and as we have seen that the former state did not in many of the cases exhibit its usual symptoms, and did not even produce emaciation, which, whether there are any other signs of it or not, is its most frequent concomitant in other cases, we conclude that the brain lesion must have been engrafted on the other soon after its commencement, obscuring its symptoms

* 'Edin. Med. Journ.' for April, 1860.

and counteracting its effects, although not altogether staying the progress of the local tuberculization.

Taking all the cases of general paralysis in the men, tuberculosis was less frequent than in any other form of insanity. It was present in less than one third of them. Among the women exactly the reverse was the case, three fourths of them all having tubercular deposition; but the number of women being so small, we cannot found any conclusion on the data.

But the influence of the tuberculosis on the insanity is not to be determined accurately merely by ascertaining its frequency in the various forms of insanity. The ordinary classification, although to a certain extent a natural one, is not so complete that we may not have well-marked types of brain disease embracing many cases of each form. We have maniacal melancholic, and demented general paralytics, yet no one would venture to affirm that general paralysis is not a more distinctive and separate form of insanity than either mania or melancholia. Dr. Skae, than whom few physicians have had more experience, or are better qualified to form an opinion on such a matter, considers that every case of insanity comes much more under some natural group than under any of the divisions of Pinel, Esquirol, and Pritchard. I have observed that there are certain cases of which, from their mental symptoms alone, I could predict that they were likely to die of phthisis. They are not all cases of mania, nor of melancholia, nor of monomania, but some of them would come under one of these divisions and some under another. There is no one symptom they have in common, and no well-defined line of demarcation separating them from other cases. There is no diathetic mark or physical sign to distinguish them, yet they take their place in one's mind as a natural group notwithstanding. If they have been acute at first—either acutely maniacal or acutely melancholic—the acute stage is of very short duration, and passes neither into a chronic stage nor into deep dementia, but into an irritable, excitable, sullen, and suspicious state. There is a want of fixity in their mental condition. The intellect is not at first so much obscured as there is a great disinclination to exert it; and there are occasional, unaccountable little attacks of excitement, lasting only a very short time—unprovoked paroxysms of irritability and passion in a subdued form. There is a disinclination to enter into any kind of amusement or continuous work; and if this is overcome, there is no interest manifested in the employment. It might be called a mixture of sub-acute mania and dementia, being sometimes like the one and sometimes like the other. As the case advances the symptoms of dementia come to predominate; but it is seldom of that kind in which the mental faculties are entirely obscured, with no gleam of intelligence or any tendency to excitement. If there is any tendency to periodicity in the symptoms at

all, the remissions are not so regular, nor so complete, nor so long, as in ordinary periodic insanity. If there is depression, it is accompanied with an irritability and the want of any fixed depressing idea or delusion. If there is any single tendency that characterises these cases, it is to be suspicious. I found that, of the 136 men with tuberculosis, 56 manifested suspicious; and 64 of the 146 women did so.* The state I have described may, I think, be called "phthisical mania." The patients are not so apt to get stout as in ordinary dementia, and frequently the appetite is capricious. The pulse is generally weak, and frequently more rapid than usual. There is a want of tone and energy about the system that is very noticeable. There is a want of interest in anything that goes on, and an absence of sympathy where there is not positive suspicion of every one around. In many of the cases the suspicious are the chief symptoms. We have seen that nearly all the cases of pure monomania of suspicion were phthisical. In many of the cases the insanity commenced insidiously, and showed itself by an alteration of conduct and affection, an increased irritability and waywardness, and a progressive weakening of the intellect, without any great excitement or depression. Some cases of the so-called moral insanity die of phthisis very soon. However demented these cases of phthisical mania may seem to be, there are fitful flashes of intelligence; and in them, perhaps more frequently than in any other class of cases, there is increased intelligence, and as it were, a slight unveiling of the mental faculties immediately before death.

Under the term "phthisical mania" I should include only those cases which died within five or six years after becoming insane, and in which the development of the two diseases was somewhat contemporaneous. All the old chronic cases in which the tuberculosis was developed after many years' insanity I should exclude, because in them the tuberculosis might be the result of the conditions of life after becoming insane. All the cases of melancholia with refusal of food I should exclude, because in them we have a cause for the development of tuberculosis apart from the insanity. I found that there were 23 such cases of typical "phthisical mania" among the whole number of men with much tubercular deposit, and 42 among the women. In those 75 cases there were symptoms of phthisis within five years of the commencement of the insanity, and in the majority of them within two years. In those cases (26 per cent. of the tubercular and 16 per cent. of the whole) I regard the insanity to have been a direct result of a strong tubercular diathesis or tendency which was then being developed, or about to be developed, into direct tuberculosis, for the following

* Twenty per cent. of all the cases had hallucinations of the senses, the order of frequency being hearing, seeing, smelling. Hallucinations were twice as frequent among the women as the men.

reasons:—1st. The symptoms of tuberculosis, where they did not precede the insanity as they did in a few cases, appeared so soon after it that, considering their usual latency in insanity, and the known average duration of the disease in the sane, the two disorders must have been developed nearly contemporaneously. 2nd. The insanity was of a type so uniform, so seldom seen in cases which did not die of tuberculosis, all the cases had so much in common, whether there was depression or excitement, and being too numerous to be mere coincidences, the tuberculosis must have been the cause. 3rd. The age at which the insanity was developed in those cases was generally less than the age at which insanity is ordinarily developed, approaching, therefore, more the phthisical than the insane age.

But it will be said that the so-called distinctive and typical cases of phthisical mania form but a small part after all of the phthisical insane. They are not much more than half the cases in which phthisis was the assigned cause of death. What connection has the phthisis with insanity in the other cases? In 21 of the men and in 38 of the women who had much tubercular deposit, the insanity had existed for seven years and upwards before the tuberculosis appeared; and in them therefore the connection must have been either accidental, or some may think the diminished innervation affected the nutritive processes secondarily, and induced the phthisis. The diet of those patients had been quite as good as most of them had been accustomed to, they had plenty of fresh air and out-door exercise, and their clothing had been comfortable, so that the hygienic conditions were favorable.

About 12 men and 30 women had been ordinary cases of acute mania, passing into dementia or chronic mania, with nothing characteristic in the type of the insanity or the advent of the phthisis, and in these therefore we may assume the association of the two diseases to have been accidental.

A suicidal tendency I found to be more common among the tubercular than among the general inmates of the asylum. Twenty-five per cent. of the cases of tuberculosis manifested suicidal tendencies, while the proportion of such cases among the general admissions since 1852 has scarcely been 21 per cent. This is partly accounted for by the greater number of cases of melancholia among the tubercular; but I believe that in the class of deeply melancholic, intensely suicidal patients who refuse food, and in whom this state is chronic, the tuberculosis has a more intimate relationship to the insanity. Such cases generally die of phthisis in no very long time. It is amongst them that we see gangrene of the lung so frequently, and it seems to me that this is only a stronger manifestation of a tendency that exists in those cases to impaired nutrition of the lungs. There were nine men and seven women well-marked examples of this condition among those who died of phthisis, and in one or two

the lungs were partly gangrened and partly tubercular. Gangrene sometimes occurs in those cases in spite of a sufficient quantity of food and stimulants being given. Complete latency of the lung disease, whether it be gangrene or tubercular, is nearly as common in those cases as among general paralytics.

There was a distinct history of phthisis preceding the insanity in eight men and six women. Doubtless there were very many more in whom the lungs were diseased, or beginning to be diseased, before they became insane, for in many of those who died a few months after, there were the evidences of old tubercles. In those fourteen persons the phthisical symptoms had been so long continued and prominent as to be included in the history of their cases. In three or four of them the insanity had been merely a temporary excitement, soon passing off and leaving the patients almost quite well, and therefore very much allied to the delirium of fever or starvation. Morel* mentions this form of insanity as the chief concomitant of phthisis. He says—"From the observation of other writers, as well as from my own experience, I should conclude that if depression usually accompanies the commencement of tuberculization, maniacal paroxysms usually characterise its latter stages. We can to a certain extent explain these phenomena by ascribing them to the disturbance which imperfect respiration occasions in the circulation and nutrition of the brain. In other cases, doubtless, pathological investigation sufficiently proves that the derangement depends on tubercular meningitis in an insidious form." The few cases of this kind compared to the whole number of the tubercular shows how comparatively unimportant they are, and how erroneous an idea Morel's statement gives of the connection between tuberculosis and insanity, by representing that, owing to a temporary and accidental disturbance of the cerebral circulation in the latter stages of consumption, the mental faculties are affected. Tubercular meningitis we have seen to be as rare as this temporary delirium, and not invariably producing any symptoms when present.

Such being the influence of the tuberculosis on the form of the insanity, how does it influence the prognosis? Most unfavorably, we answer. There are very few cases indeed who ever recover their soundness of mind if phthisical symptoms have shown themselves or tubercular deposit has taken place to any extent in the chest after the commencement of the insanity. Some of the few cases do recover in whom the insanity has come on after the phthisis has become chronic, but scarcely any case of "phthisical mania" ever recovers. There may be apparent recoveries, but they are mere slight remissions. This almost universal incurability is a strong argument in favour of my view, that in those cases the insanity is the

* Morel, 'Traité des Maladies Mentales.'

result of the imperfect nutrition of the nervous system in the pre-tubercular, or the beginning of the tubercular stage of tuberculosis.

But it will be said, Why are not all phthisical patients insane, if this be the cause of the insanity in those cases? Some brains have a much stronger tendency to derangement of their functions than others, and it is in them that the impaired nutrition of tuberculosis acts as an exciting cause of insanity. The greater frequency of hereditary predisposition to insanity among the tubercular than among the non-tubercular shows that tuberculosis more than any other cause develops such a predisposition into an actual disease. And in how many ordinary phthisical patients do we find an irritability, lassitude, fancifulness, and fickleness of purpose, that borders on an unhealthy state of mind? It has been my experience that phthisical patients can seldom apply themselves to any continuous mental exertion; but on this point I speak with diffidence. Their intellects may be clear and unclouded to a preternatural degree, but their efforts resemble more the brilliant flashings of an ill-supplied lamp than the continuous steady light of a healthy mind. Ask any one who has watched closely two or three phthisical relatives during their illness, and they will tell you of the absurd fancies, amounting almost to delusions, of the sudden and causeless changes from hope to despondency, from cheerfulness to irritability, of the whims and wanderings of mind, and transitory moments of delirium, that accompanied the disease. All these symptoms have a cause in an ill-nourished brain, and when they are more developed they become insanity. Those four cases of temporary delirium in patients with phthisis which I mentioned as having got quite well in a day or two after coming into the asylum, are the connecting links between phthisical irritability and phthisical mania.

Dr. Sibbald tells me of a case that came under his observation, which I think illustrates very well the connection between an ill-nourished brain and insanity. It was that of a man far advanced in phthisis, much emaciated, and much troubled with cough, hectic, and laryngeal ulceration. He suddenly became subject to the hallucination that he saw a man who always kept his face averted from him, and whom consequently he could not recognise, but who accompanied him wherever he went, walked with him, sat down on the same seat with him, and lay in the bed with him. He felt he was unable to act in any way except as impelled by his strange companion. This was becoming quite unbearable. Dr. Sibbald prescribed an opiate for him to allay the cough, and half an hour after taking the medicine he ceased to have the hallucination. It seemed as if the brain was ill-nourished and ill-supplied with blood, and that the hallucination was the result of its impaired and perverted action. When the opium determined more blood to the

head, the brain resumed something like its healthy functions, and the hallucination ceased.

We shall now address ourselves to the second question, viz., What is the effect of the insanity on the tuberculosis?

The duration of life in the cases of tuberculosis, after they had become insane, is shown in the following table. Let it be observed that this table does not show the duration of life after their admission into the asylum, but from the first commencement of the insanity, except in the few cases in which the duration of the insanity before admission into the asylum is not recorded, when the length of time in the asylum is taken.

Table X.

	Males.	Female.	Total.
Died within 1 year after becoming insane	34	32	66
„ 2 „ „	24	18	42
„ 3 „ „	11	22	33
„ 4 „ „	12	16	28
„ 6 „ „	12	19	31
„ 10 „ „	20	16	36
„ 20 „ „	13	15	28
over 20 „ „	10	8	18
Totals	136	146	282

It is seen from this that exactly one half of all the cases died within the first three years, about one fourth of them dying within the first year. It is extremely improbable that a predisposition to tuberculosis should have been engendered within three years in those cases, and still less likely that a predisposition and a large actual deposit could have taken place during that time. Allowing that, in a certain number of cases, the deposit of the tubercle, and the commencement of the insanity, were mere coincidences, yet it is impossible that this could have happened in one half the number. We have already seen that there were 75 cases in whom the insanity was *sui generis*, and only to be accounted for by the tuberculosis, which manifested itself in them all within five years of their admission into the asylum; but the foregoing table would seem to indicate that in even more than those cases of phthisical mania was the tuberculosis connected directly with the insanity. About two thirds of all the cases of tuberculosis had died before they were six years insane.

Many continental physiologists and pathologists, among whom may be reckoned Van der Kolk, Durand Fardel, Engel of Prague, Schiff, and Brown-Séquard,* attribute much importance, in the

* See Van der Kolk's "Case of Atrophy of Left Hemisphere of Brain," 'Syden. Soc. Trans.,' p. 170.

causation of lung disease, to the morbid influence of the pneumogastric nerve. Guislain* also mentions this among the predisposing causes of phthisis among the insane. That the pneumogastric, when cut, or its ganglia irritated or diseased, may exercise a morbid influence on the lungs, cannot be denied, but I think it is extremely open to doubt, notwithstanding the experiments of Schiff, whether in an otherwise healthy subject any such influence of the pneumogastric could produce tubercular deposition. Few in this country believe that tuberculization is ever the result of such a purely local cause, when there is not also a strong predisposition to it; and even if it were so, there is not the slightest particle of evidence to show that either the pneumogastric or its ganglion, or even the part of the medulla from which its roots arise, is more frequently diseased in those who die of phthisis than in other cases of insanity. The most marked organic changes in the brain are not so frequent among the phthisical as among other insane patients; and we have seen that, in general paralysis, in which the pneumogastric roots are so much involved that in its latter stages the power of swallowing is interfered with and frequently destroyed, phthisis is less common than in any other form of insanity. In epilepsy, too, the seat of which is probably in close proximity to the origin of the pneumogastric, phthisis is not so frequent as in ordinary cases (see Tables VIII and IX), according to the statistics of the Royal Edinburgh Asylum, although Van der Kolk found that "all the epileptic patients who had bitten the tongue died of phthisis, pneumonia, or marasmus," and Brown-Séquard found either tubercular deposit in the lung or pneumonia of the opposite lung from the disease of the medulla in four cases of epilepsy. I have met with one such case of unilateral softening of the medulla oblongata from the pressure of an enlarged odontoid process of the axis; but unfortunately I had no permission to examine any part but the head, so that I cannot speak as to the post-mortem appearances of the lungs. I can certainly affirm, however, that neither pneumonia or phthisis was the cause of death.

If insanity does not tend to produce phthisis by any morbid influence of the pneumogastric nerve, is it not possible that the impaired innervation generally, and the consequent weakening of the circulation, that we find in cases of long-continued insanity, may produce it? We have seen that one third of the patients with tuberculosis lived over six years, one sixth of them over ten years, and about one fifteenth of them over twenty years after the commencement of the insanity. The fact that phthisis is not common in the last and deepest stages of dementia, when the nerve functions are carried on with minimum activity, is not favorable to the idea that the ordinary forms of insanity predispose to tuberculosis. The tendency to tuberculosis which we have seen diminishes rapidly in

* 'Leçons Orales sur les Phrénopathies,' tome i, p. 431.

proportion to the length of the insanity, although partly explained by the rarer occurrence of phthisis as age advances, yet is pretty clear proof that on the whole insanity does not tend to the development of phthisis. The number of cases dying tubercular after being more than ten years insane, compared with the tubercular dying at all ages, is exactly the same proportion as that of those dying non-tubercular after being ten years insane, to the whole number of those who die non-tubercular.

It has long been remarked by all asylum physicians, that phthisis frequently runs its course in the insane without giving any symptoms of its presence, if we except emaciation and weakness; and even emaciation is not always so extreme as to attract special attention. Dr. Workman,* of the Toronto Asylum, has, since I commenced to collect the data for the present paper, published one on latent phthisis among the insane, in which he states his general impressions of its frequency, and goes so far as to attribute the incurability of so many cases of insanity to pathological lesions of the lungs and other organs of the body than the brain. I shall show the extent to which latency of lung disease really prevails, and I think that the brain must be looked on as the organ whose altered function or structure is the cause of so much incurable insanity as we find in all our asylums. I carefully perused the histories of the 213 cases in which there was much tubercular deposit in the lungs, and in 185 of them I have been able to ascertain the time at which the phthisical symptoms first appeared, if such symptoms existed, and the number in which they did not appear at all.

Table XI.

	M.	F.	Total.
Phthisis entirely latent	26	30	56
Symptoms of Phthisis appeared less than 1 month before death	6	5	11
" " 3 " "	9	28	37
" " 6 " "	17	20	37
" " 1 year "	11	14	25
" " 2 " "	3	5	8
" " 3 " "	2	4	6
" " 4 " "	1	0	1
" 5 " "	0	1	1
" " 6 " "	0	1	1
Symptoms appeared . . 9 " "	0	1	1
" " 35 " "	0	1	1
Totals	75	110	185

* 'American Journal of Insanity,' July, 1862.

It is thus seen that in one third of the men, and in a little more than one fourth of the women, the tuberculosis manifested itself by no symptom during life. The greater number of men in whom it was latent is accounted for by the greater number of male general paralytics, in whom we have seen that latency is the rule. In about one fourth of all the cases the symptoms of phthisis appeared at periods under three months before death; in one fifth of them the period when they manifested themselves was between three and six months. In only about one tenth of all the cases did symptoms of tuberculosis show themselves more than a year before death. By the symptoms of phthisis I mean cough, expectoration, hectic, and difficulty of breathing. In many of the cases I have put down as latent, phthisis was diagnosed by physical examination. From this table it appears that long-continued phthisis, although exceptional among the insane, yet is not altogether unknown. The two cases, one of whom was markedly phthisical for nine years, and the other for thirty-five years, are examples of this. The average duration of life after phthisis has commenced is calculated by Ancell to be about eighteen months, so that in *nearly all the cases among the insane, phthisis is latent for a certain period.* Among the sane, Louis says that, "out of 123 cases of phthisis, eight (or only one fifteenth) were examples of pulmonary tubercles which were latent, or in other words, which preceded the cough during a period varying from six months to two years." Only four of these preceded the cough, and every other important general symptom; "in the others they gave rise to intense general symptoms, as fever, anorexia, &c., before they excited cough or expectoration."

It is surprising how small is the effect even of advanced lung disease on some of the insane. We constantly see patients going about doing their ordinary work, taking their food pretty well, and looking well, when suddenly their appetite fails, they begin to look haggard and weak, they become more deeply demented and listless, if their pulse is examined, it is found to be almost imperceptible, and in a few days they sink exhausted. After death the lungs are found to be totally disorganized. Old cavities are found that must have existed for months or years. I have seen even more sudden terminations. A man who had been failing somewhat in strength and appetite for a few weeks, and in whom the physical signs of phthisis had been discovered, sat down to dinner as usual, took what appeared to be a fainting fit immediately after dinner, and was dead before I could be sent for. His lungs were found riddled with tubercular cavities. A woman in whom the symptoms of phthisis had shown themselves for a fortnight, went out to walk with her fellow-patients, got weak, and appeared to faint in the grounds, was carried in, and died within an hour. But cases like these, although not uncommon, are extreme; as a general rule the patients show

signs of failing health two or three months, rarely much longer, before the phthisical symptoms appear; they lose flesh, and become more demented, and the periods of irritability and excitement become fewer and shorter, while the suspicions, although still present, are more seldom expressed. In a great many of them, however, the suspicions and obstinacy remain so marked till death, that however weak and exhausted they may be, an examination of the chest is resisted with their remaining strength. Every asylum physician ought to examine the chest of any patient who shows the least sign of failing health and strength, especially if this be accompanied by unusual listlessness and languor.

It must not be supposed, however, that the exhausting cough and the restless, weary nights of hectic and dyspnœa of ordinary phthisical patients are quite unknown in asylums, for although in the majority of the insane the symptoms are either quite latent or modified after they appear, yet in some cases the disease, after its symptoms have once been developed, runs its ordinary course as among the sane. The irritability of the ganglia that regulate the peristaltic motions of the intestines is even lessened, for although ulceration of the intestines exists in the majority of the phthisical insane, diarrhœa is by no means so common, or so troublesome when it exists as in ordinary phthisical patients. I have often seen the whole of the lower part of the ilium and colon one mass of tubercular ulceration, yet there had been no sign of this whatever during life. On the whole, however, diarrhœa is more common among the phthisical insane than either cough or expectoration in the latter stages of the disease.

Almost all writers on insanity, from Mead* downwards, have noticed the occurrence, in some cases, of a kind of metastasis between phthisis and insanity; when the one disease appears the other is abated, or disappears altogether, as if the body had no power to carry on two such diseases at the same time. I believe this is much more apparent than real in those cases. We constantly see a patient who, when free from excitement, is harassed with a cough and spit, and great difficulty of breathing. Immediately he becomes excited those symptoms leave him, and he gets out of bed, walks about, speaks much to his fellow-patients, and appears to be free from any chest complaint, and this may last for a few weeks, till the excitement passes off, when he takes to his bed weaker and much more exhausted than he was before, while the cough returns and goes on more rapidly. Doubtless here the brain excitement masks the phthisis; but it is only masked, and we have no proof whatever that the pathological changes going on in the lungs are stayed in the least degree. In only one small class of cases,

* 'Monita et Precepta Medica.' Dr. Mead.

and exceptionally even in these, is the one disease ever really stayed by the advent of the other, and that is where a short attack of mania occurs in a patient with old, very chronic, slowly-progressing phthisis. In such cases I have seen the patients become stout and healthy during the maniacal attack, while all the phthisical symptoms disappeared. In one such case the improved bodily health remained after the mania had disappeared. I do not believe that insanity is ever relieved or cured by the commencement of phthisis, but think that in all cases where such appears to be the case, the insanity was one of the signs of the pretubercular stage of tuberculosis. True, we often have acute excitement or even deep melancholia disappearing on the commencement of phthisical symptoms, but disappearing only to be followed by dementia and permanent weakening of the mental powers.

The general results to which my investigations have led me are the following:

1. Phthisis pulmonalis is much more frequent, as an *assigned cause of death* among the insane, than among the general population.

2. Tubercular deposition is about twice as frequent in the bodies of those dying insane as in the sane.

3. Phthisis pulmonalis is the "assigned cause of death" in only about one half of those in whom tubercular deposition is found after death.

4. The brain in the cases of tuberculosis is not so frequently diseased in a marked manner as it is in those dying of other diseases among the insane. In the majority of the cases the brain is pale, anæmic, irregularly vascular, with a tendency to softening of the white substance of the fornix and its neighbourhood, and the gray matter of lower specific gravity, than in any other cases of insanity.

5. Tubercle is not more frequently found in the nervous centres among the insane than among the sane, and when found, it does not in all cases, or even in the majority of them, produce any symptoms, and is not connected with any particular form of insanity.

6. Tubercle of the peritoneum is not more frequent among the tubercular insane than among the same class in the sane. In the former it is more frequently associated with melancholia and monomania of suspicion than ordinary tuberculosis of the lungs.

7. The average age at death of the cases of tuberculosis is about three years below the average age at death among the insane generally, and the average age of those in whom *much* tubercular deposit is found is five years below the general average.

8. The proportion of the tubercular who had had previous attacks of insanity is about the same as among the insane generally.

9. There is hereditary predisposition in seven per cent. more of the cases of tuberculosis than of the insane generally.

10. Monomania of suspicion is the form of insanity in which

tuberculosis is most frequent, and general paralysis stands at the other end of the scale that marks the frequency of tuberculosis in the different forms of insanity; mania stands next to general paralysis, and melancholia to monomania of suspicion; while the tendency to dementia, in all forms of insanity, is greater among the tubercular than among the non-tubercular. A majority of the cases of general paralysis and mania die non-tubercular; a majority of the cases of melancholia, monomania, and dementia exhibit proofs of tuberculosis after death.

11. In all the cases of general paralysis who were tubercular the disease had commenced with depression.

12. In a certain number of cases (about one fourth of all those in whom tubercle was found) the insanity is of such a peculiar and fixed type that it may be called "phthisical mania." In all those cases the phthisis is developed so soon after the insanity that tubercles must have already formed in the lungs, or a strong tubercular tendency been present and about to pass into actual tuberculosis when the insanity appeared. We know that the chief characteristic of tuberculosis is an impaired energy in the nutritive processes; and as a badly nourished bone becomes carious or necrosed for slight causes, or a badly nourished skin becomes subject to parasites, so disordered action results in those imperfectly nourished brain-cells from causes which would not be felt by a healthy brain. It is not the enfeebled nutrition directly so much as the perverted action to which the enfeebled nutrition predisposes, that produces the insanity. The peculiar mental state, the incurability of the insanity, the appearance of the brain after death, and its lowered specific gravity, all point to such a cause for the derangement.

13. There is a special relation between deep melancholia with long-continued suicidal tendencies and refusal of food and lung disease—either gangrene or tubercular disorganization.

14. There are a few cases in which the insanity is only a kind of delirium, occurring during previously developed chronic phthisis, and soon passing off.

15. The prognosis is most unfavorable if tuberculosis occurs in any case of insanity.

16. Half the cases of tuberculosis die within three years after the commencement of the insanity.

17. There is no proof that the "morbid influence of the pneumogastric nerve" has anything to do with the tuberculosis in cases of insanity.

18. Long-continued insanity does not tend to the development of tuberculosis more than to the production of other diseases.

19. Phthisis is entirely latent in between one third and one fourth of all the cases among the insane, and in almost all the others it is latent for a considerable time. This latency is most

frequent in general paralysis, in which the majority of the cases of phthisis exhibit no symptoms whatever.

20. There are very few cases where the commencement of insanity benefits the phthisis, but in a few, where the phthisis is very chronic, an attack of insanity may be followed by the permanent disappearance of the phthisical symptoms, or attacks of mania may alternate with symptoms of phthisis. In by far the majority of such cases, however, the phthisical symptoms are merely masked, while the deposition of tubercle goes on.

English Patients in Foreign Asylums. A Note by the Editor.

Communications which have been recently made to me by a well-informed foreign physician, coupled with the subject forming the final plot of the most popular novel of the season, induce me now to bring before our Association the important question of the existence and condition of English patients resident in the foreign asylums of France, Belgium, and Germany.

This question of English patients in foreign asylums was thus referred to by Lord Shaftesbury in his examination before the Parliamentary Committee of 1859 :—

"12. *Mr. Coningham*]. Are not a great many patients taken abroad?—Yes; I understand that of late a certain number have been taken abroad, both single patients and others who would have been in the licensed houses; it has not been to any great extent, but still to a greater extent than I should desire to see.

"13. You have no check over that?—We have no check over that, although the law of the country to which they may go is sometimes very stringent.

"14. Have you any reason to suppose that there is that kind of superintendence over the patients who are taken abroad, which you say is requisite?—Yes; there is very considerable nominal inspection and authority exercised over them. All those things appear upon paper, and if you read the accounts of the system under which lunacy is governed in France, you would think that nothing could be more perfect; but when one comes to examine into the matter, I think it is very doubtful whether it is so. I had heard a great deal about foreign asylums, but when I examined into them, I thought them wonderfully inferior to our own, and very deficient in things that we in this country consider to be absolutely necessary."

I am not aware of any other public reference to the history and fate of these involuntary exiles.

The plot of '*Lady Audley's Secret,*' as all the world knows, ends by consigning 'my lady' to a private asylum in Belgium, where she finally dies. A better acquaintance with morbid, mental phenomena would have led the author to bring out more clearly the symptoms indicating the hereditary taint; nevertheless considerable skill is shown in the manner in which Lady Audley's moral guilt is so far subordinated to her mental type as to leave the impression that while, doubtless, the wisdom of a British jury would at any hour have found her guilty, there is yet enough in the case to enable the specially-retained psychologist* to counsel this transfer of the offender—the would-be murderess and incendiary—to the living death of a foreign private asylum.

The specialist thus consulted concludes his visit to Lady Audley by writing a letter to his friend M. Val, the proprietor and medical superintendent of a very excellent *maison de santé* in the town of Villebrumense. "We have known each other," he adds, "many years, and he will no doubt willingly receive Lady Audley into his establishment, and charge himself with the full responsibility of her future life; it will not be a very eventful one. From the moment in which Lady Audley enters that house, her life, so far as life is made up of action and variety will be finished. Whatever secrets she may have will be secrets for ever. Whatever crimes she may have committed she will be able to commit no more. If you were to dig a grave for her in the nearest churchyard and bury her alive in it, you could not more safely shut her from the world and all worldly associations. But as a physiologist and an honest man, I believe you could do no better service to society than by doing this; for physiology is a lie if the woman I saw ten minutes ago is a woman to be trusted at large."

I must refer to the chapter "*Buried Alive*" for a capital description of the journey to and arrival at the Belgian *maison de santé;* my present object being not a critical review of this clever novel, but the more serious inquiry, *Can such things be?* Is it possible thus to kidnap and consign to a living tomb in a foreign land a patient with, let us assume, partial mental disease of a curable form?

From information which has reached me from various quarters there can be little doubt that a practice of sending insane patients abroad out of the reach of the English Commissioners in Lunacy, to

* "The Great Psychologist," in the person of Alwyn Mosgrave, M.D., 12, Savile Row, is thus sketched: "The physician from Savile Row was a tall man, of about fifty years of age. He was thin and sallow, with lantern jaws, and eyes of a pale, feeble gray that seemed as if they had once been blue, and had faded by the progress of time to their present neutral shade. However powerful the science of medicine as wielded by Dr. Alwyn Mosgrave, it had not been strong enough to put flesh upon his bones or brightness into his face. He had a strangely expressionless, and yet strongly attentive countenance. He had the face of a man who had spent the greater part of his life in listening to other people, and who had parted with his own individuality and his own passions at the very outset of his career."

the private asylums of France, Belgium, and Germany, is on the increase. Whether, as the novelist assumes, a case of doubtful mental disease could thus most readily be dealt with is another and rarer question.* We are concerned rather with the general issue raised by the plot of the story, and I think the facts in my possession are ample to justify this notice of a practice liable to such endless abuse.

I believe (but on this point I write subject to correction) that certificates signed in England are valid for France; if so, that a patient could without his knowledge be certified in England and taken under some false pretence abroad, and so consigned to a French private asylum—not a pleasant abode or one from which escape or release is readily got.

The chief inducement to this practice of sending the insane abroad is the comparatively low charges of the Belgium and German private asylums as compared with similar establishments at home. Those in France are rather more expensive. Then there is also the vain hope of thus keeping the presence of mental disease in the family a secret.

In the Belgian asylums the rate of board runs from 300 to 600 francs in the middle class asylums, and 1000 to 1500 francs (£40 to £50) is considered a high rate of charge. In Germany, the charge varies from 300 to 600 gulden, and a rate of 1000 gulden (£100) is considered high.

I must not omit to mention the religious feeling which actuates many Roman Catholic families in sending their relatives to the religious houses in Belgium. This desire to bring the soothing influences of their creed to bear on the treatment of the insane is both wise and natural; but one is tempted to ask how fares it with the members of the Church of England thus exposed in their hour of mental weakness to the unpitying proselytism of the Church of Rome?

It is, indeed, hard to fancy anything more forlorn than the life of an English patient in a foreign asylum, amid a strange people with an unknown language; with food distasteful from previous habits, and an absence of all the comforts of home, and so passing year by year without one familiar tone falling on his ear, or one thought of home to gladden the desolate hours as they pass.

It requires some reflection to realise the daily burthen which this forced residence in a foreign asylum must be to any of that large class—the partially insane—who are able both to realise their desolate position, and to feel acutely the want of those social ties and sympathies which bind together men of one family, creed, and

* That the present French government, in their wild, hopeless efforts to suppress freedom of thought in the most intellectual nation in Europe, occasionally send noisy, political adversaries for temporary treatment in the Bicêtre, has been stated to me on undoubted authority.

nation; sympathies which, in the modern treatment of insanity, it is our object to strengthen or call into being, not thus to extinguish.

Moreover, what prospect or hope of cure is there when, as we know of instances, ONE LIFE-PAYMENT has been made for the perpetual care, or incarceration rather, of the patient?

Again, the late Lunacy Bill most justly authorises the Commissioners to make inquiries as to the payments made for the care of patients, and the Court of Chancery requires a fixed portion of its ward's income to be expended on him. Can these several pecuniary facts be tested with patients in foreign asylums?

I very much doubt it; indeed, I have been told of cases where false accounts have by the connivance of the English agent and the foreign proprietor been rendered to the friends, and receipts for sums, greatly in excess of those paid, been given.

Foreign private asylums are often in the hands of non-medical proprietors or of inferior ecclesiastics (and how far removed the inferior clergy of the Roman Church are from any pretensions to refinement or education the most cursory observation shows), whose position in life affords no guarantee of character whatever. Like most other foreigners, these persons are perfectly ignorant of the English language.

The physician who visits the house is often equally illiterate, and of course none of the servants speak English. A lunatic cannot, like a child sent to a foreign school, at once pick up a smattering of the language he hears. Rather is he likely day by day to retire more within himself, brooding over these real evils and mingling them with his imaginary ills, until the unequal strife, which might under more favorable circumstances have resulted in a cure, ends in permanent mental prostration and confirmed insanity.

I would respectfully submit this important question to the further consideration of the Commissioners in Lunacy. It does not appear probable that any legal restriction to prevent the removal of lunatics abroad could either be procured or enforced. Visitation, however, of the English patients in foreign asylums might by negotiation through the Foreign Office be sanctioned, and would thus place in the hands of the Commissioners information which would enable them by private representations to the relatives to lessen materially the existing evils of this system of foreign lunacy treatment of English subjects.

PART II.—REVIEWS

Female Life in Prison. By a Prison Matron. 3rd edit. 2 vols. Hurst and Blackett, 1862.

A book which gives some account of the inner life of our prisons, and records with faithful simplicity a prison matron's experience of the nature of female criminals, is a welcome addition to literature, and stands in need of no recommendation. No doubt it will painfully surprise many amiable people to learn to what a depth of degradation woman sometimes sinks; it will be difficult for them to conceive how she can so completely lose all sense of shame, modesty, self-respect, and gentleness, all her womanliness, and become violent, cruel, outrageously blasphemous, and impudently immodest; in fact, a sort of fiend with all the vices of woman in an exaggerated form, and with none of her virtues. And yet such is the picture which the authoress paints with evident truthfulness, and with a tender feeling towards these outcasts. As, however, human nature in any form must ever be of deep and abiding interest to mankind, we cannot but be thankful for a work which, like the present, lifts the veil from a hitherto unknown phase of it.

There must be very few who have not experienced at one time or another a lively curiosity to know what sort of beings criminals are: persistent sinners against society, how do they come to such a wicked pass? It really is very remarkable, when we consider it, that any being endowed with rational faculties, should deliberately set his hand against every man, when he has to take such a vast deal of trouble to do it with anything like success, and when he runs such immense risks, however well he does it. For the devil's wages are not high, and the skill which he demands is very high. Moreover, his Satanic majesty does not rule the world, so that however faithful a servant you may be, you still run the greatest danger of being taken prisoner by the other side. Strange in very truth that any man should subject himself to the liability of having the firm grasp of a strong rough hand suddenly fixed in his collar, a protuberant knuckle painfully pushed into his jugular region, his hands ignominiously handcuffed, and his person carried off triumphantly to the lock-up in the sight of Heaven and of men. Human nature cannot be dignified, but does look, and must feel, foolish under those circumstances; and then to be placed in the prison dock, with respectability in the jury-box gravely censuring, and wisdom under a wig sentencing, and an

interested public looking on as on some strange animal—all that is surely not a thing to be desired by humanity possessing any little remnant of native dignity. To say nothing of having all your habits roughly changed, your comforts taken away, and yourself being forced to act according to painfully fixed regulations—to be compelled to have your hair cropped at the expense of the county, to get up at a certain hour, and to go to bed at a certain hour, to walk in silence for a certain time, and to turn a crank for a certain time, and of necessity to do other such things very repugnant to a human will conscious of its freedom.

There might, it is conceivable, be an advantage in committing crime, if there was a certainty of not being found out; but when a calculation of chances reduces the probability almost to a certainty of being found out, it is marvellous that any density of stolidity should venture on the unprofitable game. Perhaps it is that the criminal often thinks that others will undoubtedly be found out, but that he will not; that there will be some exception to the usual course of things in his favour. Many good people seem to be honestly of opinion that the laws of nature will be accommodated to their particular cases; and so it is not to be wondered at if the foolish criminal, who has such a strong interest in deceiving himself, should entertain such an opinion. But how, again, can that self-deception console the murderer? When Banquo's ghost appeared, the brave Macbeth quailed like a very coward; and can the murderer's thoughts ever escape the ghost of his victim's presence? If he reflects in his gloomy cell, how is it possible that he can eat and drink, and sleep, and live, and not die of despair at his immense folly, or of horror at his fearful guilt? As a matter of fact, however, it appears that a murderer is often less afflicted than the petty thief who has stolen a snuff-box. "There are women in our many prisons," says the prison matron, "mourning over petty thefts, but there are murderesses to all outward appearance defiant, or cheerful, or *light-hearted*." And again: "Women who are in for murder, more especially for the murder of their children, are, as a rule, the best behaved, the most light-hearted prisoners." Speaking of a certain Elizabeth Harris, guilty of the cold-blooded murder of her two children, she says, "She was another of those who, in captivity for crimes of the deepest dye, became the most quiet and best behaved of prisoners. As a rule, murderesses are the women most apt to conform to prison discipline, most anxious to gain the good-will of their officers, and easily swayed by a kind word. They are not generally of the lowest grade—that is, not the most illiterate and mentally depraved."

Human nature is so wondrously clever in deceiving itself, without knowledge of its hypocrisy, that it would scarce be a matter for surprise if we were told that a cold-blooded murderer sometimes really believed himself a meritorious person, and considered himself ill-

treated when he was hanged. Not perhaps that, as a matter of abstract right, he would hold it to be a proper thing to commit murder, but, in the particular circumstances of his case, the act was completely different from any similar act, was, if considered in all its relations, almost inevitable. Probably he might honestly confess as far as this—that he certainly ought not to have done that particular thing, which has been a circumstance whereby the murder has been brought home to him; but reason till doomsday, if that were possible, and you would not obtain a thoroughly sincere confession that he ought not to have done the deed. He confesses and regrets his mistake in the execution with all sincerity, and not his guilt in the act. His inward sorrow is, not that he has done it, but that he has done it badly. Remorse is the dread of discovery; and when he has been convicted, he deems the sentence a full equivalent for the crime. And he is by no means singular in his self-deception. It is always an impossibility to explain how it is that many punctiliously religious people, who sincerely believe themselves to be pious, do contrive to reconcile their belief with the mean and deceitful course of their daily lives. Men will eagerly grasp at the small fruits of a miserable deception, who will willingly spend much more than they gain thereby, in accordance with their religious convictions of what is due from them in charitable aid to the unfortunate. And, after all, there is not any fundamental difference, in regard to the morality of the actions, between the deceit effected by a lie, and the theft accomplished by a sleight of hand. The thief is, perhaps, if there be anything to choose between them, a little less contemptible a being, for he braves a recognised punishment, and knows that he is doing it; whereas the moral scoundrel, who is not a legal criminal, sneaks through a crime, foolishly fancying that there is no punishment for it. Strange inconsistency! The latter, who may be causing far more mischief and misery than the former, does not consider himself criminal at all; and his unconscious hypocrisy may justly entitle us to put this question:—Does the prison criminal, as a rule, deem himself guilty or only unfortunate?

As a genuine fool is not conscious of his folly, so, perhaps, the genuine criminal is not thoroughly conscious of his crime. It was the natural, if not the inevitable, thing for him, with his constitution and in his circumstances. Morally insane, or a sort of moral idiot, he cannot recognise a world beyond the world immediately around him, of which he, self-feeling mortal, is the centre. He regards everything in its relation to himself, nothing in its relation to things and beings beyond himself. He is worse than the animal; for while the animal acts in that way instinctively, and therefore in accordance with the laws of its nature, he, as a reason-endowed being, does so anti-rationally, and therefore in opposition to the laws of nature. And the degeneration of a higher type descends in degradation below

the natural state of a lower type. Monkeys cannot justly be called moral idiots, because there is not in a monkey's nature the potentiality of moral development; but where there is such a potentiality in human nature, and, by reason of unfavorable circumstances, it has not been solicited into manifestation as an actuality, the term moral idiotcy may be correctly used. Crime is such a palpable folly that it is difficult to conceive any one in full possession of his rational faculties systematically committing it. Brutal ignorance of good and a wicked training in evil do, however, inevitably bring about a condition of human nature in which to look for the good works which spring from moral aspirations would be as hopeless as to look for grapes on thorns, or figs on thistles. A man cannot live save in some sort of harmony with the circumstances around him; and if a moral germ is placed in an atmosphere of crime, the result must be, as regards it, what the result would be to the respiratory function if an animal with gills were placed in the air, or an animal with lungs were placed in the water. "Train up a child in the way it should go, and when it is old it will not depart from it;" and train up a child in the way it should *not* go, and when it is old it will not depart from it—upon which text this book on 'Prison Life' affords a mournful comment. We rise from its perusal with the conviction that there would be more hope of the Ethiopian changing his skin than of the confirmed criminal changing his nature.

It admits of very serious question whether there is not much ill-judged and misspent sentimentality displayed with regard to criminals. Things plainly do not proceed by chance, but by law, in the world; and it is surely unprofitable, if nothing more, to grieve over a result which has inevitably come to pass in accordance with natural laws, and should, therefore, be accepted with equanimity by those who do not wish the cessation of law and the wreck of the universe. Criminals are extremely unloveable beings; and the best way of patiently bearing with them, and of reconciling oneself to doing the best for them, is to accept them like a storm at sea or a pestilence on land. "As a class," says the matron, "they are desperately wicked. As a class deceitful, crafty, malicious, lewd, and void of common feeling. . . . There are all the vices under the sun exemplified in these hundreds of women, and but a sparse sprinkling of those virtues which should naturally adorn and dignify womanhood." One of our novelists, indeed, who is somewhat remarkable for his forced and false sentimentalism, says that however low they may have fallen, they still grasp some of the tufts and shreds of that unfenced precipice from which they fell from good, and that not to pity them is to do wrong to time and eternity. Would it not be doing the best possible service to time and eternity to get rid of them altogether? Furthermore, has not humanity been labouring from the days of Adam unto the present day to fence that precipice over which they

fall? And does it not, so to speak, hold on with all its might to the garments of those perverse mortals who will climb the fence, until the garment gives way and the fragment is left in its hand? The question is really not a sentimental one of unfenced precipices, but a calm question as to the means of preventing the production of criminals. It is not to be decided by the emotion which so often misleads, but by that calm exercise of the intellect which would be employed with regard to the injurious effects of physical laws. We have, in point of fact, to deal, if not strictly with a degenerate species, certainly with a degenerate variety of the human race; and the problem is to reduce it as much as possible. The effects which are in existence cannot, it is evident, be done away with by removing the causes, for they have become causes and will go on working through successive effects; but by removing the causes in present operation, the production of future effects of a like kind will be prevented.

A criminal, like any other fact in nature, is not independent of his antecedents and the conditions of his development. If he is born of vicious parents, as many a one is, and if his education has been the education of scoundrelism in the midst of the dangerous classes, it would surely be strange if he were not a scoundrel. The human organism grows into a harmony with its circumstances; it assimilates the force of them, and incorporates it into its nature; so that the individual born in crime, and nurtured in the midst of it, naturally commits crime. Immorality becomes his morality, that to which his nature instinctively aspires, and to which he has been consciously formed. The Emperor Napoleon, according to M. Villermé, used often to maintain in his conversations at the island of Elba, that "in whatever relation a man be looked at, *he is as much the product of his physical and moral atmosphere as of his organization.*" The Emperor Napoleon was a causationist, as every greatly successful man must be, and as every benevolent man should be who is wishful to benefit society by diminishing the crime which scourges it. There is no difficulty in learning where to begin. "Ignorance, deep-besotted ignorance, displays itself with almost every fresh woman on whom the key turns in her cell. It is the great reason for keeping our prisons full, our judges always busy; three fourths of our prisoners, before their conviction, were unable to read a word, had no knowledge of a Bible or what was in it, had never heard of a Saviour, and only remembered God's name as always coupled with a curse. Some women have been trained to be thieves, and worse than thieves, by their mothers—taking their lessons in crime with a regularity and a persistence that, turned to better things, would have made them loved and honoured all their lives. They have been taught all that is evil, and the evil tree has flourished and borne fruit; it is the hardest task to train so warped and disturbed a creation to the right and fitting way." A hard task, indeed! often

only a little less hopeless, it is to be feared, than that of washing the blackamoor white.

It is well known that the number of different crimes which occur in each year is tolerably constant. We can, in fact, predict with considerable exactness how many murders there will be in a year, how many cases of poisoning, how many crimes against property. "Experience proves," says Quetelet, "that not only is the same number of murders annually committed, but even that the instruments which are employed to commit them are made use of in the same proportion." Whilst the conditions of society remain the same, it is clear that the same result must always be expected; there are the same causes in operation, and the same effects will follow. "Society," says Quetelet again, "contains the germs of all the crimes which may be committed, and at the same time the facilities necessary to their development. It is in some sort which it prepares the crimes, and the culprit is only the instrument which executes them."* There is undoubtedly truth in this, if society be regarded as a whole, if the number of individuals observed be so great that the disturbing action of the individual is not apparent; but it behoves us to be careful not to regard the statistical average proving the constancy of crime as a law of nature absolutely governing individual action. The generalisation is arrived at by induction from the facts of society; but society is constituted by individuals, and there is no absolute necessity that society should remain what it is; on the contrary, there is a cogent reason in the very fact of the constancy of crime why individuals should bestir themselves to alter the present conditions of society. And that this may be done is certain, for we have examples of a single man of genius exercising a considerable influence on a social system, and altering, therefore, the characters of the generalisations made therefrom. It is open to the present generation by the institution of systematic education, by bringing classes more closely together, by a general system of moral and physical hygiene, and by other modifications of the causes which determine individual nature, to change the character of the society of coming generations. So that Quetelet's so-called law, in place of being a discouraging fact, is really, when rightly regarded, an encouraging one, for it distinctly indicates, as our experience of the individual criminal does also, that the true way of reformation, whether of society or of the individual, is to determine as far as possible the causes which determine individual formation.

It must be admitted that, until quite recently, our mode of dealing with crime has been as unphilosophical as our mode of dealing with disease; it has been concerned mainly with what is often an incurable result, in place of being directed to prevent it by doing away with

* Quetelet, 'Sur l'Homme,' vol. i, p. 10.

the conditions of its production. And it is very interesting to note how the excuses which some criminals make show that they instinctively recognise their dependence on their antecedents; they really feel that they could not help the crime, that they are inevitably what they are. A returned woman, who has forfeited her ticket of leave, always asserts that it wasn't to be avoided—something made her seek out the old pals, or steal her neighbour's goods again.

"'I did try very hard, Miss,' she will sometimes say to the matron who may be interested in her; 'I did try very hard, but it wasn't to be. I was obliged to steal, or to watch some one there was a chance of stealing from. I did try my best, but it couldn't be helped, and here I am. It wasn't my fault exactly, because I *did* try, you see, Miss!'"

Then, again, they rarely blame themselves, but almost invariably attribute their fall to some external circumstance. "'Ah! it was all along o' the play I ever came here!' I heard a woman mutter in response.

"It's always along o' something! The play, the concert-room, the streets, the false friend who tried to lead her wrong, and she so innocent!—the bad advisers, the cruel mother, father, husband, anybody —never her own weakness, or headlong desperate plunge to ruin!"

Perhaps they are not deceiving themselves as wilfully as might at first sight appear. It is the convicted criminal who is now looking quietly back on the past from a very disagreeable position, and is certain that, as far as her poor will was concerned, she never designed that this should be the end of it. The descent has been so easy and pleasant, that she scarce knew she was moving until she arrived at the bottom; the crime and conviction have been the consummation of a gradual degeneration, to which the result has painfully awakened her. It is plain, as she cannot but allow, that she has gone very wrong; and yet it is clear to her mind that she is not so guilty as she appears. Accordingly, she seizes on some prominent circumstance in the past, and assigns to it an undue predominance in the causation of the result. It is the way of human nature generally to accuse circumstances and to excuse itself; and it is the way of female nature to feel circumstances rather than to reason about them, so that the circumstance is always to blame, and the individual is always a victim. Accordingly, we are not much surprised to learn that female prisoners generally consider themselves harshly used when they are sentenced.

"I may add here that, with all the prisoners, the crime is of little account, and the sentence for it only a subject to be deplored. It is always a harsh sentence, or an unjust one. 'If old Judge —— or that —— had been on circuit, instead of ——, I shouldn't have had all this time to serve.'"

It appears that female prisoners are, like female lunatics, much

more troublesome than those of the male sex; and a woman writing of women declares, as the result of her experience, that no two lines are more true to nature than these of Tennyson—

> "For men, at most, differ as Heaven and earth,
> But women, worst and best, as Heaven and hell."

"In the penal class of the male prisons there is not one man to match the worst inmates of our female prisons. There are some women so wholly and entirely bad, that chaplains give up in despair, and prison rules prove failures, and punishment has no effect, save to bring them to death's door, on the threshold of which their guilty tongues still curse and revile, and one must let them have their way or see them die."

And yet, low as these outcasts have sunk, lost as they are to all sense of propriety, they never lose their vanity. The first great trial which the female prisoner has to undergo is the cutting off of her hair. "Women whose hearts have not quailed, perhaps, at the murder of their infants, or the poisoning of their husbands, clasp their hands in horror at this sacrifice of their natural adornment—weep, beg, pray, occasionally assume a defiant attitude, and resist to the last, and are finally only overcome by force. One woman will be resigned to her fate on the instant; and, with a Socratic stoicism, will compress her lips and submit herself to the shears, and march away to her bath afterwards, in a business-like manner. A second will have a shivering fit over it, a third will weep passionately, and a fourth will pray to be spared the indignity, and implore the matron on her knees to go to the lady-superintendent and state her case for her. I can remember one person delirious for a day and a night after the operation—the mortification of 'losing her hair,' or the impression made upon a nature more highly sensitive than ordinary, tending to that unfrequent result. She was a young, fair Scotch girl, and her 'Dinna cut my hair—oh! dinna cut my hair!' rang along the deserted corridors with a plaintive earnestness."

Many are the devices and persevering the efforts which they make to obtain some little adornment for their persons. A woman who is to the last degree depraved, who does not care for the abhorrence which she excites even among the worst of her fellow-convicts, will exercise all her ingenuity, nay, will even behave with some propriety, in order to secure a hoop for her petticoat, a scrap of tallow for her hair, or something to redden her cheeks with. And a piece of broken glass, blackened so as to serve for a looking-glass, is a treasure beyond price.

One night, as the matron passes along the corridor, "a poor delicate woman appears at the iron grating of her cell to exchange a few words with her. 'I had a candlestick in my hand at the time, and was passing to my own room at the end of the ward.'

"'Lord bless you, Miss!' whined the woman; 'I'm so glad to see you to-night—I've something on my mind.'

"'You must not talk—you'll disturb the other women.'

"'I'll only whisper it, if you won't mind; just a word, Miss.'

"'Just a word' is a great boon—an everlasting favour conferred—with the more grateful of this class, and I went nearer to the grating to hear her statement. She began in a low lachrymose vein, intended to arouse my sympathy and interest in her coming revelation, and then suddenly darted a long naked arm through the grating, and hooked some of the melted tallow from the candle in my hand.

"'It's on'y jist a scrap of tallow for my hair, Miss,' said she, applying it to her hair very rapidly with both hands; 'it do get awful rough without fat, to be sure! And I'm very much obliged to you, Miss—God bless you!'"

The next story is an excellent illustration of the success which a determined will may obtain over the most unfavorable circumstances.

"In my early days at Millbank prison, I have a consciousness of one woman raising the envy of her fellow-prisoners, and startling the authorities, by the very brilliant colour of her cheeks. That her cheeks were painted there was little doubt. I do not think she attempted to deny it; and in the absence of any colouring matter in her cell, or about the prison, this gave rise to much speculation among the prison officers.

"This woman kept her secret to herself for some time, and it was only by careful watching that the plan of operation became at last apparent, and gave evidence of considerable ingenuity to attain her ends. It is customary among the female prisoners to make the cotton shirts for the male convicts of Millbank; blue cotton shirts, with a red stripe crossing the texture. These stripes, it was afterwards ascertained, the woman had been in the habit of drawing open, or carefully unravelling, until a sufficient number of threads were obtained to soak in water, by which operation a colouring matter was procured that she transferred to her cheeks, for the better adornment of that portion of her countenance."

Certainly vanity appears so deeply implanted in the female nature that it might almost be considered an instinct thereof. A woman's destiny in life depends, in a great measure, upon the admiration which she excites in the other sex, and accordingly the adornment of her person is the necessary means of winning her life-game—a manifestation of the self-conservative instinct of existence. No wonder, then, that vanity appears in the ugly squaw of the prairies, in the negress of Africa, in the inmate of the lunatic asylum, and in the prison convict; persisting, in fact, amidst the decay of all that is good in female nature, and, like other instincts, departing only with departing life.

It appears that female prisoners are much given to periodical

outbursts of violence, which are known amongst the officials as "breakings out." The glass of their cells is smashed, their blankets and sheets torn up into strips, and all the mischief possible done, until with fighting, and scratching, and screaming, they are removed by the guards to the dark cell. And such is the force of example, that one "break out" is almost sure to be followed by others. We candidly confess that, when we learn the day's routine at Millbank, and consider the impulsive, unreasoning temperament of woman, we do not much wonder at these outbreaks. At a quarter to six the bell rings, and every prisoner must be dressed and ready for inspection at six. At six the cell is opened, and cleaning and bed-making proceed till half-past seven, when breakfast is served. Breakfast over, the work of the day begins—coirpicking, shirt-making, &c.; and this work is done by each woman separately in her cell, no conversation being allowed with the other prisoners. At a quarter-past nine the chapel-bell rings for chapel; and a quarter to ten morning service begins. At half-past twelve water is served out to prisoners; at a quarter to one, dinner; after dinner work again. An hour each day is devoted to exercise, which consists in the women of a ward walking round the airing court in Indian file and in silence, a matron being in attendance to see that no one speaks, which, of course, some one does. After the hour's silent tramp the women return to their cells, and go to work again till half-past five, when gruel is served out. Then follow prayers, which are read in each ward by a matron. After prayers the names are called over, and each prisoner answers; then succeed more coirpicking and shirt-making till a quarter to eight. From that time reading is allowed till half-past eight; and then the beds are made, and at a quarter to nine the gas is turned out, and each prisoner is supposed to be in bed. It may readily be conceived that no punishment could well be greater than this monotonous system of enforced regularity to those who have lived a wild life of freedom from all restraint, and have obeyed nothing willingly but their own passions. The male convict recognises the folly of kicking uselessly against the official pricks, and has sufficient control over himself to accept his position without foolishly rebelling; but the female prisoner seems incapable of anything beyond the feeling of the present, and, in violation of the most common prudence, breaks out every now and then into useless violence. In prison, as out of prison, when woman's feelings are concerned, reason is but as a rope of sand to restrain her. A prisoner, with the certainty that her lot must be made much worse by violence, will inform the matron that she is going to "break out."

"'What for?'

"'Well, I've made up my mind, that's what for. I shall break out to-night—see if I don't!'

"'Has any one offended you, or said anything?'

"'No, no; but I *must* break out—it's so dull here. I'm sure to break out!'"

And accordingly her woman's reason prevails, and she breaks out, and gets bread and water and the dark cell for some time.

The matrons sometimes need all their self-control to restrain themselves from breaking out—such is the force of example in sensitive womanly nature.

"One matron, who has since left the service—a matron of a somewhat impulsive disposition—once told me in confidence, and with a comical expression of horror on her countenance, that she was afraid she would break out herself, the temptation appeared so irresistible.

"'I have been used to so different a life—father, mother, brothers and sisters, all around me, light-hearted and happy—that it's like becoming a prisoner oneself to follow this tedious and incessant occupation. I assure you, Miss ——, that when I hear the glass shattering and the women screaming, my temples throb, my ears tingle, and I want to break something dreadfully.'"

As a rule prisoners do not like chapel, for they "can't make out what the parson's driving at." And as prison books are mostly of a religious character, many of them object to read them. One prisoner, on being asked if she would like a book, replied scornfully, "Not one of *your* books; they are always driving religion at me. Haven't I got religion enough there to worry me?" pointing to the prison Bible. Another woman was very fond of reading 'Uncle Tom's Cabin,' and would relate to the other prisoners, with great animation, the villanies of Legree, so that considerable virtuous indignation would be aroused in the breasts of her listeners. "What an awful wretch that man must have been!" was the remark on that personage by a woman suffering a long sentence for the cold-blooded murder of her child! So easy is it to be virtuously indignant at the sins of others, and to forget our own. Well may we exclaim—

> "Oh, that some power the gift would gie us,
> To see ourselves as others see us."

There is an ingenious impudence not unfrequently displayed amongst them.

"'Miss ——,' said a troublesome convict, one afternoon, to her matron, 'I think my voice is improving.'

"'That's good news, Smith.'

"'Just you listen, Miss, when we sing in chapel the *can of taters and dominoes,*' meaning, it may be remarked, the *Cantate Domino* of our evening service.'"

During the reading of the communion service one morning, it was observed that the prisoners around this same Smith were convulsed with laughter, she alone maintaining a devout expression of coun-

tenance. The matron was obliged to leave her seat to discover the reason of the unseemly mirth; and it was then found that Smith was responding to every commandment thus: "Lord have mercy upon us, and incline our hearts to keep jackdaws."

The authoress gives us short sketches of certain very desperate characters, whose behaviour was outrageous in the extreme. It is charitable, if not actually necessary, to suppose that some of them must have been insane. One Maria Copes gained an unenviable notoriety amongst prison officials, and indeed successfully defied all the appliances of prison discipline. She possessed extraordinary strength, and seemed quite insensible to pain. When confined in the dark cell she tore up the flooring, and would run full tilt with her head against the wall, so that the matrons feared she would kill herself. When put in the padded room, she tore that to pieces with her teeth, and ran up the wall like a panther—behaving for all the world like a wild beast gone mad. A medical consultation was held for the purpose of deciding whether she was insane or not; and although the doctors decided she was not, the prison officers always considered that she was. Great suspicion necessarily attaches to any display of insanity in prison, as it is a common trick there to feign madness. Our authoress thinks, nevertheless, that the doubts of insanity are carried too far, and that the lives of the officers and of other prisoners are sometimes endangered by the reluctance of the medical authorities to pronounce a woman insane. On one occasion a matron was all but murdered at Brixton prison by one of these doubtful women, who was after that immediately sent to Fisherton Asylum. Another lunatic destroyed herself by leaping over some railings into a yard below. "There are more women really and radically insane in our prisons," she says, "than are dreamt of in a director's philosophy; consequently all the conceits and vagaries of madness are prevalent in our prison wards." She suspects that many of the cases which are put down as feigned attempts at hanging for the purpose of being sent to the infirmary, are real attempts on the part of insane prisoners; and very fairly demands that at any rate a special ward should be provided for those whose sanity is doubtful. This would only be right to the prisoner herself, seeing that the others very diligently plague her and play tricks upon her when they perceive that "she's not all there;" and would be just towards the officers who have the immediate care of her.

The insanity of prisoners, when carefully examined, would probably fall under three divisions. The first division would comprise those who were going mad before admission into the prison, in whom the crime for which they had been sentenced was one of the early symptoms of a degenerating mind. To this class belonged the notorious Celestina Somners, who was sentenced to death for the murder of her child, but whose sentence was afterwards commuted to

penal servitude for life, greatly to the indignation of the public and newspaper writers. After admission into the prison her insanity soon declared itself, and she gradually became more and more demented until she was removed to Fisherton House, where she died. It is not impossible, perhaps not improbable that some, like her, diseased in mind, and like her criminal by reason of their disease, have been hanged; but even if this has happened, it will scarcely justify the self-complacent declamation of those who make it their business to cry out at the so-called barbarity of the law. It is not within the power of human insight to discern the end of responsibility and the beginning of irresponsibility; and the strong arm of justice would be paralysed if a reasonable caution were allowed to degenerate into inactive timidity. Where there is no evidence of insanity previous to the commission of the crime, it must always be held that the crime itself does not, save under very exceptional circumstances, constitute evidence thereof.

The second class would consist of those who, from the circumstances of their birth and their bringing up, had so grown to crime that it had become a part of their nature; they are the "moral idiots," or they might not unjustly be called the manufactured criminals of society. For, as Mr. Ruskin observes, "if you examine into the history of rogues, you will find that they are as truly manufactured articles as anything else." If we reflect for a moment on the matter, it will be evident that a criminal cannot be supposed to be specially designed in the constitution of the universe; and if he has not come to pass in that way, then he must be indebted for his disposition either to his inheritance or to his education. We may try our best to gauge the degree of his responsibility, but we ought not to forget that the effect is not responsible for its cause, but that the cause is responsible for the effect.

The third division of insane prisoners would be formed by those who had become insane in prison, having been helped on to madness by the system enforced. Under the strict and tedious monotony of a system of prison discipline, the impulsive and ill-regulated mind, which cannot conform to circumstances, must either break out into periodical outbursts of violence, and thus obtain variety by obtaining punishment, or must break down to the circumstances and pine into a melancholy madness. It is not unlikely that the "breakings out," which are so annoying to prison officials, are the salvation of some prisoners who but for them would go mad. Perhaps we are at times a little inconsiderate in our judgments upon humanity. We know very well that if a plant be taken up and placed in circumstances which are the opposite of those under which the seed has germinated and grown into a plant, it will not live, but will surely die. Why then should we deem it strange that a human mind which has developed under certain circumstances cannot accommodate

itself always to a sudden and complete change in them, but gradually decays under their influence? When an individual cannot conform to circumstances, and circumstances will not conform to him, either he or the circumstances must break down; and, accordingly, when we have on the one side a prison system, and on the other an ignorant, impulsive, weak-minded criminal, the result will not be doubtful.

It is only right, as it is gratifying, to relieve somewhat the darkness of the foregoing pages by quoting an instance of a display of feeling in a convict, which the authoress on one occasion witnessed, and which testifies to some good being left, even where it might not have been expected.

"I have a remembrance of looking through the 'inspection' of a cell some years ago, and perceiving a prisoner, with her elbows on the table, staring at a common daisy which she had plucked from the central patch of grass during her round—one of those rude, repulsive, yet not wholly bad prisoners, from whom no display of sentiment was anticipated. Yet the wistful look of that woman at her stolen prize was a gleam of as true sentiment as ever breathed in a poet's lines. A painter might have made much of her position, and a philosopher might have moralised concerning it—for the woman wept at last, dropped her head down on the table between her linked hands, and shed her bitter tears silently and noiselessly. The prison daisy must have spoken of the old innocent times—of the fields she crossed once with old friends—perhaps of daisies like unto that before her which were growing on a mother's grave.

"Six months afterwards I saw that flower pressed between the leaves of her Bible—a little treasure I should not have had the heart to take away, had there been any laws of confiscation concerning daisies in 'the books.'"

Changed, indeed! painfully changed are things since the little girl rolled among the flowers and platted daisy chains with her companions. Since that innocent time she has wallowed through much sin and woven on the loom of time much work after the devil's patterns; and now she has received her wages. The prison daisy has loosened the barrier of her hardened nature; the past and the present have met, and the bitter tears of the lonely criminal are the sincere commentary on her mistaken life.

A few words may be added in conclusion upon the manner of dealing with prisoners. The question is presenting itself in a very decided manner as to what the object of our present prison system really is. Is it designed to punish criminals or to reform them? If the latter, where is the evidence of success to justify persistence in it? The prison matron has plainly a very poor opinion of the reformation effected, and can only relate to us two cases in which there was even a hope of it. One of these after trial relapsed into

crime, and the end of the other was doubtful. We never heard of a benevolent family taking a reformed criminal or a reformed prostitute into their service without being grievously disappointed by the result; and it is useless and unjust to blame the popular suspicion of reformed criminals, and to talk sentimentally with regard to their unfortunate position, if the popular opinion is founded on fact. It is unquestionably just that, in a moral point of view, everything possible should be done towards reforming criminals, but is it not the simple fact that, in a scientific point of view, it is an extremely discouraging task, and, in an economical point of view, an extremely unprofitable one? If, however, there be evidence sufficient to justify the present system, let it be presented in a reliable form, and the public will very gladly go on with the good work. But let it be clearly understood that good behaviour in prison shall not be accepted as evidence of reformation out of it. According to all experience of human nature, the impulsive woman who "breaks out" is more to be relied on than the scoundrel who has self-control sufficient to play the hypocrite for a few years, because he knows very well that the term of his imprisonment will be shortened thereby. No injustice will be done to him, even if he is sincerely reformed, though he is compelled to serve the full time of his sentence; for the judge, after due consideration, has given him that sentence as a just equivalent for his crime, or as the minimum of discipline which he must undergo before reformation can be expected to be thoroughly effected after such a crime. But that he should receive almost immediately the benefit of his professed or real reformation in the diminution of a punishment which he has most justly deserved, and which is an actual debt to the past, is contrary to all ideas of justice, and really puts a high premium on skilful hypocrisy. Let him pay his debt to the past, and he will receive the reward of reformation in full time after leaving prison, when his well doing in the world bears fruit. And as regards his account with society, he should, if he is sincere, be extremely grateful to it for having reformed him; whatever has been his punishment, if it has succeeded in making him an honest man, he is under an obligation through time and eternity to society. Even those benevolent persons who have the greatest faith in the reformation of criminals might well consent to that by which they would obtain a surer guarantee of reformation; and at any rate they might seriously consider whether it is desirable to talk and write about criminals as if they were ill-treated and interesting mortals who are deserving of all possible sympathy. Reform them, and society will not be wanting in gratitude; but reserve the zealous expression of sympathy for the honest workman who prefers partial starvation to the yielding to temptation.

If, however, the object of imprisonment is punishment, if punishment is vindictive, on the principle of an eye for an eye and a tooth

for a tooth, then it is becoming an important question whether our prisons are really answering that purpose. It is now accepted as a fundamental principle, that any system which deteriorates the prisoner, either in body or mind, is unjustifiable. But how is it possible to punish a man at all without injuring his body or his mind? To make a man conscious that he has a body or mind, is to inflict pain upon him; and pain is not a condition of perfect health. It is really impossible, as the history of prison discipline proves, to harmonise the opposing principles. When the Quakers of Philadelphia, who were horrified at the notion of punishment involving corporal violence, succeeded in doing away with capital punishment there, they hit upon the plan of enforcing complete solitude by putting the prisoner in a small cell without books, without work, and without companion; thereby benevolence, careful of the criminal's body, ingeniously succeeded in torturing his mind into madness. More humane than that surely were the bottle-shaped pits, or *oubliettes*, into which the victim was dropped down to die of suffocation, and which were in olden times such favorites with the church as a means of death without bloodshed; they were facetiously called *vade in pace*. When solitude proved so injurious in its consequences, the silent system was adopted; but it was impossible to enforce it without the help of the whip, and great abuses necessarily occurred. After that had been abandoned as a system, labour was adopted as the fundamental principle of prison discipline; and to prevent the evil effects of association of prisoners, and as a practical compromise, the present costly separate system was put in force. The advantages of labour are evident: it is a safeguard against the ill effects of solitude; it teaches obedience to those who hate it, and in that way acts as a sort of punishment; it economises the expense of punishment; and it may, perhaps, implant industrious habits in the prisoner. All which is very well, but it does not satisfactorily dispose of the question whether the present system is sufficiently disagreeable to act as a preventive of crime. When it is notorious that individuals commit crime rather than go to the workhouse, it is not possible to avoid the conclusion that the comfort of the prison actually acts as an incentive to crime. The prison matron relates a story which illustrates these observations, and is well adapted to excite further reflections in the minds of those who are interested in the difficult question of prison discipline.

"Old Granny Collis was 'a quiet, meek, obedient prisoner, truthful, reading her Bible without parade, and a communicant,' always willing to her work, and keeping her cell a pattern of neatness. She felt the prison to be her only home, and was exceedingly loth to leave it.

"'I don't know what I shall do when my time's up,' she said to me once; 'there's no one to take care of me outside, and I'm afraid

they'll treat me very badly at the workhouse. Well, I suppose, Miss, I must make the best of it.'"

She was evidently very fearful about the workhouse, but at any rate had this comfort, that if it did not agree with her she might get back to prison.

"'I'll try the workhouse,' was her remark, one day, 'but I'm thinking it won't suit me like this—not half so comfortable and *quiet*.'"

In due course her time of imprisonment expired, and the "cheerful, feeble old woman" was discharged.

But in a few months she reappeared at Millbank prison. Old Mary Collis had been convicted of a petty theft again, and was sentenced to a second term of imprisonment.

"'I have come back to settle down for good,' she said. 'I know I've done very wrong, and that I'm old enough to know what's right by this time, but *I couldn't keep away*. I have tried the workhouse—they are so terribly noisy there, and there's not half the order there should be, and everybody wants to quarrel so. 'Besides,' she added with characteristic *naïveté*, 'they don't understand my ways at the workhouse, and you are all so used to me by this time.' . . . . She fell into the same old habits—read her Bible as industriously as ever, took the sacrament, preserved even the same good temper, and *did* die before the term of her imprisonment was ended. A good prisoner, and as good a Christian as it was possible for a prisoner to be, perhaps. She died, I think at the age of seventy-six, in the infirmary ward of Brixton prison."

No wonder that the anger of the public has arisen on account of the present prison system, as the following extract from an energetic article in the 'Times' of November 5th proves. We present it here for the consideration of readers.

"The persons in custody for these highway robberies are all well-known thieves. They have all been in prison before over and over again. Some of them reside in a place facetiously called 'Ticket-of-leave Row.' They belong to the class of London ruffians which it seems to be the present policy of our law, our police, our magistrates, and our judges, but more especially of our Home Secretary and our gaol chaplains, to foster and domesticate in the very heart of society. The whole of this great and most expensive judicial hierarchy seems to be established solely to catch thieves and let them go again. In former days we used to store our sewage in cesspools in our own back yards, and allow it to poison the soil all around us; under a wiser sanitary process we now run it away in drains, and send it to the sea. We have reversed this progress in the case of our moral sewage. We used to run it away to the Antipodes, where it had a chance of being purified by percolation; now we keep it and store it at home, letting it out from time to

time, and shutting it up again when its natural odours are found to be too dreadful. We are not, however, going into questions of transformation and reformation. These are subjects upon which people acquire cheap reputations for benevolence at the expense of the victims who are knocked down in the streets. It is natural that gaol chaplains and prison matrons should confine their sympathies to the creatures they see, and not extend them to the victim whom they never saw or who is yet to be. The 'prison matron' records in her book, that reprieved murdresses, on entering the prison, say, 'Good heart! who would have thought it was so comfortable?' and she shows how dutiful prisoner-daughters are to be heard imploring their visiting mothers to do some act that may make them partners in the comforts of a prison life. To attempt to argue with those who cannot bear to see a criminal unhappy, but would make his lot enviable to every one of our millions of honest poor, would be useless. They are sustained by the proud consciousness of a costless benevolence.

"In the interests of society, however, we must demand that these people should keep their pets shut up. Even if they feed them better than a pauper, better than a soldier, nay better than an honest mechanic, it is cheaper to keep them in than let them out. At large a professional robber costs, as it has been estimated, 300*l.* a year. As he can never sell the produce of his 'industry' at more than one sixth its value, it will take 300*l.* to give him 50*l.* for his modest necessities. We cannot afford this. Without putting any adventitious value upon our skulls, or betraying any unmanly repugnance to the process of strangulation, we must still, as a mere matter of pounds, shillings, and pence, protest against the Ticket-of-leave system as it now works, and also against the whole principle of illusory sentences. As to the reformation of a hardened criminal in gaol, we all know now that the thing is a mere delusion founded upon the weakness or the conceit of some theorist or some simple-minded gaol chaplain. We have a thousand testimonies to this effect." And after adducing testimony the writer concludes thus:—"The present system must be reformed or London will be disgraced in the eyes of the world. The police must redouble their vigilance in order to make detection more certain; the judges must strengthen their sentences to make the examples more striking; the humanitarians must direct their energies to the homes of the honest labourer, where their benevolence may be exerted at their own expense, and not at that of the State; and they must be prevented from interfering with the wholesome severity of prison discipline; and the Home Secretary must, in cases of burglary and highway robbery with violence, abstain from interference with the sentences of the judges. At any cost of money or example the streets and homes of London must be protected." H. M.

PART III.—QUARTERLY REPORT ON THE PROGRESS OF PSYCHOLOGICAL MEDICINE.

I.—*Foreign Psychological Literature.* By J. T. Arlidge, A.B. & M.B. Lond., M.R.C.P. Lond.

1. *Classification of Insanity.*

('Zeitschrift für Psychiatrie,' Band xix, 1862, p. 367.)

Dr. Hoffmann, of the asylum of Siegburg, near Bonn, of which the illustrious Jacobi was so long the chief physician, proposes to classify mental disorders in the manner exhibited in the following table:

Dementia. A.						Monomania. B.				Vesania. C.				
	Symptomatic.			Terminal.										
Imbecility.	Paralytic.	Epileptic.	Other conditions.	Agitated.	Apathic.	Melancholic.	With exaltation.	Hallucinative.	Instinctive.	Total or entire.	Melancholia.	Stupidity.	Mania.	General delirium.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

This classification has, it will be perceived, a symptomatic basis, and therefore only a provisional character, and its relative merit to other classifications similarly based will be variously estimated according as this or that group of symptoms is regarded as of most importance in its pathological, physiological, or psychological relations.

By imbecility Dr. Hoffmann understands a weakness of mind, the consequence of disease or an inherent defect. Paralytic and epileptic dementia are symptomatic of cerebral or cerebro-spinal lesion. Dementia, symptomatic of other morbid conditions, is illustrated in the consequences of apoplexy, and of other lesions of the brain, as, for example, of those changes in its structure the consequence of old age. By terminal dementia those forms are implied which follow on or after vesania or monomania, wherein the intellect is prostrated, and delirious ideas are, so to speak, stereotyped in the mind, and when, at the same time, the bodily functions manifest none of those sympathies with the mental condition seen in the acute stages, but

proceed with apparent integrity. The so-called agitated section of such demented lunatics are those unfit to be at large, requiring the security of asylums, whilst those of the apathic division might, so far as their safety or that of others is concerned, be allowed to remain with their friends. To the former section belong cases of chronic mania, of "circular mania," as understood by French authors, and all those where the mind is a prey to delusions the same in character constantly, or variable within certain limits. The "apathic" group is marked only by negative signs, and comprises numerous cases of chronic insanity where there is no exaggeration in the manifestations of the character, disposition, and mental activity, but, on the contrary, a want of interest in the most important affairs of life—an inaptitude for ordinary exertion and disinclination to it. Usually a hypochondriacal element is mixed up with such cases, and year after year glides by marked by no exacerbations of any severity and by no circumstances beyond the routine of their existence.

The varieties of monomania or partial insanity scarcely require any illustrative remarks. The melancholic form is marked by sadness attributable to jealousy, avarice, or envy; the exalted or ambitious form is a common precursor of general paralysis; the hallucinative has for its foundation some sensorial disturbance or misconception, and the instinctive monomania is equivalent to the "moral insanity" of Prichard.

Vesania comprises those forms in which the mind is disturbed in most of its faculties. Its varieties frequently interchange, or one of them succeeds another. Total vesania is a typical form, where no one mental condition abides, but where, for instance, a melancholic stage is succeeded by an equally marked one of mania, which itself ends in recovery (constituting a cyclical variety), or in dementia (a progressive form). Melancholia needs no remark, but the variety termed "stupidity" represents a sort of paralysis of the mind, as if overturned by a shock, but without prominent delirium or sopor. It exhibits itself with depression, as the "melancholia attonita" of some authors, or with a certain amount of exaltation, as the "mania" of others. It is now and then accompanied by a slight outbreak of maniacal fury, and at others is marked by automatic, impulsive, or cataleptic conditions. It comprehends the primary dementia of Guislain.

Mania needs no descriptive illustration; it is, however, distinguished by Hoffman from general or acute delirium. In melancholia there are depression and torpor of mind; in mania an overactivity and excitement; in stupidity, an arrest of mental action, whilst in this form of general delirium there is an acceleration of psychological action; the mind is crowded by all sorts of ideas, images, words and impulses which issue from it in utter confusion.

The forms of insanity comprehended in class A are such as are most associated with mental weakness, and most incurable, whilst those in class C are the least involved with it, and at the same time the most curable. The morbid states in A may constitute the basis of those in B and C, and those in B may serve also as such to those in A.

The Ophthalmoscope in Mental Disorders.

('Zeitschrift,' Band xix, p. 392.)

Dr. Hermann Wendt, the Assistant-Physician of the Asylum of Halle, has explored the interior of the eye by means of the Ophthalmoscope in 154 male patients in the asylum, but no special facts relative to the insane state, as far as we can make out, reward his industry. Slight irregularities in the circular outline of the optic nerve were, as is common among people, discoverable; and in one case were unusually marked, a portion of the disc being apparently cut off by a line of pigment. Partial excavations within the physiological boundary of the optic nerve, and of common occurrence, were met with in one eye in thirteen instances and in both eyes in thirty-nine.

Among changes in the retina, he noticed turgescence of the vessels only in one patient, where it presented an old apoplectic condition. Retinitis pigmentosa, which is of frequent occurrence among idiots, imbeciles, and the deaf and dumb, was not encountered, not even in one of the four idiots included in the total of cases examined. *Sclerotico-chorioiditis posterior* occurred in one eye in sixteen patients, and of this number in the left eye in thirteen; it was present in both eyes in fifteen.

Non-restraint abroad.

Non-restraint has been fought for and won in this country; it is now the battle-cry on the continent, and an English champion, in the person of Dr. Sankey, of Hanwell, has taken up his position in France in aid of those who there battle for the good cause. Dr. Sankey consents to fight under French colours, having produced an able article in French in the 'Annales Medico-Psychologiques' for October last. In the mean time a counterblast is heard in Germany, blown by Dr. Dick, physician of the Bavarian Asylum at Klingenmunster, loud indeed in its tone, but not terrible to those who have often encountered the same shrill note before. This production appears in the form of a review of a translation of Dr. Conolly's work 'On the Treatment of the Insane without Mechanical Restraint,' by Dr. Brosius, in the 'Zeitschrift für Psychiatrie,' 1862, p. 506. As we noticed in our last foreign retrospect, non-restraint is fast gaining ground under the auspices of MM. Morel and Girard-de-Cailleux

and others, in France, but there is much to be done in Germany, fewer physicians from that country having visited our asylums, and none have lived in them, as M. Morel did, with a view of ascertaining for themselves what non-restraint is, and how carried out, in a manner no book-reading can effect. At the same time it is gratifying to know that the great preacher of non-restraint has his teachings placed before the German people in their own language by the translation of his own words.

Now it is very clear that Dr. Dick knows only of non-restraint by reading, and he therefore finds it very possible to imagine cases where the system as he understands it must fail. In his critique he advances and endeavours to sustain the three following propositions, viz., 1, that non-restraint in its wider and correct signification is not of English origin; 2, that in a narrower, or rather a narrow-minded, *i. e.*, the English meaning of the term, it is neither a truth nor an advance in treatment; 3, that the author (Dr. Conolly) is not correct in his opinions.

Dr. Dick's counterblast is therefore of no uncertain sound; he will have no English importations in Germany; they are factitious productions, and their makers know nothing about them.

To establish his first proposition, he propounds his ideas of what restraint is, and to this end enumerates the improvements in asylum construction and in the condition of the insane promoted by good diet, supervision, employment and amusements, together with the encouragement of what is proper, and a comprehensive system of internal order sustained by peace-making concessions. Having built this house of cards, he finds it easy to blow it down. He misses the coherent principle of non-restraint alluded to by Dr. Sankey (op. cit., p. 580), as that of "a moral impression produced upon the insane individual by the declared absolute abandonment of all mechanical constraint," dependent, as on a substructure, on the moral influence of one mind upon another,—of the sound upon the unsound mind, for the good of the latter. On the other hand, if the moral influence of mechanical restraint be good for aught as a remedy, it is so by evoking the sentiment of fear, by producing intimidation, and reducing the mind to submission. "But commonly (writes Dr. Sankey) restraint is defended and advocated on the ground of its soothing effects. The patient becomes tranquil, it is said; his limbs continue quiet, it may be; but it is extremely questionable whether this tranquillity extends to the moral feelings, or whether rather the mind of the patient is not thrown into a state of turbulent excitement. And if the latter be the case, can such internal activity be considered desirable for the disordered mind?" If restraint be permitted in an asylum at all, the principle of non-restraint can never take root there; the whole inner life of an institution is transformed when mechanical restraint is resorted to; the

sentiment of force and of repression springs up with the feelings of fear and suspicion, and loosens the bands of mutual forbearance, confidence, assistance, and charity.

No such overruling principles are seen by Dr. Dick; he can look no farther than special contrivances dictated by the system of non-restraint, and therefore asks triumphantly, as he imagines, whether all the ills of the worst asylums are due to the use of the strait-jacket in a few extraordinary cases. Moreover, he tells us that Dr. Conolly, in urging non-restraint as a system, has mistaken a fractional part for the whole matter of treatment; and is at the farther pains to enlighten us with the fact that true and valuable non-restraint is a German invention, carried out for years in the German asylums before ever the cry of the total abolition of restraint was heard of in England. It is the oft-repeated fallacy that, because some ameliorations were carried out in German asylums, therefore non-restraint—being, as represented, only an extension of such,—is no new principle or system; a style of argument which might be employed to show that, whereas some ancient heathen philosophers had hit upon sundry great moral truths, therefore the system of Christianity was nothing new, or rather, not a system at all.

We shall not discuss the two other propositions Dr. Dick has enunciated. Having, as we believe, no correct and clear ideas of what non-restraint is as carried out in English asylums, that physician's defective appreciation of it as a practical truth and an advance in treatment as Dr. Conolly proclaims it, is not worth discussing at large. Like most other opponents of non-restraint he adduces cases in the form of posers, and concludes to his own satisfaction that such would be unmanageable, or not manageable properly, effectually or so humanely, were restraint not employed. He will not accept M. Morel's account of his observation and experience of English asylums, and clings to the prevalent delusion of those not practically acquainted with the internal economy of our institutions for the insane, that modes of treatment not more gentle, or even more reprehensible in a humane point of view, are put into force to compensate the absence of mechanical coercion. Dr. Sankey has well combated this common error among continental physicians, and we recommend Dr. Dick to study his essay in the 'Annales Medico-Psychologiques' and afterwards to visit and minutely examine our asylums, and so obtain by the aid of his own senses materials necessary to form a correct judgment of what the non-restraint system really is. We are sure we can bespeak him the warmest welcome from our asylum superintendents, and every facility for his researches.*

* See Notes and News by the Editor, Part V of this number.—Dr. Newmann "On the Non-restraint System."

Insanity in France, and the condition of the Parisian Hospitals for the Insane.

Some of our readers are probably aware that a special inquiry has been instituted by the French government into the state of the great hospitals for the insane in Paris, the Bicêtre and the Salpêtrière, and generally into the condition of all the lunatics belonging to the populous department of the Seine; and that this inquiry has terminated in the adoption of propositions of the greatest magnitude, involving the entire subversion of the existing establishments and the construction of several new asylums to accommodate all the insane of the department, many of whom have hitherto been distributed in the asylums of other departments more or less remote from the one to which they belonged.

By the kindness of one of our members we have been put into possession of the official reports emanating from the inquiry in question. These are the "Considérations Générales sur l'ensemble du service des Aliénés du departement de la Seine soumises à M. le Sénateur, Prèfet de la Seine:" by M. Girard de Cailleux, the Inspector-General of Asylums for that department; and, by the same able physician, a "Rapport sur les Aliénés de la Seine traités dans les Asiles de Bicêtre et de la Salpêtrière;" and also the "Rapport et Procès-verbaux de la commission pour l'amélioration et les Réformes à opéres dans le service des Aliénés," signed by M. Girard de Cailleux, as Secretary of the Commission.

The Commission consisted of the Senators Ferdinand Barrot, Herman, and Amédée Thayer; of MM. Chaix d'Est-Ange, the Procureur-Général; Deputy Veron, Marchand, Conseiller d'Etat; the Baron Paul Dubois, Dean of the Faculty of Medicine, Husson, Directeur de l'Administration de l'Assistance publique, and M. le Dr. Girard de Cailleux. This Commission at its several sittings examined numerous witnesses, including several of the most eminent alienist physicians in France, and presented by its chairman, M. Ferdinand Barrot, an able report of the results of its labours.

The official documents before us afford a very clear insight into the state of lunacy in France generally, and especially in the department of the Seine; and at the same time portray strongly the defects of the great hospitals of the capital, the ill consequences of the distribution of the insane of Paris in various asylums of the provinces, and the reforms which the commissioners suggest. In giving a sketch of this varied information we shall follow the order of subjects laid down in the preceding paragraph.

State of Lunacy in France generally.—It was not until 1790 that any public reference was made to the existence or condition of lunatics, and the law then enacted was of the most general character,

merely committing to the municipal authorities of the country the charge of preventing or of remedying any ill consequences arising from the insane or furious who might be at large. A few years after a slight attempt to afford a certain amount of protection to lunatics and their interests was made in the "Code Napoléon," and in the Code of Civil Procedure; but it was not until 1838 that the principle of regarding them as the victims of disease, and as persons in need of treatment, was recognised by the State. Prior to this period, only police measures were in force to guard society from dangerous lunatics; some were lodged in miserable outbuildings of the general hospitals or of hospices, others were left to wander at large, whilst others were shut up with malefactors in prisons; at the same time their cost was charged, according to the place of their detention, to the state, or to the department, or commune, or to the hospital or hospice. In 1837, this most unsatisfactory and painful state of things arrested public attention, and led to the passing of the law of June, 1838, and the institution of special asylums for the insane in each department of the country.

The provisions of this statute gave rise, as a natural result, to the appearance of an enormous increase in the number of the insane in France. In 1818, the Minister of the Interior estimated the insane throughout the country at between eight and nine thousand, of which number 5478 were placed under some sort or other of supervision and control. Of these, 1222 were found in special establishments, 3196 in hospitals and hospices, having special quarters for them, 1060 in small hospices or prisons, and 2500 were detained in their own homes.

In 1834, M. Ferrus reckoned the insane in France at about 12,000, including 8390 in hospitals, and 3600 wandering at large, or living with their families, or shut up in prisons. Whilst, in 1818, there were only eight institutions for lunatics, in 1836, their number had increased to thirty-nine; viz., one state asylum, and thirty-eight departmental. Besides these there were twenty-one hospitals with lunatic wards, and forty-five private asylums. In this year the insane were numbered at 60,293; of whom 26,289 were under treatment in institutions. The proportion of this total to the then population of France was as 1 to 1370·89; whilst in the department of the Seine the proportion of lunatics under treatment to the population was 1 to 487·50.

State of Lunacy in the Department of the Seine.—The rapidity of increase of the insane has been most striking in this department. In 1801, 946 lunatics were under treatment; in 1851, 3061; and in 1860, 4056, of whom 1635 were males, and 2421 females. Thus in the course of sixty years the number had increased 400 per cent., and within the last nine years at above 30 per cent. Looking to the annual increase, it was at the rate of forty-two every year

between 1800 and 1851, and of a hundred a year between 1851 and 1861.

M. Girard de Cailleux enumerates the following as causes of this increase—1. The general augmentation of population of the department, from 1,194,603 in 1841, to 1,977,400, in 1860. 2. The small number of removals home—a circumstance particularly remarked among those placed in provincial asylums at a distance from their homes. 3. The facility of admission. 4. The admission of idiots; and, 5, of imbeciles, or persons of weak intellect only, not rightly accounted as insane. 6. Divided authority—the insane being under the jurisdiction of the administrative power, which orders their detention, but is no way concerned in providing for their cost. 7. How far is the increase real and positive, and what conditions can be discovered in operation at the present epoch to which an increased production of insanity can be charged? These queries are left unsolved, the nature of the report forbidding so wide a discussion.

Condition of the Insane Hospitals of Paris—the Bicêtre and the Salpêtrière.—Before the revolution the insane were placed in two categories—the curable and the incurable. The former were confined in two wards at the Hôtel Dieu, one for males, the other for females. In the female ward there were six little beds and four large ones, each of which held four patients, and the majority were almost constantly kept confined to their beds. In the same wards were placed the victims of hydrophobia, and thus "mental disorder was associated and placed in contact with canine madness." The incurable were confined in the Salpêtrière and Bicêtre, and forty-four of their number, who could pay from 400 to 500 francs for their maintenance, were provided for at the Hospice des Ménages, formerly called the "Petites Maisons." In all these establishments their condition was most deplorable, as the eloquent and touching report of the Marquis la Rochefoucald-Liancourt, in 1791, makes known to us.

The Bicêtre was built by Louis XIII as an asylum for old soldiers, and in 1650, Louis XIV founded the Salpêtrière and included with it the Bicêtre, the Hôpital la Pitié, and l'hôtel Scipion, under the name of the General Hospital. Subsequently the Bicêtre and Salpêtrière served not only as refuges for the infirm of the two sexes, but also as prisons for prostitutes, for the vagabonds of the city, for criminals, and incurable lunatics.

The great Pinel laboured to put an end both to this barbarous intermingling of the insane with the vilest characters, and to the cruel imprisonment and neglect of which they were the victims; and in 1807 special departments for the insane were constituted and placed under the control of men whose names, including that of Esquirol, have become famous in the annals of insanity. In 1826, the insalubrious and wretched cells were generally demolished, and many improved apartments, baths, &c., erected under the

superintendence of M. Ferrus. But although common felons had, by the influence of Esquirol, been banished from the Salpêtrière, it was not until 1836 that the like reform was carried out at the Bicêtre. In 1840, the General Council of Paris Hospitals found it necessary, on account of the augmentation of their lunatic inmates in the Bicêtre and Salpêtrière, to apportion the superintendence of those at the former establishment between two, and those at the latter between three physicians, each paramount in his own section, and aided by a sub-physician. In 1851, this arrangement was altered, and three sections constituted at the Bicêtre and five at the Salpêtrière, and a physician placed at the head of each. A resident physician was also appointed to each hospital.

The general plan of the several sections of these large institutions is that of a series of parallel buildings, often united at right angles by others, so as to enclose quadrilateral courts, confined as to space and dreary in aspect. Though so extensive, both these hospitals for the insane are in fact only annexes to the hospices Bicêtre and Salpêtrière, the primary purpose of which, as asylums for the aged, is still fulfilled by the larger portion of each establishment.

Of the Bicêtre.—Of the three sections of the Bicêtre, M. Voisin is at the head of the first; M. Moreau, of the second, and M. Delasiauve of the third. The first section is subdivided into two quarters, one containing twenty cells and a dormitory over them, together with a common day room (salle de réunion), forming one of the four sides of the square around which the buildings are grouped. It accommodates on an average twenty-six patients, excited and tranquil. The other quarter is a three-storied building with two wings, having the dirty inmates on the ground-floor, the infirmary on the first, and the tranquil patients on the second floor. On one side are the dining and the day room, and on the other a surgical ward for the reception of all surgical cases from the three sections, and having a surgeon attached to it. A large garden laid out with trees, shrubs, and flowers, belongs to this section and is common to all its inmates.

The second section has also two quarters, one of twenty cells disposed in two rows, with a dormitory above; the other a four-storied building, having the dirty on the ground-floor, the infirmary on the first floor, and quiet patients on the two uppermost. The fourth story, or third floor, is immediately beneath the shelving roof, miserably hot in summer, and as cold in winter. The first quarter has also at each extremity a wing, the two together containing twenty-five beds. One of these wings is used as an admission ward. The court of this quarter is shut in on its western or open side by a high iron fence. An isolated wing belongs to the other quarter, comprising a dining and a day room. A large garden is attached to this section, common to all its inmates. The third

section is formed by an irregular group of buildings, occupied by epileptics, idiots, and imbeciles, adults being separated from children. "Here (says the reporter) the dormitories, dining rooms, courts, and water-closets are so unwholesome, so badly disposed, and so gloomy, that, whilst deploring such a wretched state of things, the only wish is its speedy demolition." The only portion at all tolerable is the work and school room, for instructing the epileptic and idiotic children.

The Bicêtre comprises one other section quite detached, called "Sureté," for those adjudged criminal lunatics, for criminals under observation on account of imputed insanity, and for lunatics from the other sections of the establishments specially reported as dangerous to others. This quarter is so remarkable by its forbidding and gloomy aspect, that M. Girard de Cailleux refers to it as worthy only of the dark ages, and omits all notice of its structure and arrangements. But as the advance of enlightened views respecting the insane, and particularly with respect to those who have been guilty of crime, will, in all probability, soon doom this building to destruction, it seems well to place a few descriptive notes of it on record, which may be referred to in illustration of what the French Government authorities of 1850 considered to be a necessary and suitable provision and arrangement for its criminal lunatics. We are able to give these notes from an inspection of the building made in 1855. It was then, and has since remained, the solitary special asylum for the criminal lunatics of France.

It is situated on the slope of the hill on which the Bicêtre stands, and to obtain a sufficient and level area for its construction, the hill has been cut away, so that it rises perpendicularly on one side the building, and thus cuts off all prospect from it. On the other side, where the slope of the hill would have afforded a view to the inmates, a very high wall is erected, making, with the vertically cut hill side, a completely enclosed and very limited area. A high and strong gateway, duly guarded, gives admission to the enclosure, in the centre of which rises the six or eight-sided building, the unoccupied space around forming a dreary yard. The "Sureté" was, in 1855, a very recent structure, and strongly built. Admission is gained through a keeper's lodge, and we enter by a short passage into a circular corridor, surrounding at its centre a small room used by the attendants, and having within it a stove for cooking and other purposes. The corridor is lighted from the roof above, and around it is a series of compartments, equal in number to the sides of the building, and completely shut off from one another by strong partition walls. These compartments are the wards (?) for the patients: they radiate from the central circular corridor, from which they are severally separated by a high barrier of stout bars. Each division or ward consists of two portions, viz., an inner wedge-

shaped space, and at its further and wider end some four cells. Each cell is the habitation of a patient, and by its barred strong door gives admission to the wedge-shaped space common to it and to the three or four other cells of the same compartment, intended to serve as the gallery or exercising space for all their occupants. This radiating arrangement brings all the patients in the building at once under the observation of the attendants in the corridor or in the little central room, a merit not to be ignored. Yet this merit sank into insignificance when the whole plan and arrangement was viewed in relation to the character of the inmates imprisoned in this edifice. The architect must have borrowed his plan from some menageric, and have conceived it his duty so to arrange its details as to fit the building for some savage animals. Strength, security, and ready oversight, were the objects he had in view, and in the attainment of which he assuredly succeeded. Under whose auspices this wild-beast cage was erected we know not; certainly no physician of experience in the treatment of the insane could have been consulted. We should have been glad to learn that it was no longer used; its continued occupation reflects discredit upon the French authorities, we may add, on the French nation also.

To return now to M. Girard de Cailleux's report.

Besides the criminal department, there is another annexe to the Bicêtre, the farm of St. Anne, between one and two miles distant. It was instituted by the agency of M. Ferrus, and intended by him for convalescent patients, who might there be employed in agricultural work. At the present time, however, its inmates are chiefly chronic cases from the Bicêtre, and its most profitable and extensive business is the feeding of pigs for the supply of pork to the asylum and elsewhere. It contains 175 patients, who have had no resident medical officer with them, but been visited twice a week by a physician. Its accommodation is insufficient for its inhabitants, and its buildings badly arranged and fitted. The defects of the Bicêtre are thus stated in *résumé*:—1. The dirty, the sick, the quiet, and convalescent, are intermingled in the different quarters; and the same is true of the noisy and the refractory patients. 2. The number of these last is too great, proving the insufficiency of employment and of measures of discipline, or, in a word, of moral treatment. 3. Certain portions require to be entirely demolished, or else most radically reformed.

Of the Salpêtrière.—The insane females at the Salpêtrière are distributed in five sections, severally under the care of Drs. Falret, Mitivié, Lélut, Trélat and Baillarger.

The section of M. Falret consists of a large parallelogram, surrounded by one-storied buildings, the inmates of which are classified as tranquil, convalescent, semi-tranquil, dirty, and cases of incidental disease. All these have a garden in common. There are

also separate wards for the recently admitted and for the refractory, and to each of these is attached a court; that of the one, however, overlooking, unfortunately, that of the other.

This section also possesses a very spacious work-room, and some well-kept dining-rooms. The day-room for the dirty is deficient in size, and has a repulsive appearance, many of its occupants being confined in chairs having pierced bottoms for the passage of the urine underneath. The want of room likewise leads to the detention of some dirty and paralytic cases in the dormitories, in beds arranged for such patients.

In M. Mitivié's section the buildings are better adapted to their purpose. There are twelve cells for 296 inmates, or about one to forty. The refractory are however so much intermixed with quieter cases as to extend the excitement; for though there is one court where an exceptionally refractory case can be isolated, yet if two or three such patients exist at the same time, they are of a necessity retained together, and are the source of many dangers and inconveniences. In general outline, this section presents a large parallelogram, composed of ranges of one-storied buildings, some arranged as dormitories, each containing for the most part twenty-four beds; others as day or work-rooms, and others again as refectories. One dining-room accommodates 150 at table; the others are small, and have to serve also as day-rooms, they are therefore overcrowded by a population of dirty and troublesome patients, who fill the air with noisome odours. Eight dormitories are set apart for the different classes—for cases of incidental disease (the infirmary), for tranquil and semi-tranquil, and for dirty patients.

There is a large court, common to all, with covered spaces; but these are too exposed to currents of air to be healthy or safe for the patients. Moreover, this court has the serious disadvantage of overlooking that in M. Baillarger's section used by refractory lunatics. Apart from the general group of buildings are two parallel rows of one-storied dormitories, occupied by the quiet and convalescent patients, who, however, are obliged, from the want of day and work-rooms, to resort to the general refectory and work-room of the section. There are, moreover, an admission ward and a low and crowded ward for infirm patients, each unprovided with separate day or dining rooms.

The quarter for idiots and epileptics is overcrowded; the refectories are damp, dark, and bad-smelling; the school and day-rooms are insufficient; the courts confined, dull, and surrounded by walls; in a word, this whole division requires radical reform, except, perhaps, the covered gymnasiums in the grounds, where the inmates are exercised by a master three times a week.

The section of Dr. Lélu consists of a parlour opening into the small unhealthy room of the nurse; of two insufficient bath-rooms,

without curtains between the six baths they each contain; of a large refectory, accommodating 250 at table, and having at one end a day-room occupied by forty-five or fifty idiots, dirty, epileptic, and noisy patients, the vitiated air of which, therefore, permeates the adjoining dining-room. These patients also take their meals in the same general refectory with others in this section, but at particular tables, and make use of tin utensils. Two low, very small rooms or cells adjoin, fitted with wooden cribs, in which the most refractory are confined by camisoles or straps at night. The camisole is rarely employed by day. Attached to these cells is a court, surrounded by a wooden fence, miserable in appearance, and confined in respect to its space and the circulation of air. The large refectory opens into an extensive court, where those epileptic only, epileptics with insanity, and idiots, are mixed together. The ground floor of the principal building is occupied by a large dormitory, infected by the neighbouring water-closets. It contains ninety-one wooden bedsteads, placed in four rows. At one end of it is a room for forty-nine dirty patients. On the first floor there is a dormitory with 125 beds, adjoining a deficient work-room, in which from 125 to 130 women are occupied by day. On the second floor, immediately beneath the roof, and therefore burning hot in summer and icy cold in winter, is a dormitory for seventy-seven idiots. The admission ward adjoins the main building on one side; it is not above seven feet high, and contains six beds. The infirmary is placed on the second floor, and has seventeen beds; it is little over six feet high, and is reached by a winding and much worn staircase, on which the poor epileptics daily jeopardize their limbs and their lives. The gymnasium is uncovered, and therefore unavailable in bad weather. The water-closets at all parts are hot-beds of contagion. The wards are sluiced with water, at least once a week, and thereby rendered damp and unwholesome. The most violent epileptics, who are not secluded, are mixed among the dirty inmates, an arrangement which too often leads to the use of restraint. The buildings at large are much out of repair, and the whole section in a deplorable condition, a disgrace to the capital of the civilised world.

The section of M. Trélat presents a parallelogram, having on one side an infirmary for incidental maladies, with a special court attached. The dormitories occupy the first, second, and third stories, and on the ground floor are the refectories and work-rooms. The dormitories are too small, and the cubic capacity insufficient for the health of the patients placed in them. Those on the third story have, besides their height up and inconvenience in other respects, the grave fault of being immediately under the roof, and therefore too hot in summer and too cold in winter. One of the second-floor dormitories, occupied by paralysed old women, serves also as their eating and day-room; but though this arrangement protects

them from injuries in going up and down stairs, it cuts them off from all out-door exercise. A large common airing-ground belongs to this parallelogram, and opening into it also is a confined, ill-ventilated dormitory, with one row of beds, occupied by dirty patients. Thus patients of all sorts mix together in the common court. Further, owing to the overcrowded state of the section, dirty and paralytic patients are placed here and there in the dormitories among others, instead of being brought together in the infirmary.

The quarter for the refractory and semi-agitated is composed of twenty-five cells, almost constantly in use at night. The number of such patients has augmented to fifty-seven. They have a court belonging to them in common. The error exists in this section, as, indeed, it does in most asylums, of placing together the turbulent lunatics with others, who though troublesome, are amenable to discipline, but who, from contact with the inherently refractory, have their agitation increased.

M. Baillarger's section has five divisions:—1. An admission ward, opening into a court common to dirty patients and to those labouring under incidental disease. 2. An infirmary for incidental maladies. 3. A dormitory for dirty patients, separated from the infirmary by a day-room, which also, very improperly, serves as a dining-room, and is deficient both in space and ventilation. 4. A quarter for the refractory, consisting of thirty-nine cells, for a total population of 288, or one cell for every seven, instead of one for every forty. 5. A quarter for the tranquil and semi-tranquil, composed of eight cells, enumerated in the thirty-nine already mentioned, of dormitories, a refectory and two work-rooms, insufficient for the population they are intended to accommodate. Here, as in the other sections, classification is imperfect. The confounding in one division of the newly admitted, the dirty, and those suffering incidental maladies, is a deplorable circumstance. The number of refractory is too great, and the placing of the very troublesome with those less so explains the too frequent employment of restraint. The admission ward should be an entirely isolated building. The common day and dining-room for the refractory is a sort of long corridor, too narrow and too small in every way for the numbers who occupy it, particularly in bad weather. There is no covered space out-doors where such patients can take exercise in wet weather, and wear off their excitement; hence the necessity for restraint-chairs and the camisole, the use of which no one regrets more than M. Baillarger himself. Throughout all the sections of this hospital it is distressing to see so many epileptics scattered among the other inmates, and also the presence of women who have been public prostitutes intermixed with other females of virtuous life.

Taking a general review of the state of both the Bicêtre and the

Salpêtrière, M. Girard de Cailleux prominently insists on the sad deficiency of air in the apartments for patients. At the Bicêtre there are some cells affording thirty-three cubic mètres of air per patient, but there are others which allow only fourteen, twelve, ten and even nine; and at the Salpêtrière there are certain dormitories which have only seven cubic mètres per patient. Both hospitals are plentifully supplied with water, by wells and by supply pipes from the water companies of the Seine. Baths are too few; the third section of the Bicêtre is entirely without them, as is also the division for children at the Salpêtrière. The quantity of land belonging to each hospital is deficient, particularly in the case of the Bicêtre. The patients are put to bed too early, viz., at the Bicêtre at half-past six in the evening, and at the Salpêtrière many retire equally early, though others are allowed to remain later, either employed at needlework or engaged in amusements.

Medical service.—Most of the physicians visit their patients at eight or half-past eight in the morning. M. Mitivié does not visit until ten but M. Lélut, on the contrary, is a very early bird, and sees his patients regularly at six o'clock in the morning. M. Baillarger has called in the aid of galvanism in the treatment of hallucination, and M. Girard de Cailleux alludes to three or four cases of recovery under the use of this agent in the hands of Dr. Hiffelsen, where all other means had failed.

When speaking of the medical service generally, the commissioner takes occasion to insist on the greater amount of observation and attention, and therefore on the longer time, necessary in treating the insane than in prescribing for an equal number of patients in a general hospital, on account of the additional psychological element which, to render treatment successful, must be taken into especial consideration in cases of insanity. On this ground he urges the necessity of the physician of an asylum being resident among his patients. It is in respect to this requirement that the medical organization of the Parisian hospitals for the insane is so defective. We do not here repeat his arguments and illustrations on this point, as it is one which has long ago been recognised in this country. Besides the staff of physicians, the two hospitals are served by resident pupils ('internes') and by some non-resident pupils ('externes'). They are nominated according to merit, after an examination. Their usefulness is much lessened by reason of their being generally much occupied in studies for future examinations; by having no special interest in their duties beyond obtaining a superficial knowledge of insanity, and by their desire to exchange their position as 'internes' in some other hospitals.

A most excellent institution, called a "Société du Patronage"—equivalent to the special funds for discharged patients connected with several of our English asylums—has been established by that most able and distinguished physician, M. Falret, in connection with

the Salpêtrière, and is under the patronage of the Archbishop of Paris. Its object is not only to give them temporary relief in money, but also to extend a supervision over their interests and welfare when away from the asylum, and to procure them employment and also proper reception and treatment by their friends.

The dietary of the two hospitals is reported to be abundant and of excellent quality. For adults, at the Bicêtre, the daily allowance is 750 grammes of bread, 300 grammes of uncooked meat, 14 centilitres of wine, and 10 centilitres of legumes (beans), dry, &c. Those employed in agricultural labour have in addition 10 centilitres of wine, and 5 decigrammes of bread. At the Salpêtrière the females have 670 grammes of bread, 12 centilitres of wine, 250 grammes of meat, and 20 centilitres of dry legumes. Extras are allowed to some, if specially indicated. It is regretted that there is only one distribution of meat per diem.

The dress of the patients leaves much to be desired. The clothes are often badly made and badly fitted, and a source of vexation and annoyance to their wearers, and oftentimes the clothes of the poor who have died in the hospices are distributed among the lunatics. No provision is made for keeping separate the clothes of individual patients; hence there is a want of interest in their preservation, of a feeling of satisfaction in their cleanliness, and of a useful stimulus to order and management or economy. Its absence also deprives the physician of one means of moral control. Nevertheless, much improvement has taken place in the clothing; and, among other matters, the wooden sabots are being gradually replaced by shoes.

The means of repression or discipline resorted to are prolonged baths, the douche, which is little used, the camisole, temporary seclusion, the removal of dangerous cases to the "sûreté," and the deprivation of tobacco.

Occupations.—At the Bicêtre the insane are occupied in agricultural work, in horticulture, shoemaking, carpentry, cartwright's work and building operations, in painting, locksmith's work and washing, in brewing, in the piggeries, and in household work. Of 980 male lunatics, 205 of them are employed. At the Salpêtrière the women are employed in cutting out and making clothes, in household work, and in lint making. Of 1431, 827 were employed in these different ways. Of these, as many as 126 were engaged in making lint, 539 in needlework, and only one in washing. The excess of sedentary work is regretted, and the washing of clothes is recommended as a suitable work for the women, and favorable to treatment. Altogether, in both hospitals, particularly in the Bicêtre, the proportion of workers is smaller than it ought to be. This circumstance is in some measure due to the transfer of many useful patients to provincial asylums.

Surveillance and direction.—The number of attendants at the

Bicêtre is fixed at 116, or 1 to 8·52; at the Salpêtrière at 146, or 1 to 9·10. If from these numbers severally 36 and 23 be deducted for night attendants, porters, bathmen, and barbers, the number of attendants at the Bicêtre is reduced to 80, or 1 to every 12 patients; and at the Salpêtrière to 123, or 1 to every 10. This proportion is considered adequate. It is recommended that there should be a chief attendant to every quarter, subject to a principal attendant, furnished with proper authority and responsibility. This recommendation, however, is considered not feasible in the present organization of the institutions, and not until resident directing physicians are appointed, and the lunatics of the Bicêtre and Salpêtrière are removed to specially organized asylums under the control of such officers.

Religious services.—About 180 men and 230 women attend service on Sundays and great feast-days.

Mechanical restraint.—After some judicious remarks on the true principles of dealing with the insane, M. Girard de Cailleux asserts it as his conviction that there are now and then cases of insanity which demand the employment of the camisole or seclusion as exceptional means of treatment; cases in which it is necessary to develope the sentiment of "servile fear," as opposed to that which he terms "chaste fear," the offspring of kindness and of persuasion, addressed to minds open to the operation of such moral influences, and fearful of giving offence or pain.

He finds restraint much too largely employed at the Parisian hospitals for the insane. At the Bicêtre he found 27 patients wearing the camisole, a proportion to the 980 inmates of 1 in 36. But besides these coerced by the camisole, many others were fastened in their beds. At the Salpêtrière only 18 patients were in any way restrained; which, in the population of 1431, was 1 in 79. None were confined in their rooms during the day. In one section of the Bicêtre, he found 8 muffled in the dress for dirty patients (*robe-de-gâteux*), a remnant of past times which should entirely disappear.

In the three sections of the Bicêtre there were 92 dirty cases, or 1 in 10 to the entire population, "instead (says M. de Cailleux) of 1 in 40, as is found in well-managed asylums." At the Salpêtrière, among 1431, there were 373 dirty patients, or almost 1 in 3·80.

With reference to their classification in the two hospices, there were—

	BICÊTRE.	SALPÊTRIÈRE.
Refractory	87	188
Sûreté (criminal section)	31	—
Semi-tranquil and tranquil	442	782
Dirty	92	419
Infirmary	328 including 203 epileptics mixed with others	38
	980	1427

The mean ratio of registered recoveries, between 1839 and 1858, was 1 in 6·27 at the Bicêtre, and 1 in 4·02 at the Salpêtrière. However, among such recoveries are reckoned some who have only been improved. It further appears that the rate of recovery has declined since the time removals of the insane to provincial asylums have been put in force.

Mortality.—This has amounted annually, on an average, between 1839 and 1858, at the Bicêtre, to 1 in 3·66, and at the Salpêtrière to 1 in 3·29; and since 1854, when the system of transferring their inmates to distant asylums was commenced, the mortality increased from 1 in 4·15 to 1 in 3·17, and from 1 in 4·25 to 1 in 3·68, in each asylum respectively—an increase of 5 per cent. The following are the principal causes assigned for this high rate of mortality:—1. The rapidity of admissions. 2. The confinement of the insane in a new medium, where their physical, physiological, and moral habits are brusquely interrupted and changed. 3. The frequent gravity of the disorders in those received. 4. The vicious hygienic conditions of the localities of the hospices. 5. And, in a higher degree, the effects of transferring patients elsewhere, whereby a large number of strong individuals are removed, and the infirmaries get encumbered by those suffering from serious accidental diseases and from advanced paralysis.

The seats of disease causing death are, in the order of frequency, the head, the abdomen, and the chest; next after these are diseases variously situated and suicides. Of 3495 deaths at the Bicêtre, from 1839 to 1844, 2802 were assigned to cerebral, 253 to abdominal, and 218 to thoracic disease, 177 to other diseases, and 15 suicides. Of 5144 deaths at the Salpêtrière, from 1839 to 1859, 2230 were attributed to cerebral affections, 1481 to abdominal, and 1052 to thoracic, 365 to diseases in various parts, and 16 suicides.

The cost of the patients is 15*d.* a day for the men and 1*s.* a day for the women, but M. Girard de Cailleux states that this might be reduced for both sexes to 10*d.* a day, if the patients were placed in properly organized asylums.

The general result of M. Girard de Cailleux's inquiry is, that the Bicêtre and Salpêtrière are inadequate to their purposes, and need be radically reformed. Their several sections are defective and too often vicious, both in their architectural and medical arrangements, and the different quarters deficient in unity of co-ordination. Some of them are neither safe nor salubrious for their inmates. The dormitories are overcrowded, and classification incomplete. The refractory are not under adequate control and supervision, the use of restraint is much in excess, the number of dirty patients far too great, the medical service imperfect, surveillance difficult and badly organized, the means of occupation insufficient, the clothing leaving

much to be desired, and there is an intermixing of inmates in the hospices prejudicial in itself and contrary to law, which demands a remedy as soon as possible. This last-named evil alluded to is the confusion, in the same establishment, under the same general organization, of the insane, the old, and the sick; and the reporter remarks the several ways in which this evil operates. The considerations on this head it is not worth while to reproduce in this paper, as we have at the present time no such mongrel institutions in England, saving, we may perhaps be reminded, workhouses with lunatic wards.

State of the insane in provincial asylums.—In 1844 the hospices of Paris became so overcrowded with insane that, in the absence of means at that date to create new asylums for their accommodation, a plan of transferring cases belonging to the department of the Seine to asylums in other departments was adopted, in opposition, however, to the representations of the then inspector of asylums. The arrangements made with other institutions were imperfect, and hence great abuses have arisen, seriously affecting the well-being of the transferred lunatics. Thus M. Girard de Cailleux speaks of their sad state of overcrowding, to so great an extent that only seven or eight cubic mètres of air, instead of twenty-four, which are necessary to health, are afforded the inmates in some dormitories. The airing-courts, the day-rooms, the land for employment and exercise, are most deficient. Classification is almost everywhere imperfect, epileptics are mixed among others who are insane only, the refractory are too numerous, moral discipline inefficient, and the most intractable mixed with others not so. Only one asylum has rooms for seclusion, with special gardens overlooking the country. The proportion of dirty cases is far too high, restraint is generally abused, the records of cases are not kept, the clothing is unsatisfactory, and only one establishment has special arrangements for the clothes of individual patients.

The time of retiring to bed is, in most of the asylums, half-past six in the evening, and generally the beds leave much to desire; lunatics are to be seen fastened in bed upon straw, and in camisoles with straps or belts attached here and there. The diet varies in the different asylums, but is generally defective in animal food, and, as a consequence, abdominal affections prevail. Surveillance is often insufficient; employment is not enough attended to and badly regulated, so as to impose an excess upon the willing. Almost all the provincial asylums which receive patients from the department of the Seine are deficient in means for intellectual and moral culture. Elementary schools are not yet organized; music, concerts, and agreeable and gymnastic diversions, calculated to exert a salutary effect on the mind, are provided in scarcely any of the asylums.

Foremost among the evils of transferring the insane of the department of the Seine to provincial asylums, M. Girard de Cailleux

regards the withdrawal of the patients from all ties of relationship, friendship, and locality, and their deprivation of the consolation of receiving visits from their friends, and of enjoying their personal sympathy. He has also written a *brochure* to demonstrate the positive ill effects of change of climate and of various conditions of life, on the transferred patients. Only one twentieth of their number receive any medical aid. The cures are only 1 in 31·70, although in the asylums of the Seine, from 1844 to 1858 inclusively, they have reached 1 in 3·34. Removals have only reached 1 in 21·06 for males and 1 in 54·25 for females, although at the Bicêtre they have been 1 in 5·08 and at the Salpêtrière 1 in 11·16. On the other hand, the mortality has been excessively high; thus it has not been less than at the rate of 1 in 2·30, or about 40 per cent., from 1844 to 1858 inclusive, and in the Parisian hospices only 1 in 3·17 males and 1 in 3·68 females. This augmentation, says the reporter, is due to the sudden interruption in the physical, physiological, and moral relations of the patients by transfer, and to the new and different conditions in which they are placed. It is shown not to be due to the incurable and more broken-down state of those who are transferred, for the most vigorous are those sent from Paris, whilst the weakest and most diseased are left to encumber the infirmaries of its hospices, and threaten by their increase to render these institutions vast infirmaries for the department. At the Bicêtre the number of inmates in the infirmaries equals 1 in 2·90 of the entire insane population. Other injurious effects of the removals are to withdraw the industrious and useful population from the establishments in the department; to render classification in them impracticable, by disturbing its only true basis, resting on the relative proportions of the several forms of insanity; to discourage their physicians, by leaving to their care those chiefly whose death may soon be anticipated; and generally to derange the organization necessary for the insane.

In an economical point of view, the system of removal to provincial asylums is to be condemned; for, as above noted, it deprives the department of the profit of the labour of many of its chargeable lunatics, and at the same time augments the rate of payment for maintenance. This latter circumstance becomes more important still when it is remembered that the average length of residence is much more prolonged in the provincial than in the metropolitan asylums, being for men, in the former, 3073 days, instead of 315 days, as at the Bicêtre, and for women, 3301 days, in place of 624 days, as at the Salpêtrière; besides, it is well known that the provincial asylums derive a considerable profit from their contracts for the charge of the insane of the department of the Seine.

Reforms proposed.—The commissioners named at the commencement of this paper held many sittings, and called to their assistance several of the most eminent alienist physicians of France. The funda-

mental principles of asylum organization were discussed, and on most of the questions proposed there was a general concurrence. The able and lucid report of M. Ferdinand Barrot passes the principal opinions enunciated in the discussions in review, and declares the results arrived at by the commission. The following is the *résumé* of the resolutions agreed to:—1. The creation of special asylums for the insane of the department of the Seine. 2. The administration of these asylums directly by the departmental authorities. 3. The construction of a central asylum, to be situated in Paris, for the reception of all forms of insanity, but especially of acute and recent cases, and in connection with it a system of clinical instruction. 4. The institution of an office for the admission of patients, to be annexed to the central asylum, where reputed lunatics may be examined, and their distribution be determined. 5. The erection of asylums out of Paris, and at such distances that the relations between the patients and their friends may be easily maintained. 6. The establishment of special asylums for insane epileptics and idiots. 7. The new asylums to be so constructed as to receive lunatics of both sexes, yet so as to secure an absolute separation between the two. 8. The erection of establishments, in connection with the asylums, for the reception of pensioners, at fixed charges; such buildings, however, to be thoroughly detached. 9. The direction of the asylums to be entrusted, if practicable, to one individual, having entire control, both over their general government and medical superintendence. 10. The employment of the insane in various useful arts, and particularly in out-door operations. 11. The adoption of the system of committing such cases of mental disorder as present no danger to public order and security to the care of their friends, in their own homes.

These are the grand results agreed to and the most important of the reforms proposed to remedy the deplorable state of the insane of the department of the Seine, such as it has been sketched from official documents in the preceding pages. It may be interesting to notice some of the opinions advanced in the course of the discussions, as elucidatory of the resolutions arived at.

The actual number of insane in the department to be provided for, at the date of the commission, was 4216; but, taking into consideration the rapid increase of their number of late years, it was resolved to assume 6000 as the sum total for which accommodation should be provided. To meet the cost, the préfet reported the existence of a sum of ten million francs (£400,000) in the Bakehouse Bank reserve.

There was no difference of opinion as to the desirability of building the new asylums out of Paris, at distances of from three to five leagues, nor as to fitting them for the care of the insane of both sexes. The Préfet remarked that, in those asylums, as at Bordeaux,

where the sexes had been entirely separated, the system worked badly, and involved expense for hired labour in either asylum. As to the dimensions which the asylums should have, it was generally agreed that the maximum number to be received for treatment should be 600, and that, consequently, *ten* new asylums would be needed for the department. In the case of the central asylum in Paris, it was considered desirable to subdivide it into four sections of 150 each, and to appoint a non-resident physician to each, who should give regular clinical instruction and lectures to the medical students of Paris. A resident physician also is to superintend it and the bureau of admissions. M. Girard de Cailleux expressed his opinion that, in a scientific point of view, the smaller an asylum the better it is; for that the indications of science are to restore to the lunatic, as far as possible, his social position and relations (the *vie de famille*), by supplying in their absence the contact with him of persons of sound mind and of kind and benevolent character; and that, moreover, the physician can devote the more time to his patients the less numerous they are. These strict deductions from scientific grounds must, however, yield to a certain extent to economical considerations, and he was convinced that not more than 500 or 600 should be placed in the same asylum, inclusive of 100 pensioners of various classes, paying respectively 730, 1200, 1800, and 2400 francs, or more, per annum. With such an organization, an asylum, costing in construction not more than £100 per patient, exclusive of the cost of site, should, by proper management, by agricultural and industrial labour, and by a regulation of the admissions in accordance with the views of the legislature, cover the interest chargeable on the capital expended in its construction. This result experience has shown practicable. At Auxerre, says the Préfet, the expenditure would have been covered by the receipts, had not an increased number of imbecile gratuitous patients been admitted, and the daily charge for maintenance been reduced in the case of the poor from one franc fifteen centimes to one franc. M. Husson and M. Lélut advocated building asylums to contain 1000 patients each, as more economical, but this proposition M. Girard de Cailleux pointed out to be erroneous, remarking that the saving to be derived from congregating large numbers in one establishment ceases at a certain point, beyond which the costs of an asylum proceed in an increasing ratio. This circumstance is chiefly a consequence of the classification requisite in an asylum. In fact it is necessary, as far as practicable, to restore to the insane the "*vie de famille*," and in order to effect this, to place them under the influence in the highest degree attainable of persons of sound mind, a result to be arrived at only by division, by instituting small sections or quarters, and by separating the various categories of patients. It is by such means that the moral status of the insane can be improved, that discipline can be enforced, however

chronic their malady may be, and it is with regard to chronic lunatics that the moralising influence is the most difficult and more frequently the most useful. Moreover, every chronic case, as M. Lélut has judiciously remarked, is susceptible of passing through the successive phases of excitement, collapse, dirty habits, tranquillity, and turbulence, along with incidental maladies. Hence arises the necessity of establishing, even in asylums that receive only chronic cases, those five fundamental categories which are recognised by the legal enactments relative to the construction of asylums.

"If regard be had to the indications of science, as must be in deed, since it is desired to carry out a reform and to offer to the intelligence of Europe an example worthy of imitation, there must be a division of the insane, to escape the error of erecting asylums of too large dimensions, and not to follow the example of the English, who constructed fortresses for these unfortunate people, in spite of the impotent protestations of science and experience. There is nothing, moreover, to be gained in respect to economy in these mischievous agglomerations, if the principles of classification enunciated are adopted. Indeed, in such great asylums the error now seen in the asylums of the Seine becomes repeated, of dividing the services and of multiplying the general costs, at the expense of breaking the unity of direction and management. True progress is bound up with the multiplication of asylums and their distribution under one sole control."

M. le Préfet subjoins that, to erect asylums for more than 600 patients is an error opposed to rational principles, and also to experience, as testified by M. Renaudin, who has organized an asylum for 1200 at Maréville, one for 500 at Fains, and who now administers that at Auxerre, containing 350 inmates. M. Mitivié fixes the number for an asylum at 500, and M. Baillarger observes that, when an asylum is in charge of a physician who unites in himself the functions of administration and the medical supervision, it should not contain more than 300 lunatics. "In principle," says M. Baillarger, "the fewer the inmates of an asylum the better does it fulfil its purposes; and this in a still higher degree if it is a receptacle for acute cases."

One question raised was the proportion of cells to the population of an asylum. On this point M. Mitivié was of opinion that there should be 5 or 6 per cent., and he raised a warning against extending their suppression too far. This estimate far exceeds that put forward by M. Girard, who, as we have before seen, considers 1 to 40 of the population sufficient.

The resolution was taken to erect, in the first place, a central asylum in Paris, for the reception of recent and acute cases, and then to proceed with the erection of three or four more at different places within easy reach of Paris,—if possible, near railways, chiefly for the admission

of chronic cases. However, owing to the deplorable condition of most of the insane of the department, scattered in various asylums in the provinces, it was agreed to give them the priority of admission into the new establishment. At the same time, the opportunity would be taken of transferring many patients, considered not dangerous, though of weak mind and unable to take care of themselves in the world, to the charge of their friends, under supervision of the authorities. The number of such patients is represented as considerable, especially in the provincial asylums: many of them cannot be reckoned as insane, but are only people whose minds have been prostrated by incidental disease, by apoplexy, cerebral softening, &c. Such of them as have not suitable homes and friends might, it was believed, be advantageously removed to hospices.

The asylum of Auxerre, which was visited by the commissioners, is to be adopted as the model in the construction of the new institutions projected. With reference to their staff, it was decided that, in the case of the asylums without Paris, the medical officer should be also the superintendent or director, and have under his control a steward ("*économe*"), a secretary, and a receiver ("*réceveur*"). The clinical hospital for acute cases will form an exception to this organization, in having a non-medical director, a visiting physician to each section, together with a resident medical officer and "internes."

The constitution of the asylums and the powers to be entrusted to the physician gave rise to most discussion. A divided rule between a physician and a director was viewed by the majority of those who spoke as fraught with evil. M. Lélut was the stoutest advocate for divided authority, urging that the physician of an asylum, when only acting as such, can devote much more attention to his patients. On the same side were M. Moreau (de Tours), M. Marchand, and M. Husson, who apprehended inconvenience and confusion from the union of the two offices, and the sacrifice of professional status and scientific usefulness. The last-named opponent also insisted on the intrinsic difference in the functions of physician and of administrator, and on the general inaptitude of medical men for business and government.

To such objections M. Girard de Cailleux replies by asking whether these administrative details do not constitute an important element in the hygienic and moral treatment of the insane; and M. Delasiauve proceeds to remark that experience has shown medical men capable of fulfilling the double office, and contends that, for the initiation of all medical and scientific progress, for the introduction of reforms, and for the harmonious management of the entire establishment, there must be one central, enlightened, and competent authority, who is sufficiently controlled or kept in check by the

"commission of surveillance" of the asylum, by the government inspectors, and the public authorities.

M. Girard's arguments on this question are the most elaborate. He asserts distinctly that unity of thought, of interest, of responsibility, of power and action, is an essential condition for the treatment of the insane, and for the good government of an asylum. The compound nature of man, of soul and body, demands, for the most successful treatment of insanity, the combination of pharmaceutical, hygienic, and moral means. To act mentally on the insane, the physician must have complete authority over the attendants and others about his patients. And there is nothing to prevent him engaging in the pursuit of the science of his profession, inasmuch as he can have assistance from others in many administrative details, in the preparation of prescriptions, in conducting correspondence, &c.

The Préfet of the Seine most ably supports these opinions. He remarks that, from the position he occupies, he might rather be disposed to exalt the importance of the administrative functions of an asylum; but he is convinced that it is not the director, but the physician, who ought to be paramount in an asylum. The medical authority must govern every movement and all details. The physician must direct and supervise all parts of the administration; he must act morally and continuously upon the insane under his charge. In an economical point of view, he must also have the financial responsibility, so that he may experience a check or control in his other functions, and preserve an equilibrium in the conduct of the whole institution.

The Préfet enforces his argument by an appeal to the results of a divided authority, as exemplified in several asylums. "Experience (he says) "has revealed to him the fatal antagonism that prevails in every provincial asylum placed under the rule of a director and of a physician; and if such antagonism does not prevail at Paris, it is due to the circumstance that the physicians have too little time to devote to the service of the sick. At Fains, at Maréville, in the Ariège, this antagonism has produced the most deplorable effects, interfering injuriously with the hygienic and moral treatment of the patients, and with their general well-being, and lessening the proportion of recoveries. Everywhere that he has found divided authority he has met with personal strife, often terminating in personal hate."

The hospital of Charenton is another example besides those quoted of the ill consequences of divided authority. That these have not been noted at the Salpêtrière and Bicêtre is due to the shortness of the time devoted by their physicians to their work; but these great institutions owe their inferiority greatly as asylums to the want of that authority on the part of the physicians which gives unity to power, and to their non-residence. Hence the power

lapses to the general administrative agents, who are unqualified for its exercise, were it only by the vastness of the administrative functions devolving upon them in those great and mixed institutions. "One of the greatest vices of the existing establishments of Paris, in particular of the Bicêtre, consists (observes M. Delasiauve) in the absence of all necessary control. A true state of anarchy prevails. The wish of the physician is counteracted by the humblest servant, and the servants are all directors and masters, and no protection is afforded the patients, whose constant presence with them is often a cause of strife, against the effects of their irritation, their ill-will, or their want of care." M. Mitivié bears evidence to the same state of things.

At the proposed clinical hospital for the insane in Paris, however, a similar arrangement, as prevails at the present hospices, into sections, each with a visiting physician at its head, and a resident director of the whole institution, is contemplated; and the Préfet assumes that the high position of the physicians will secure them the requisite authority and control, and counteract any attempts to appropriate it on the part of the resident director. In this belief we cannot quite concur; and M. Baillarger would seem to doubt its realisation, for he advances a scheme for making the interne in each section the responsible superintendent, and for instituting a sort of council, to meet from time to time, and to include the physicians and the director, with a view of concerting measures together.

In the discussion on a central clinical asylum the question was raised of the practicability of providing separately for the curable and incurable, and it was answered by the majority in the affirmative.

M. Lélut calculated the proportion of the incurable in asylums to be four fifths of the whole population, and it was conceded generally that those who had not recovered at the end of two years were not likely to do so. That some few out of a considerable number should get well after that period was held to be no argument against the attempt to separate recent and acute cases of insanity from chronic and probably incurable, particularly as in asylums occupied by the latter the hope need not be ignored, and the means of cure would not be wanting. On the other hand, the separation is desirable on economic grounds, and the cure of recent cases could more thoroughly be cared for in specially adapted asylums of small size, and with a full complement of medical aid. Further, in the projected clinical hospital not a few of the cases would actually prove chronic, and care would be taken in the bureau of admission to select cases to illustrate every form and phase of insanity, so that that useful admixture of acute and chronic cases necessary for the general service of the institution would be secured. Moreover, as M. Girard remarked, it would be a simple expedient to remove any

cases from an asylum for chronic cases to that for recent, or *vice versâ*, when thought desirable; and it would not be necessary to call the institutions in the country asylums for *incurables*.

No difference of opinion prevailed with regard to the expediency of separating the insane epileptics and idiots from other persons of unsound mind, and of placing them in a special asylum, but in different quarters.

A "bureau of admission," as an annexe to the central clinical hospital, was generally acceded to. It will be similar in character to the central bureau of the Paris hospitals, and receive primarily, as a provisional depôt, all cases of insanity remitted to it by the authorities or their families, and all those furnished with medical certificates. The resident physician of the clinical hospital, aided by other physicians, are charged with the examination of all the patients so sent, and with their distribution in this or that asylum of the department, according to the phase of their malady. The préfet would desire that the definite admission of no patient should take place, except after his examination by three independent physicians. M. Mitivié expressed his strong conviction of the gross impropriety of transferring lunatics, as is the custom, in the first place, to the prefecture of police, and M. Trélat stated that he was persuaded that the harsh and improper treatment suffered by lunatics when so placed contributed greatly to increase their disorder and excitement.

It has been a gratifying task to peruse the excellent address of M. Ferdinand Barrot, and the discussions narrated in the report of the commissioners, and as gratifying to find that French alienist physicians now agree in the main with the opinions and practice recognised in this country; that the Salpêtrière and Bicêtre are universally condemned as institutions for the insane; and that, in accordance with a magnificent general scheme, not to be witnessed in England, they are to be replaced by a series of asylums built after the excellent model of that at Auxerre, furnished with every appliance for the well-being, the treatment, and recovery of their suffering inmates. In comparison with this well-developed scheme of asylum construction and management, much of what has been done in England must be looked upon as ill-contrived and ill-executed, and, like the old Parisian hospices, needing ere long the reformer's hand.

II. *English Psychological Literature.*

This Report, although prepared, is omitted from this number to make room for the two important medico-legal cases recorded in Part IV. The present limits of the Journal (10 sheets) are the result of the limited finance of the Association, and not, the Editor finds, of its literary contributions, which would readily enable him to add two sheets to the contents of each quarter. A little effort to increase the numbers of the Association at this Annual Meeting, by another fifty members, would place the 'Journal of Mental Science' on a more liberal basis, and enable the President and Committee to increase both the quality and quantity of the contents.

III. *Asylum Reports,* 1863.

Twenty-fifth Annual Report of the Suffolk Lunatic Asylum, December, 1862.

Our President's report of this year is tinged with a note of sadness out of the great trial which has recently come to him, after, he must remember, long years of usefulness and gladness. And now he may, in all his care, re-echo the poet's thought*—

> "Whatever way my days decline,
> I felt and feel, tho' left alone,
> *Her* being working in mine own,
> The footsteps of *her* life in mine."

Referring to his beautiful new chapel, Dr. Kirkman says,

"The chapel is placed just outside the old cemetery ground, now domestically consecrated by the interment of one who identified herself with every want, sorrowed in every sorrow, and rejoiced in every joy, of those to whom she devoted her life-long energies.† Her sorrowing survivor only solicits the painful gratification of being allowed to supply a light of hallowed memory, which may fall on the devotion of the insane worshippers, by a memorial window, at his own expense.

"It now only remains that I should throw myself upon the further indulgence of the visitors, with the full conviction that time is rather to be reckoned by services than by years. I could wish those services presented a better account; and the only reference that I would make to them now has special regard to that support which I feel to be more than ordinarily needed."

* 'In Memoriam.'

† "'Tis little; but it looks in truth
As if the quiet bones were blest,
Among familiar names to rest,
And in the places of *her* youth."

Richmond District Lunatic Asylum, Dublin.—Report of the Medical Superintendent for the year 1862.

This asylum contains now 678 patients. The staff is very large—eighteen officers, including two visiting physicians, a surgeon and an apothecary, in addition to Dr. Lalor and no end of matrons and deputies. Then we find two gate porters, two hall porters, and a messenger, a band master, in addition to two schoolmasters and twenty-five male attendants and six female nurses for the service of 305 male patients, exclusive of artisans, farm servants, and two men in the kitchen. There are also two female cooks, two kitchen maids, two hall maids, and thirty nurses for 373 female patients. From the balance-sheet it appears that the imperial treasury (as one might have guessed in Ireland) pays the piper to the tune of £17,000. We have no such establishments allowed in England; even the princely foundation of the Royal Hospital of Bethlehem has to sail nearer the wind than do our friends in the Richmond District Asylum.

Dr. Lalor appears to have gone further with his schools than we remember to have seen reported elsewhere. There has been an average of forty-seven male and sixty-seven female patients on the school rolls during the year 1862. From the time-table given, the school instruction extends, we see, throughout the day, and daily. "In the past good results (says Dr. Lalor) of the system of educating the insane pursued here, and in its great prospective advantages, I am sure the board of governors will find ample reward for the zeal and readiness with which they have supplied the means of introducing and working out the system."

The Twelfth Annual Report of the Committee of Visitors of the Middlesex County Lunatic Asylum at Colney Hatch. January Quarter Sessions, 1863.

This report contains 178 pages, closely printed, with a mass of tables; deals with an income of £60,000 a year, and refers to the history and condition of 2300 patients who were under treatment at Colney Hatch during the year 1862. About fifty pages of the 178 are occupied with unpleasant details, which we should rather have seen consigned to the oblivion of the clerks' office. The case of Mitchell is a warning against the discharge of a lunatic with delusions, however harmless he may show himself under the discipline of the asylum.

In direct opposition to Dr. Lalor's experience in the Richmond District Asylum, the Colney Hatch committee have discontinued the office of schoolmistress, "as the schools have been found to be en-

tirely a failure." There must have been some great want of skill in their management to justify such a sweeping censure. The Commissioners, in their report of their visit, p. 74, "regret that no kind of instruction is now given to the patients of either sex," and "hope that the committee will take this subject into their serious consideration." They certainly ought to do so.

Dr. Sheppard's contributions to the volume are marked by a thoughtful and independent tone. He evidently realises both the rights and duties of his office. With reference to the manifest want of ventilation throughout Colney Hatch, and which in the day rooms and galleries Dr. Sheppard has already done his best to remedy, in places where the windows do not open, by the introduction of air-gratings level with the floor, he observes (p. 78), "light and ventilation are two of the great desiderata in all buildings designed for hospitals or asylums, yet they are two of those things which seem to have been singularly overlooked in the construction of this great refuge for part of the insane population of the county of Middlesex. The ventilation of the various dormitories and galleries is one of those improvements which I have ventured to bring prominently under your notice during the past year, and you have been good enough to carry out my suggestions to a very considerable extent. More, however, remains to be done. By such measures calm and unfevered nights will be substituted for restlessness and disquiet."

We regret that the Commissioners' wise suggestion of a handsome detached chapel (which might with advantage be placed adjoining the cemetery) has not yet commended itself to Dr. Sheppard's approval. He should visit the West Riding Asylum, and see how well the new detached chapel there has answered. The present chapel at Colney Hatch is a miserable, gaol-like place, and to add galleries to it, as the clerk of the works suggests (everybody at Colney Hatch is allowed to make their crude suggestions in print on the Commissioners' well-considered report), would make it even more hideous and unsuitable for its purpose. It would make an excellent recreation hall, and enable the patients to have a large weekly ball, as they ought to have. Dr. Sheppard remarks on the great labour of preparing the large dining hall for a dance, "so that we are seldom able to avail ourselves of its extended area for recreational purposes." Another good reason for thus appropriating the chapel.

The Commissioners remark on the number of bedsteads having sackings without mattresses. Dr. Sheppard remarks that it is only the general paralytics and the worst epileptics who sleep upon sacking without mattresses, and "that such an arrangement is best suited to their comfort and protection, by admitting of an easy draining away of the urinal excretion." The Commissioners are again, we think, right in this matter. The number of sackings with the dirty plan of a drain in the crib, with a chamber beneath, strikes every superin-

tendent on his visits to Colney Hatch. We manage these matters better in the provinces, and give to every general paralytic and epileptic a good horse-hair mattress, protected by a Mackintosh sheet, and which, by careful changing during the night, entirely protects the mattress. The Colney Hatch canvass stretcher is not a fit bed for a general paralytic.

The Commissioners speak of the manifest improvement in the wards occupied by the better classes of patients. Mr. Marshall records a case of suicide, "the second case only that has occurred in upwards of ten years, during which period more than 2900 patients (female) have been treated."

The establishment is ample, and liberally paid. Thus there are twenty-five laundrymaids. The kitchens and stores at Colney Hatch are unrivalled, and the new medical superintendent sets to work as if he meant at last to place the male wards on the same footing.

Report of the Clonmel District Lunatic Asylum for the year ending 31*st December,* 1862.

Dr. Flynn dwells in this report on the heavy increase of his duties entailed by the new rules for the Irish asylums. He also bears testimony to the good understanding subsisting between himself and the visiting physician.

"Far be it from me to claim exclusively the credit, whatever it may amount to, of all that is good, or rather all this absence of evil. Much is due to the cordial and friendly co-operation of my colleague, Dr. Shiell, who, in the discharge of his duty as visiting and consulting physician, fully, freely, and honorably co-operates with me in every particular; and I attribute to this honest and upright conduct the good results that have occurred for many years in this institution."

Forty-fourth Annual Report of the Stafford County Asylum, 31*st December,* 1862.

Dr. Bower, in his report to the visitors, thus notices the steady mitigation of the severity of the symptoms of insanity under the non-restraint treatment:

"The above number of recoveries shows, in a satisfactory and gratifying manner, that the improved moral treatment of non-restraint, now believed to be almost universal, modifies in an extraordinary degree the most alarming and dangerous aspects of the insane, and tends largely to hasten their cure.

"Although the moral and intellectual faculties are either changed,

more or less perverted, or even lost for a time in persons affected with insanity, yet it is found that their mental powers are still susceptible of great improvement, and that they are even capable of appreciating, and behaving in accordance with, kindness and gentle treatment.

"No instance of punishment, or even of seclusion, has taken place during the past year, and the cheerful aspect of the patients, together with their willing and contented behaviour, fully confirm the beneficial result of this improved mode of treatment."

Sussex County Lunatic Asylum, Hayward's Heath.—Fourth Annual Report, 25th December, 1862.

The medical superintendent records the trial at Hayward's Heath of the cottage asylum system in its true form, with the home-life kept up by the patient living in and with a family circle.

"The success which has attended the trial sanctioned by the visitors, with the approval of the Commissioners in Lunacy, of boarding six of the quiet and convalescent female patients with two of the married attendants, points to how the erection by the county of cottages for these servants may serve the further purpose of extending the accommodation and means of classification of the asylum. If six such cottages were built on the estate, each with an additional room for three patients, the whole cost of each cottage would be defrayed by an expenditure which the cost of finding similar room in the asylum would alone equal; for such a cottage could be built for £150, including fittings, while no attempt at cheap asylum extension has hitherto provided beds in the house at a lower figure than £50 each. Of the benefit which a certain class of patients is likely to derive from this transfer to the healthier influences of home-life from the asylum wards, the medical superintendent entertains no manner of doubt. Indeed he believes that the present active discussion at home and in France and Germany of this question of cottage asylums, as a means of meeting the constant increase of lunatics in our public asylums, will result in its adoption on a wider and more ample scale than he has ventured on the present occasion to suggest to the consideration of the visitors, or than it has been thought practicable."

PART IV.—MEDICO-LEGAL CASES.

The Trial of Alexander Milne for Murder in Edinburgh.

THERE has recently taken place before the High Court of Justiciary in Edinburgh a trial for murder, in which the insanity of the prisoner was pleaded as the defence, and in the course of which several questions of great difficulty and importance were raised. We give a brief abstract of the trial, with a still briefer comment.

History of the case.—The facts of the case, as proved by the witnesses for the prosecution, were unquestioned, and were as follows:—On the morning of 7th January last Alexander Milne, an artist in hair, sent for a working jeweller named Paterson, whom he was in the habit of employing, and with whom he was on terms of intimate friendship. The message related ostensibly to matters of business. When Paterson entered the shop, about an hour afterwards, Milne (according to his own statement, immediately after his apprehension—there were no witnesses) said, "Now, what is this about my wife? What have you been doing with her?" Paterson answered with a derisive laugh, when Milne declared he could stand it no longer, and stabbed Paterson with a dagger in the left breart, inflicting a mortal wound. He had purchased the dagger that morning, possibly before, but more probably after, sending for Paterson. The wounded man escaped from the house into the public street, exclaiming, "I am stabbed," then staggered into a shop, became insensible almost immediately, and within ten minutes he was dead. Milne made no attempt to escape, but said to a gentleman who had come to Paterson's assistance, "The fellow has been poisoning my wife and my children. I have caught him in bed with my wife. I am suffering from poison too." He was quite sober, and his manner was such that this gentleman believed his statements to be true, and even looked to see whether the dress of the deceased was not disordered. When the police arrived, and Milne was pointed out as the murderer, he said, "All right, sir," gave up the dagger without resistance, and told the policeman that Paterson had been "putting poison in his drink for the last two or three days, in order to get his business and his wife," and that he had caught him with his wife two days before. He added, "I did not mean to give him much, but I meant to give him a touch."

The lieutenant of police, by whom Milne was examined immediately after his apprehension, gave the following evidence. Milne declared that—

"Paterson had intentions on his (the prisoner's) life. He said he had first become aware of that on the night after Christmas. On that night, he said, Paterson was having some refreshments in his (Milne's) room, when Paterson took out some mercurial stuff and filled the room with a dense gas; that he (the prisoner) felt a difficulty in breathing; that he saw Paterson take up his little daughter and put bits of paper in her nostrils; that he endeavoured for some time to look for his wife, and at last saw her at the other side of the room with Paterson on a sofa. I asked him, 'Was Paterson using liberties with her?' He answered 'Yes.' He said he could not call out or do anything—that Paterson had put poison in his drink. He had seen him put white, silver-like stuff, and small black stuff. Holding up his hand to me, he said, 'See, I am poisoned. My whole body is poisoned!'"

The existence of these delusions was confirmed by Dr. Littlejohn, the surgeon of police, who further proved that when the prisoner was asked what Paterson's behaviour to his wife had to do with the murder, "he said that when Paterson called on him, he accused him of tampering with his wife, and that in reply to that Paterson said, 'Ah, ha! ah, ha!' Milne then added—'I then struck at him with the knife.'"

But when the prisoner was visited by Dr. Littlejohn next morning he gave a very different explanation. The following is the doctor's evidence on this point:

"He knew me perfectly well, and spoke to me in answer to questions I put to him. I asked him if he had anything further to say about yesterday's business, and he said, 'It was entirely a mistake if Paterson was wounded.' He was about to explain the manner in which he wounded Paterson, when I warned him not to say anything till he appeared before the magistrate; but he persisted in proceeding, and he remarked that the wounding of Paterson was entirely a mistake, as at the time he was aiming at a place in the post at the top of the stair leading from the back shop. He said he was in the back shop when Paterson called, and while playfully sticking the knife into the post, asked Paterson in, and accidentally stabbed him while aiming at the post. His conduct on the 8th was more firm and collected than on the previous day, and he exhibited none of that hesitancy which he formerly manifested. I attributed that to a quiet night's rest."

When taken to see Paterson's body, the prisoner was much affected, and wept. In his voluntary declaration before the magistrate Milne mentioned his intimate friendship with Paterson, makes no allusion to the suspicions or jealousy formerly expressed, repeats the explanation of the wound just quoted, and adds—"The intention of murdering Mr. Paterson, or of injuring him, never entered into my head, and the fatal occurrence was entirely accidental."

The plea of insanity was based on the following facts, which were established by the evidence :

Since his bankruptcy, in 1860, there has been a marked change in Milne's character and disposition ; his habits have become intemperate and dissipated, and he is liable to occasional outbursts of violent passion.

On Christmas last he had a supper party in his house, where his conduct was very peculiar and absurd, so as to alarm his guests, and cause Paterson to remark, "He's a strange man—he looks dangerous;" but on this occasion he was partly under the influence of drink.

On the 5th of January, two days before the murder, Milne sent for Dr. Sidey, because "he felt unwell, and suspected poison had been put into the water." Dr. Sidey attributed his illness to excessive drinking, for which he reproved him, and, having prescribed a camphor mixture, declined to visit him again. He stated in his evidence that Milne was then calm and intelligent, that he was not in delirium tremens, and that he had no appearance of insanity. But Milne's daughter declared in her evidence that she brought the mixture from the chemist soon after the doctor left, that Paterson was in the house on her return, and that he took up the bottle and smelled at the cork without taking it out ; that when Paterson left, her father said he had put poison in it, and that he would not take any of the medicine till she brought another bottle of it from a different chemist ; that her father said he and she also had been poisoned with quicksilver by Paterson.

Another witness stated that when he was putting up the shutters of Milne's shop, on the evening of that same day, Milne came to the door bareheaded, and looking out into the street as if he saw somebody, said to him, "Whist, don't you see the robbers ? they're planning to break into the shop." He looked very wild and strange, said they were trying to poison his wife, his family, and himself, and bade the witness "watch them."

On the next day, the day before the murder, he ordered from a blacksmith a strong iron bar for the back of the door, as he suspected the shop was to be broken into. While the blacksmith was at Milne's shop about the bar, Paterson called, but Milne forbade him to enter, and said to the blacksmith, "I am suspicious of him and another." He afterwards added, pointing upwards as he spoke, "there is a spirit I use which enables me to see what other people can't." On the same day he told another witness who lived next door to him, that he knew an attempt had been made to break into his shop, for the spirit had told him so. On this day also he took a quantity of jewellery, part of his most valuable stock, to an auctioneer, and placed it in his safe, because robbers had attempted to get into his shop during the previous night, and were to be back that night

again, and he knew he would be robbed and murdered. All those witnesses agree in stating that Milne was on this day calm, serious, and not under the influence of drink.

On the morning of the day of the murder Milne went again to the auctioneer's rooms to get him to value his stock. He said there, that his wife and another man had been attempting to poison him, that "he had caught the man shaking a powder into a tumbler of water which he was about to drink," and that he wished to dispose of the stock in his shop. The auctioneer had no doubt he was wrong in the mind at the time, and did not go to see his stock, as he did not consider that it was safe to go near him.

Two fellow-prisoners gave evidence as to behaviour in jail. To those he frequently repeated his delusions about the poisoning, the robbers, the vapours, the seduction of his wife, and the conspiracy to murder his wife and children. When he spoke of Paterson, it was always in the most friendly way. He said too, that he had seen Paterson in his cell, and that he was not dead, but locked away by the police. He very often spoke of his having stabbed Paterson, and always described it as entirely an accident. He never connected it with his delusions about him.

The medical testimony of Professor Christison, Dr. Smith, of Saughton Hall Asylum, and Dr. Simson, surgeon to the prison, attested the existence of all these delusions on the three several occasions on which they had visited him in jail—that Paterson had given him a poisoned cigar, and had blown a vapour through the room—that poison had been put in his drink—that Paterson and other two of the guests at the Christmas party had formed a conspiracy to rob him, and that Paterson had seduced his wife; also that, two days before the murder, he had seen the words "Robbers to-night" on the wall of his room, and that Paterson and another man had come dressed as policemen to rob his shop, but he had recognised them by their voices. The medical witnesses further attested that Milne had never explained or justified the stabbing of Paterson on these grounds, but persistently and consistently explained it as an accident; it was only by inference that they could connect the homicide with the delusions. They agreed in testifying that he was not labouring under delirium tremens—that he was not feigning insanity; and that he was under the influence of these delusions at the time he committed the deed.

The cross-examination was directed chiefly to the fact, that the prisoner had denied that the deed was intentional and revengeful, had not attempted to justify it on the ground of Paterson's conduct towards him, except immediately after his apprehension, and that next morning and always thereafter he had declared it to have been accidental. It was argued that this invention of another story to explain away something alleged to have been done under the influ-

ence of a delusion was quite inconsistent with the idea of his insanity. The unusualness of such conduct in the insane was admitted by all the witnesses, and they were asked for parallel cases in vain, except that Dr. Smith said, it was frequent in smaller matters (of which he gave an illustration), and that he thought cases similar to Milne's could be found.

The Crown counsel said, in addressing the jury, that he could discover nothing in the case but "evil passions aggravated by vice which diminished the power of resisting them," and ascribed all the alleged insane conduct and ideas to the "nightmare dreams" and shattered nerves of a drunkard. He showed that the prisoner was conscious of the crime he had committed and of the punishment it deserved, for the first thing he did was to justify and palliate it. He also insisted that the explanation Milne had invented, that the wound was purely an accident, because Paterson was one of his best friends, was utterly inconsistent with the notion that he at the same time believed that Paterson had tried to poison and rob him and had seduced his wife. He informed the jury, quoting Baron Hume, that the law required "absolute alienation of reason" before it could admit insanity as a defence; and he asked the jury to affirm by their verdict that Milne was not insane now nor at the time of the deed, and that that deed was nothing less than murder.

The prisoner's counsel urged that insanity had been unquestionably proved by the evidence, and reminded the jury that its existence and not its cause was what concerned them; that they were not there as censors of a vicious life; and "that probably at least one half of the patients confined in our asylums have been brought into a state of insanity by one vicious practice or another."

The presiding judge summed up the case in an admirable and impartial charge, and after an hour's consultation the jury found the prisoner guilty of murder by a majority of nine to six, but recommended him to the mercy of the court on the ground of their divided opinion. The minority of them believed the prisoner to be insane.

Remarks.—The medical evidence and the verdict require a word of comment. As to the former we are at a loss to understand how the question of the repudiation of a delusion by a monomaniac came to be introduced. The case of Milne was a typical example of that special form of insanity which intemperance produces, and certainly not one of monomania. He had hallucinations of seeing and hearing spiritual revelations, and groundless suspicions against others as well as his victim. The repudiation of a delusion even by a monomaniac, although rare, is not unexampled. We know a monomaniac who believes she is to be married to a gentleman who is an entire stranger to her. She seems to think of nothing else, and is constantly talking about him, but on several occasions and for several

days at a time she has ceased to speak about him, said it was a delusion, and that she was sorry she had ever taken such a notion; in a few days, however, the idea is avowed as strongly as ever, when she finds the repudiation of it does not procure her discharge from the asylum.

The repudiations of delusions in ordinary mania, and the denial or explaining away of misdeeds done under their influence, are things of daily occurrence in every large asylum. Milne's insanity at the time of the homicide is, therefore, not disproved by his subsequent explanation of it as an accident.

The verdict was certainly not according to evidence, but what it should have been is a difficult question, and the difficulty seems in great measure owing to the condition and administration of the law as to the criminal responsibility of the insane. Its administration is inconsistent and uncertain;—*inconsistent*—because the accused never present that "absolute alienation of reason" which the law demands, and are usually acquitted on certain proofs of *any* delusion being given; and *uncertain*—for a jury has often acquitted on the ground of insanity and for less proof of it than was given in the present case. The state of the law itself is *unworthy of our present knowledge of mental disease*—for nothing is more certain than that the great majority of the insane are conscious of right and wrong, of the nature of their actions and of their legitimate consequences, and are, therefore, the present letter of the law says, fully responsible. That all are *to some extent* responsible, conscious of their conduct and amenable to reason or reproof, explains how an asylum can be managed by a staff of officials which is not more than the twelfth part of its population; it seems highly desirable that the law should recognise that insanity is, like all other diseases, a thing of degree, and that the responsibility of the insane is a thing of degree likewise, and should regard the insanity which modifies without destroying responsibility as a palliation of a crime, but not necessarily an exculpation. It seems strange that the public, which so often scouts at the defence of insanity, and convicts in spite of it, should be so ready to admit any kind of insanity when proved to its satisfaction as a complete shield from punishment. Milne's case seems a perfect illustration of this view. The evident source of the insanity in dissipation persisted in in spite of repeated warnings, the uncontrolled fits of passion, the deliberate design, the immediate excusing of the deed, the invention of another explanation, and the utterance of certain delusions in prison which the medical witnesses regarded as fabrications, seems to us when taken together to indicate a degree of responsibility which implies guilt—not the guilt of murder certainly, but the guilt of brutalizing himself by intemperance so as to impair his mind, and not using the reason which remained to him so as to prevent him murdering his friend. We think that

culpable homicide would have been the proper verdict, and that practical justice to the community demanded nothing less. Let the court adjudge the amount of punishment as is usual when this verdict is given, and let it vary with the degree of responsibility. If in the case of Milne this had entailed imprisonment for life, it would have been a righteous sentence; and should further developments of insanity render him an unfit inmate of a prison, the law provides for his transference to an asylum.

There is another important aspect of the case. Surely this man's friends, who knew his condition and remarked to each other that he was dangerous, are blameworthy for not placing him "under care and treatment" before he killed his friend. Yet, if Milne had chanced to prosecute them, those who signed his certificates would have been exposed to a vexatious and expensive lawsuit, and to the cordial malediction of that public for whose safety they had interfered. It is not to be wondered at that many medical men are now declining to sign certificates of lunacy in any case whatever.

D. Yellowlees, M.D.

[We are glad to add that, since the above was written, the sentence of death has been commuted to penal servitude for life.]

Regina v. *Fooks. Dorset Spring Assizes,* 1863.

We record below a summary of this important trial. It will be seen that the evidence of the existence of mental disease was supported by Dr. Harrington Tuke, who was employed as an *expert* in the case. In spite of his convincing testimony the prisoner was sentenced to death. The 'Times' of to-day (March 28) informs us that this sentence was executed on the 27th inst.

The history of the case, as given in evidence, shows that for the last sixteen years the prisoner had been the subject of mental disease. "Eight years ago," his niece deposed that "he had nervousness of the head and pain in the stomach; if we looked at him and smiled he would say we were laughing at him;" that "his manner was strange, and he held his head and complained he could not bear it;" that "he got much worse, and became very strange, advising her to leave him, as it was not safe for her to stay, as he fancied he would shoot some one;" "proposing to blind up the windows and do without food for a fortnight;" and then, like a case of incipient mental disease, forgetting both these orders and his plans of starvation. Then, two days before the deed, his niece leaves, "afraid of him," he telling her to stay and "not take notice of a crazy man," and "wishing the windows facing the street stopped up, because people listened."

The medical evidence of Dr. Smith, of Weymouth, went to show that, from 1846 to 1862, he had been more or less under treatment

for nervousness. In August, 1862, he said "the devil was inside him, and he wanted something to drive it out," &c., &c.

Lastly, Dr. Tuke's evidence—given with great honesty—shows the prisoner as denying his imputed insanity, and yet expressing delusions regarding his victim, "that he was always scoffing and mocking at him," that "he was once told an acre and a half of his fields had been planted with docks, and sure enough there it was, and Stone might have done it," &c., &c.

We never met with a better marked case of monomania, taking its beginning in emotional perversion, passing on to delusions bearing on the patient himself, and being complicated with homicidal and suicidal tendencies. The hopeless ignorance on all that relates to mental disease, in the legal mind of England, from the Lord Chancellor down to Mr. Serjeant Shee (who tried this last case), has prepared us both for the result and for the judicial summing of the evidence. It is the old foolish story, that if a man has insane delusions, and yet if at the time of the act he knew the nature of the act and its consequences, he is guilty. The presiding judge only laid down, we admit, the law, and on the law the lunatic was convicted. It is against the dangerous ignorance of morbid mental conditions which the law thus evinces that we desire again to record our protest. A monomaniac with perverted emotions and homicidal tendencies cannot, says science, control his conduct, and cannot therefore be held responsible for his acts. The law says he can and shall be. The issue lies thus in a few words. If the theories of the law are to continue to displace the patient study of disease, let the burthen of the consequences rest with our lawgivers and judges. At the same time let the world know how entirely those best competent from education and study to judge of morbid, mental phenomena differ from the legal dicta on insanity which again at Dorchester has sentenced an irresponsible lunatic to the utmost penalty of the law. The lunatic Fooks was executed at Dorchester on the 27th of March.

SUMMARY OF THE CASE.

Charles Fooks, described as a farmer, was indicted for the wilful murder of Daniel Joseph Stone, at Walditch, on the 29th of August. This case has excited the greatest interest in this and the adjoining counties, and the evidence is important.

Mr. Collier, Q.C., and Mr. Prideaux were counsel for the prosecution, and Mr. Coleridge, Q.C., and Mr. Stock for the prisoner.

Mr. Collier opened the case. The prisoner was a farmer, living at a village called Walditch, about a mile from Bridport. He occupied a good position in his parish, was overseer and way-warden, and was a bachelor. The unfortunate man into the cause of whose death they had to inquire was a first cousin of the prisoner, and they were near neighbours, living about 100 yards apart. Unhappily these near relations and neighbours could not agree. What the original cause of their dissensions might have been he was not informed; it might have

been trifling—but sometimes trifling causes led to great animosities. But he understood it would be shown to them that the prisoner, for some reason or other, entertained feelings of strong hostility against his cousin. Efforts were made by the neighbours to reconcile them, and he was informed that the prisoner refused, and that he had used expressions, which had better be detailed to them by the witnesses than by him, showing a violent feeling of animosity against his cousin. He had now to call their attention to the 29th of August. On the morning of that day, about 7 or 8 o'clock, the prisoner was standing at his door, which led into the street of the village. He was standing there with a gun in his hand. The deceased, Daniel Joseph Stone, passed by at the time within a short distance of the spot where the prisoner was standing. Whether the prisoner intended to waylay Stone, or whether, as was the more charitable supposition, and which he should wish to adopt, he had no fixed intention, but having a gun in his hand, and the opportunity presenting itself, he was unable to restrain his vengeance, it would be for them to consider. He was told that a witness saw him put the gun to his shoulder, take a deliberate aim, and shoot Mr. Stone; he shot him in the back of his head. Stone immediately fell. He only breathed once or twice. The neighbours came to his assistance, and he was conveyed to his father's house, and shortly afterwards died. Upon this the prisoner returned to his own house. He went up stairs and locked himself into his bedroom, and in a few minutes afterwards another report of a gun was heard from his room. Attempts were made to open the door, but at first without success. A person climbed up to the window and saw the prisoner lying on the floor. The door was then broken open, and the prisoner was found on the floor sensible, but wounded. A gun was lying close by him, of which one barrel would appear to have been recently discharged. The other barrel was not discharged, but was loaded with powder only. So it would appear that after he had shot Stone he had returned inside the house, and had loaded one barrel of the gun again, but whether merely with powder he could not tell. Whether he attempted suicide or whether he pretended to commit suicide he could not tell. They would hear the medical man examined, and his statement might throw further light upon the subject. The neighbours came in and rendered what assistance they could to the prisoner. An inspector of police was sent for. When he came, he cautioned the prisoner to be careful in what he said. Notwithstanding this caution the prisoner used words to this effect:—On being told that Stone was dead, the prisoner said, "Yes, suppose he is. He has been teasing me for long; he has made me very nervous for the last month." Upon another occasion he had said that he understood and wished that Stone was dead. These were the facts of this most melancholy story. They had in the case an eye-witness to depose to the fact, which was not usual in cases of this description. So far as he could judge, it would seem that the prisoner had some cause of complaint, whether real or imaginary, against Stone, and, instead of endeavouring to check his feelings of animosity, he appeared to have indulged them until they became too strong for him, and having a murderous weapon in his hand, and the opportunity presenting itself, he yielded, one would hope, to a sudden impulse, and not to a premeditated design. It was a very sad fact that these were two young men who ought to have been on terms of friendship quarrelling about mere trifles. One had been sent to his account without any warning, the other stood before them upon his trial for his murder. This was the case they had to deal with, which would tax their patience and sympathies, though at the same time their sense of duty. If upon hearing the evidence they had any reasonable doubt as to the guilt of the prisoner, of course it would be their duty to acquit him; but if, on the other hand, the case was too clear, as he thought it would it be, that the prisoner was guilty, it would be their duty to the public to convict him.

Evidence was then given of the prisoner having put his gun to his shoulder

and shot the deceased; that the prisoner went into his house, that a shot was heard, that the door was broken open, and that the prisoner was found lying on the floor with a wound in his lip and temple. The prisoner said he had teased him long enough, and he hoped he was dead; that he had made him very nervous for the last month. Endeavours had been made to induce the prisoner to shake hands with Stone, but he refused, saying he never would.

Daniel Read, examined by Mr. Collier.—I was managing clerk to Mr. Templer. I live at Walditch. I have known Stone and Fooks for eight years. At the time of this occurrence Fooks was overseer of the parish. I have seen him and Stone together. Q. On what terms did they appear. A. Not on friendly. I saw them last together about two or three years ago. Q. Have you ever heard Fooks say anything about Stone? A. He said if ever he caught him on his premises he would shoot him as he would a rook. (Sensation in Court.) Q. What time was this? A. About ten or twelve months ago. I do not know exactly. I remember at a vestry meeting held about three years ago, (1861), I said to them, "Now you be friends and shake hands with each other." Fooks said he would not. Stone I don't think said anything. He left and went away. They did not shake hands.

Cross-examined by Mr. Coleridge.—I have known Fooks for the last eight years, but more intimately these three or five years. I have spent one hour in his company each day in the week. Q. Have you heard him complain of pains in the head? A. Yes; he complained of pains from some disease in the chest. He would put his hand to his head, and say, "Oh! dear; I don't know what I am saying to you or you to me." He has said it on many occasions. Q. Has he complained that his head was so bad he did not know what he was about? A. Not those words. Q. But substantially? A. He has said what I told you. Q. Has he said it often? A. No, not often. He told me he had been to Dr. Smith's, of Weymouth, but said he did not get much good. He is a man of very nervous temperament, and very soon excited. Martha Hallet, I believe, was present when he said he would shoot Stone. On many occasions he has fancied Stone has been listening under his window, and has many times said to Martha Hallet, "Close up the shutters, as I fancy Stone has been listening. I believe it was on another occasion he said he could shoot Stone. I have heard him say he would not mind shooting a dozen men. I said, "Do you know what the consequences would be?" He replied, "Perhaps I should shoot myself." Q. Do you recollect his asking you to devise some plan to shut the windows? A. Yes. When he fancied Stone was listening, he said, "Do you think I could shut up these windows and have them at the back of the house?" I can't say whether he thought people were laughing at him. A great many of these things happened while Hallett was there. Q. Do you recollect once the dogs barking? A. Yes. Q. Did he send Martha out to see what the dogs were barking about? A. Yes. Q. Did she come back, and the dogs still keep barking? A. Yes. Q. Did he take a double-barrelled gun, and say he would see if any fellow was lurking about there? A. Yes. Q. Did he say if he found any fellow he would shoot him? A. Yes; and he went to the back premises. Jane Fooks lived with him about twelve months. Hallett left the day before Stone's death. I wanted Fooks to come and see a man named Brown with me. He said, "You give my love to Brown (which I thought odd), and say my head is so bad I can't come." This was the Sunday previous to the murder.

Re-examined by Mr. Collier.—I do not know if he lost his seat at church two years ago. The affair of the dogs took place about three months ago. It was dark. Q. Did Stone ever laugh at him? A. Not to my knowledge. Q. Did the disease in the chest incapacitate him from attending to his duties as overseer? A. Well, he has not acted for the last two years. He has been appointed, but I have made out his accounts for him. I am a better accountant

than him. Q. Did these headaches affect his general capacity? A. I can't say that they did. Q. On ordinary occasions when you talked of ordinary matters, did he understand what you said? A. Perfectly.

Mr. Hay, a surgeon, gave evidence as to the effect of the injury which had led to the death of Mr. Stone; there were several gunshot-wounds in the head, which had caused the death. He then went to the prisoner, his lip was blackened and torn; the left eyebrow was blackened. There was a large scalp-wound, which was also blackened; his pulse was quick, but weakened. He was much excited; he said he hoped he should soon be in heaven, and hoped to meet witness there. He then said he had been slandered, and, "See what comes of annoying a nervous man." In ten minutes he became calmer.

Cross-examined.—I had attended him before, many years ago. He had his room fastened up with blankets and carpets to keep out the air. It was contrary to my wish. Air would have done him good. It was seventeen years ago.

Mr. Coleridge then addressed the jury on behalf of the prisoner. They had listened very attentively to the case his friend had placed before them, and he knew that he should not ask in vain for an equally patient attention to that which it was his duty to lay before them for the prisoner. The case commanded attention, for he did not know that it was ever his lot to be engaged in one in which the facts were sadder. The tale told them was one in itself sufficient to move deeply the heart of any man endowed with the common feelings of humanity. Here was a young, blameless, good-natured man, smitten suddenly out of this world into another in the very face of day, in a quiet village street, going to his early work, with his neighbours all about him, and by the hand of a man nearly related to him, and to whom he had never wished or done the smallest evil or the slightest injury. And the man who had done this deed rushed off at once to his own room, and there made an attempt upon his own unhappy life with the very selfsame weapon, and he was only saved from self-destruction by the providence of God, who brought him here this day to stand at the bar to receive at their hands the full and just measure of his act. Certainly the facts were plain enough, for he had not offered to alter them by cross-examination; so he should not make an attempt to mitigate or extenuate them, He should insult their understanding if he were to attempt to dispute the facts, or justify the act, or attempt to explain it away. It was perfectly plain that the gun was discharged, and it was perfectly plain that Stone died from that discharge. It was perfectly plain, further, that if this were an ordinary case these facts would amount to murder, and that the prisoner must die. But this was not an ordinary case, and the defence which he had to present to them was happily not an ordinary defence. It was a defence consistent with all his friend had opened, and it was a defence which, if they gave credit to it, was as simple, as clear, as short, and as conclusive as the case which his friend had presented to them on behalf of the Crown. It was that, although the act was done, which he was not there to dispute, it was not done by the prisoner when he was in a state of mind that made him responsible for the act; that he was in that state of mind that he was just as much or more the object of pity than the unhappy man who had been sent to his account, and that he was entitled at their hands to that protection which the law of England gave, and was bound to give, to persons whom it had pleased God, in His own mysterious will, to visit with the calamity of insanity. The learned counsel then proceeded to submit what were the principles which the Courts had laid down for the regulation of juries upon the question of insanity, and he cited the cases of Hadfield, for shooting at George III; of M'Naughten, for shooting Mr. Drummond; of Greensmith, who had murdered his four children; and of Mr. Tuckett. He should call witnesses who would prove that the prisoner had been labouring under delusions that Stone had laughed at and jeered him. He

should call medical men who devoted themselves to the subject of lunacy, and who would give the jury the result of their experience, and state that, in their opinion, the prisoner was and still is insane. He thought that after hearing the evidence he should adduce they would feel themselves bound to acquit the prisoner, on the ground that at the time of committing this act he was in that state of mind that he was not responsible for his conduct.

Martha Hallett.—I am the niece of the prisoner. I lived with him fifteen years. My mother, three sisters, and two brothers went to live there first. They went away at different times. I remained with him. About eight years ago he had an illness—nervousness in the head and pain in his stomach. If you looked at him and smiled, he would say you were laughing at him. His manner was sometimes rather strange. From that time until this happened he suffered at times from pains in the head and nervousness. He has said he could not bear himself, and put vinegar on his head. He was very fond of shooting; he would shoot when the dogs barked. I have known him shoot out of the front door in broad daylight. He got very much worse before this happened. He was very strange sometimes. He told my stepfather to take me home, as it was not safe for me to stay, as he fancied he could shoot any one sometimes. He said he wished to stay alone, that he might blind up the windows, and stay by himself. I asked him what he should do for his food, and he said he could do without any for a fortnight. He said he would as soon kill anybody as kill a cat. He said he did not wonder at people committing suicide, as he fancied he could do the same; if he killed any one else he should kill himself after. He said I must not tell what he had said, or they would take him to the asylum, as there were hundreds not so bad as him taken there. He said he should not mind shooting Stone more than a cat, and he should shoot himself afterwards. He said he fancied he must kill every one he saw. He said he had heard Stone wanted to drive him out of the parish, but if he did he had only one more to drive, and that was the devil; that if Stone passed by the window he would soon pick him down. He came to her in the garden and said she had been talking to Stone. She had not spoken to him for two years. He said she should leave, but afterwards he said she must stay and not take any notice of a crazy man. He frequently said she was talking to Stone. He said if his own relations could not put up with him he did not know who could. I left the day before the murder. He was much worse than that he had been. I felt rather afraid of him.

Cross-examined.—He managed his farm himself, and kept two men and three boys.

Jane Fooks, niece of the prisoner.—I have seen him from time to time, and I went to live with him three years ago. His behaviour was very kind to me. I left for a time, and returned the beginning of last year. He was then very kind at first. He complained of pains in his stomach and head, and was very nervous. He said if any one annoyed him he fancied he could shoot them, and he mentioned Mr. Stone for one.

Cross-examined.—No doctor came to see him. He sometimes got into a great passion, and it was when he was in those passions that he said he could shoot any one.

Thomas Humber.—The prisoner had complained to him of his head. He said he could shoot anybody if he was up in a passion.

Dr. Smith, of Weymouth.—I have from time to time attended the prisoner from 1846. He was in a state of debility and considerable nervousness. I considered he suffered from indigestion. He generally consulted by letter. He refused to consult a medical man on the spot. He came about twice in a year, until the commission of this act. He said he felt a burning heat in the stomach, and at the last interview he said the devil was inside him, and he wanted something to drive him out. This was in July or August last. He said he was

low and fit for nothing. On the last occasion he said he would rather drown himself than live in such torture. I went to see him on the 29th of August. I saw the large wound on his forehead. I asked him what induced him to commit so dreadful an act. He said he supposed he was not right in his mind, but he would shoot a hundred men under such aggravation. He said he had been traduced, and all had been going wrong for some time past—wrong, wrong. In July he said he had all sorts of queer feelings, which made him almost ready to drown himself. I told him it was very wrong for him to use such language, as he had much to be thankful for, as he had plenty, and no one to control him. He said that was right, but he was not so well off as he was, that he could not get about as he could, that he was all confusion, and could not settle anything "as he used to do; but you will soon set me right, and I want stronger medicine."

Cross-examined.—The burning in the stomach might be heartburn.

Stephen Hawker.—I saw the prisoner shortly before this happened. He complained that he hardly knew what he was about, and that he could not govern his temper, and that he could shoot me as well as he could a dog or a cat.

Dr. Tuke, examined by Mr. Coleridge.—I have given a good deal of attention to lunacy for twenty years; among other places at Hanwell Asylum. Yesterday I had a conversation with the prisoner for about three-quarters of an hour. He talked pretty well for some time, but rather feebly. He received it as an agreeable visit, and laughed several times. I told him I was a mad doctor, and had been sent by his friends to see about the state of his mind; but he paid more attention to the surgeon of the gaol and governor than to me. He said he knew the position he was in and how dreadful it was. He said he saw Dr. Smith sixteen or eighteen years ago, and had seen him at intervals ever since. He had suffered from terrible pains in the head, and he was very bad in his inside too. I told him I thought his inside seemed very well then, and he said that I was wrong—that he still had pains in his head and stomach, and Dr. Smith told him that he had no coat to his stomach at all. I asked him about his unhappy attack on Mr. Stone. He spoke freely about that, and said he never thought he should have hurt anybody. I asked him if he thought he was insane at the time—deranged—that would account for it. He said, "Oh no, no, sir, I baint mad." I asked him if Mr. Stone had injured him in any way. He said, "No, not exactly that—he was always mocking and scoffing at me, and spreading reports to take away my character." I pressed him for an instance. He said he did not know how or when he spread these reports, but he knew he did it—that people had given him hints, but he could not say when or what people, though I pressed him. At the close of the conversation, in about half an hour after, I came back and pressed him how Stone had offended him. He said, "He was always taking away my character—always jeering at me." He was trying to remember something, and he then said, "I was once told an acre and a half of my field had been planted with dock, and sure enough there it was, and Stone might have done that." I asked him if he had any reason why Stone had done it, and he could give no reason but that he might have. He said he did not shoot him for that, but for taking away his character. He thought Stone might have listened at the window; but he did not even remember saying he did. He was very unwilling to talk about people laughing and jeering at him, but said he supposed he must answer me. I asked him where he saw Mr. Stone, and he said he saw him from the window coming up the road—that he felt all in a "dayze"—that he snatched up a loaded gun, ran down to the door, and at once discharged it at Mr. Stone. The surgeon, Mr. Good, here asked him if he was aware of the dreadful nature of the thing he had done. He said, "Lord bless you, sir, I thought no more of it than shooting a rabbit." I spoke to him about committing suicide, and he said, "I can't bear to talk of it." He

became calm after, and talked of it with great freedom. We spoke of how many barrels he fired, and he talked of it as a question quite foreign to him. He said he put one of the barrels into his mouth—that he found he did not kill himself, the barrel containing only wadding and powder. He therefore loaded again, and he then fired at his own head. In answer to my question he could not give any reason for this attempt at suicide, as he would not have killed himself for all Dorchester—that he felt himself quite "losed." He said the neighbours used to scoff and jeer at him, but he did not know why. He said he sent away two boys at haymaking time because they mocked and scoffed him. He denied ever talking to any one about suicide, and on my pressing him he said, "Dr. Smith says I did, and I suppose I did, but I do not recollect." His manner during the whole time, his asseverations of the neighbours scoffing and mocking him, especially Mr. Stone, and this being a common delusion among insane people, left no doubt on my mind that Mr. Fooks is at this minute of unsound mind; that he has homicidal and suicidal tendencies which come on periodically, which is the natural character of the disease. The particular form of the disease under which I believe Mr. Fooks suffers renders nugatory any efforts of self-control, and I do not believe him responsible for his actions. [Mr. Collier.—Dr. Tuke, you must know that is a question for the jury.] Esquirol is a first authority in lunacy. I perfectly agree to the passage read. This form of insanity is by no means uncommon.

Cross-examined.—I believe in an irresistible tendency to kill, founded on a disease of the brain. A man being mad may have a tendency to steal. I do not believe in kleptomania, pure and simple. There may be a fixed idea that everybody is laughing at and jeering him. The prisoner said all his neighbours did so.

Re-examined by Mr. Coleridge.—My judgment in this case is formed upon the whole together.

The Judge.—Could you say, as a man of science, that a man who, for the last three years, had been in the constant use of fire-arms, and never attempted homicide before, is under the influence of a homicidal mania?

Witness.—I would not. In this particular case, the homicidal tendency came on in paroxysms. There appear to have been three marked paroxysms; one sixteen years ago, another eight, and another six months ago. During that time—the last five or six months—I am surprised that he did not kill any one, but before that the exacerbations did not appear.

The Judge.—You have heard all the evidence in this case. As a man of science, from what you have seen of the prisoner and what you have heard of the case, can you undertake to say that when he raised the gun against Mr. Stone, he did not know it would kill him?

Witness.—I am sorry to say I think he did know it would kill him, but I think he pulled the trigger against the natural and healthy promptings of the mind—that he could not control himself. I have seen patients of my own exclaim with regret against their tendency to suicide, and immediately after attempt it.

The Judge.—From what you have heard of this case and seen, can you, as a professional man, with due regard to the solemnity of your oath, say that, in your opinion, at the time he fired that gun, he did not know that what he was doing was wrong?

Witness.—I have the greatest difficulty in answering that question. He certainly knows it is wrong now. But, on my oath, whether he then knew it to be right or wrong or not, he was under an uncontrollable impulse.

The Judge.—That is, an homicidal mania beyond his own control?

Witness.—Yes.

To rebut this testimony Mr. Collier then called—

Mr. Good, surgeon at the gaol, who said—I have frequently seen the prisoner since September 4th. I have seen him lately twice or three times

a week. Q. In your judgment is that man insane? A. I have had no opportunity of seeing anything that would justify my saying he is insane. Q. You said you had seen him three times a week; did you converse with him? A. Frequently. Q. In the course of those conversations did you observe any incoherency? A. None whatever. Q. Did you see anything that would indicate insanity? A. Never. Q. Have you ever discovered he suffered under any delusion? A. No.

Cross-examined by Mr. Coleridge.—I have not read Esquirol or Pritchard, but I have Taylor. My principal study of mania has not been obtained from books, but from common sense. Q. How far do you push common sense? A. When you converse with a man I do not think much professional skill is required. In the course of a long conversation you might arrive at the truth. Q. Have you made a prolonged investigation into the state of his mind? A. Yes; as far as my abilities would allow. Q. What made you enter upon that? A. Public rumour. I had heard there was supposed to be something wrong about him. Q. How did you proceed? A. By watching narrowly and talking of his daily routine of life. Q. That's been the general topic? A. Yes. I have not seen any of his family, nor any of Mr. Stone's. I don't know any of the people in the parish. I had not recourse to any other persons to know what were the points upon which he was wrong.

Re-examined.—Is there any reason why common sense should not be applied to the scinvestigations? A. It's the first rule. Q. Supposing this man had been mad, do you think it possible it could have escaped your observation? A. I should think it very improbable.

By the Judge.—I have never seen him excited in the prison.

Mr. Curme, surgeon, examined by Mr. Prideaux, said.—I have been in practice since 1829, in Dorchester. During the absence of Mr. Good, I attended the prisoner from September 19 to October 7. I saw him every day, for two or three minutes. I conversed with him, but not to any great extent. Q. During the whole time you visited him, did you see any indication to suicide? A. No. Q. To homicide? A. He had always two warders with him.

Cross-examined by Mr. Coleridge.—I imagined and understood the reason he had two warders was because he had a tendency to suicide. All knives were kept from him. In the presence of the warders and in the absence of instruments it might be difficult to manifest the homicidal tendency, but not impossible. I have not given much attention to this. I have read Taylor and a little of Casper upon insanity.

Re-examined by Mr. Collier.—I do not know that when a man has attempted suicide it is a regulation of the prison for two warders to be with him. I have conversed with him, but never discovered any symptom of insanity.

Mr. Coleridge then addressed the jury on the above evidence, strongly commenting on the evidence of Mr. Good and Mr. Curme as against that of Dr. Tuke, and the necessity there was for special study before giving opinions upon such questions as this. Was it creditable, he asked, for a gentleman like Mr. Good to come here, on a matter of life and death, and say it was to be settled on the principles of common sense. In one sense it was, and one of the first principles of common sense was that difficult, subtle questions ought not to be pronounced upon except by men who had taken some trouble to acquaint themselves upon the subject. He also urged upon the point that Mr. Good had not endeavoured to acquaint himself with the special ground upon which the man was insane. Did he not know that, unless he had a key to the man's delusion, he might talk on ordinary matters with the greatest clearness? He also read the passage from Esquirol, maintaining that it exactly coincided with the facts proved in this case.

Mr. Collier then replied upon the whole case. He said they had heard from his learned friend two very able and zealous addresses, and whatever the verdict might be, neither the prisoner nor his friends would have anything to

complain of. His duty was not so anxious or so arduous. He represented no particular client. He represented the crown and public justice, and God forbid he should attempt to wrest a verdict by any perversion or misrepresentations of evidence, such as were sometimes resorted to at *Nisi Prius*. The main facts of this case are unfortunately too clear. It was too clear that the prisoner shot the unfortunate man; he was afraid it was too clear that, when he raised the gun to his shoulder, he knew he should kill him. He was afraid it was too clear that he had a grudge against him of long standing, and that on one occasion he went so far as to throw a stone through the hedge at his cousin. When his learned friend said he should prove evidence of insanity, he was in hopes that it would be such evidence as would enable him to withdraw from the case; but it was such that he did not feel at liberty to do so. In M'Naughten's case certain questions were put to the judges by the House of Lords, and he would direct their attention to this: "If a prisoner, under insane delusions as to existing facts, commit an offence in consequence thereof, is he thereby excused?" And the Judges reply: "If the accused was conscious that the act was one that he ought not to do, and if that act was at the same time contrary to the law of the land, he is punishable; the usual course has been to leave the question to the jury whether the party accused have a sufficient degree of reason to know what he was doing was wrong." And that, he believed, was the question which his lordship, in substance, would put to them:—Did the prisoner, at the time he committed that act, know he was doing a wrongful act, and was it contrary to law? The learned counsel pointed out that Hadfield laboured under a religious delusion; that M'Naughten believed himself to be surrounded by conspirators, and that Greensmith, who murdered all his children, was shown to be a most affectionate father. If the prisoner and his cousin had been on terms of friendship, that case would apply. He was struck with the serious omission of his learned friend to ask Dr. Smith or Mr. Hay if they believed the prisoner to be irresponsible for his actions. The effect of the evidence of the nieces went to show that at times he was in low spirits, at times violent; at one time desiring them to leave, at another time desiring them to stay. Commenting on the evidence of Dr. Tuke, he hoped that gentleman would acquit him of giving offence if he spoke of him in the terms he himself had used, as a mad doctor. Men whose business it is to look out for insanity are apt to discover it where others do not find it to exist, and he had heard that some gentlemen of this class pushed their opinions so far as to believe that there were very few people perfectly sane. He thought his learned friend might have spared the unjust and unfounded attack on Mr. Good because he had not read *Esquirol* (which he dared say very few had), but got his theory from *Taylor*, whom he thought, in common with many other judges, a high authority. Because he relied more on common sense than mad doctors was he to be attacked? These questions were to be decided by common sense, and common sense often gave an opinion contrary to scientific evidence, and was in the right. If Dr. Tuke was right, *Shylock* must have been a madman, and every one who is unreasonably affected by gibes and jeers. Who, he asked, was likely to have formed the best opinion upon the case—the prison surgeons, who had seen the man for six months, or Dr. Tuke, who saw him yesterday for three hours? Having made these observations, continued the learned counsel, my duty ends, and your duty begins. If you believe that the prisoner is insane, that he did not know who he was shooting at—that he had not sufficient reason to know that the act he had committed was wrong, then it will be your duty to acquit him. But I must make this observation, that it is a most dangerous doctrine to society to set up a man's ungovernable passions as a proof of his insanity. It does not do for men who owe an inveterate grudge against their neighbours, instead of endeavouring to smother it, to feed upon, and brood over it. It does not do to say he committed murder from an irresistible impulse

which he could not control. The object of the administration of the law is to make men control their evil passions. But for the punishments which overtake offenders we should have but too many murders from uncontrollable impulse. The law must do what it can to protect the lives of the subjects of this realm. If you think the prisoner did not know what he was about, acquit him—God forbid he should be punished; but if, on the other hand, you think that what is called irresistible impulse was merely an old and inveterate grudge, you will discharge your duty—with great pain, but you will do it firmly—and find him guilty.

The Judge read over the charge—That the prisoner did kill and murder Daniel Stone, feloniously and wilfully, and of his malice aforethought—slowly and significantly dwelling on these latter words. He commenced by saying that although some exceptions had been taken by both the learned counsel to the conduct of the case, he himself could not remember anything to have been done that he could wish undone. It appeared to him that they were at that moment in as favorable a position to dispose of the case as it was possible to be in. It was a case, he need not tell them, of the most serious character, and it was a case peculiarly for them. They had to decide it, and when he had discharged his duty of reading through the evidence, it would be theirs to say aye or no, was Daniel Stone wilfully and feloniously murdered by Charles Fooks, of his malice aforethought. Before he went through the evidence, let him state what the law was. He must tell them that the law presumes all homicide to be murder unless the contrary be proved. It was not incumbent on the prosecution (although it had been done most properly in this case) to show malice; it was enough to prove the prisoner had killed a man, leaving to him the duty of excusing or palliating the act. Their whole object ought to be the elucidation of truth. The lives of innocent men were dear to their country; but it was also equally important that murder should not go unpunished. He would now state what the law of insane delusions was. It was not pretended that the prisoner at the bar was generally insane, not contended that his reason was destroyed, or that he not mind enough to conduct all the ordinary business of life. He was thought sane enough in his parish to be waywarden and overseer, and though not a good accountant, he was trusted by his parish as a man of good sense and ability for such important offices. It was plain by the evidence that up to the 29th of August he managed his own farm and conducted all the business of life without failing in any respect in intellect. There was not a single witness to show his mind had become so weak that it was easy to overreach him. Now, the law of insane delusions he took to be this: If a man is really under an insane delusion as to the existence of a state of things which, if they did exist, would justify or excuse the act, then he is not punishable for having done it. If, for instance, when the prisoner raised his gun to his shoulder he believed Stone was about to kill him, then, inasmuch as if Stone had tried to do so, it would have been lawful to resist him, the prisoner would be excused killing Stone. But if he was under the insane delusion only that he owed an inveterate grudge because he had jeered at him—it would utterly fail to justify his act. It would be for them to say whether such irresistible impulse—such homicidal mania—existed in the mind of the prisoner as had been set up. It must be clearly proved to their satisfaction that at the time the prisoner did the act he was labouring under such a defect of reason as not to know what he was about. The learned judge then proceeded to review the evidence. Whether he intended to destroy himself or not he thought that was quite immaterial. It might on the one hand be evidence of delusion—on the other of a feeling that he might as well die at once as wait for his execution. With regard to the imputation that common sense is inferior to science, I must say, said the learned judge, I don't think it is better, although common sense is often informed by science. If common sense is not to decide, you ought not to be

in that box, as juries do not pretend and are not expected to have any scientific knowledge, and after all it is a matter of common sense enlightened by such scientific evidence as the law allows to be laid before you; but still it is for you to decide by your common sense whether his mind was in such a state as not to know he was doing wrong. You are not to be deprived of the exercise of your common sense because a gentleman comes from London and tells you scientific sense. Very often the evidence of scientific gentlemen, particularly of that honorable profession, is but common sense Referring to the evidence of the delusions of the prisoner, his lordship said, Supposing that Stone was spreading reports traducing his character is not a sufficient excuse for the killing: it is for you to judge whether this man was under the influence of an irresistible influence to kill people. Then, with respect to the evidence of Drs. Good and Curme, it was given quite creditably, and he did not see the slightest disposition on their parts to use one more word against the prisoner than they felt themselves bound to do by the solemn nature of their oaths. His lordship, in conclusion, said: This is the whole of the evidence for the prosecution and for the defence. I have done my best to lay it fully and impartially before you. I tell you now, as I told you in the beginning, this is not a question for me to decide, but for you. It is my solemn duty to tell you what the law is upon this point, and your solemn duty, honestly, conscientiously, and firmly to apply that law to the facts of the case, to come to an honest conclusion which you can reflect on with satisfaction, even though it be with regret, to the last day of your lives. I have now to tell you as a matter of law, that although you may be satisfied this man had some insane delusions; yet, if at the time he did this act he knew the nature of that act, and knew what he was doing, and what the consequence would be, and also that it was wrong, then it is your duty to find him guilty; but if, taking into your calm and conscientious consideration all the circumstance of the history of his disease for the last seventeen years, disease in the chest, disease in the head, the frequent expressions of his readiness and willingness to kill any one, you really and seriously think that at the time he pulled the trigger of that gun and shot Stone he did not know the effect of what he was doing would be, or what was the nature of this act, or that he was in such a state of mind as to be insane, so that he did not know it was wrong, then it is your duty to find him not guilty. I don't know that I need say anything more, but I beg of you not to hurry to a conclusion, and I am sure you will discuss fully and carefully the case. Do not allow any sense of fatigue or weariness to prevent you giving it the fullest possible investigation, and when you have made up your minds like honest men, be it for the crown or prisoner, the public will be satisfied with the way you have attended to the case, and you may look back upon it without a feeling of reproach. Consider your verdict.

The jury then retired at 7 o'clock. They returned at 7.20.

The Clerk of Assizes—Gentlemen, are you agreed in your verdict? Do you find Charles Fooks guilty or not guilty?

The Foreman.—My Lord, it is our painful duty to say Guilty.

The prisoner then stood up to receive sentence, and having been asked whether he had anything to say why the court should not award upon him judgment to die, according to law, the proclamation for silence was read, and

The learned Judge said—Charles Fooks, you have been convicted, after a very patient hearing, by the jury, of your case and all the evidence which was so ably brought before them by the learned counsel who defended you, of the crime the greatest known to the law—the crime of murder. I am pained to say that I see no reason for doubting that the jury have come to a correct conclusion, or for doubting that you, under the influence of your bad passions, and of your ill-feeling to the unfortunate deceased, whom you sent, without any time to make his peace with God, out of this world, have been guilty of

the most heinous offence with which you have been charged. It is my duty, and it is a duty not merely of justice but of charity and kindness to you, to tell you that I cannot hold out to you the smallest hope that your life will be spared. If you have any regard to your own real interests which most of us in this world are too neglectful of—the interests not of this transitory life but of eternity—you will not lose one single moment when you return to your cell before you endeavour to make your peace with God. Avail yourself, I do earnestly and humbly entreat you, to accept of the assistance which you will receive from the chaplain of the gaol or any other minister of your church in whom you may have confidence, and prepare yourself for the awful death which waits upon you. Depend upon it if you do that—if you do but at once apply yourself to that most important duty of us all, to prepare ourselves for the world that is to come, now in a special manner incumbent upon you—you will, before the justice of the country is executed upon you, have arrived at that tone of mind, sense of regret, and hope of the merits of redemption, which will give you more peace of mind, more consolation under the awful circumstances in which you are, than you can possibly imagine. Rest assured that it is felt necessary for the purposes of justice and for the preservation of the lives of your fellow-subjects that this awful example should be made. There are multitudes among your countrymen, who count not by thousands but by millions, who still take a deep interest in your fate, who would be rejoiced more than words can tell at any evidence you may give of repentance. Make the best use of that portion of time remaining, in order—for it is impossible for you to obtain mercy on earth—to obtain mercy in heaven. It remains only for me to pass upon you the awful sentence of the law, which is that for the crime of wilful murder, of which you are now convicted. You shall be taken from the place where now you are to the prison whence you came, thence, on a day appointed, to be taken to the place of execution, there to be hanged by your neck until you be dead; and that your body be then taken down and buried within the precincts of the prison in which you are confined after this your conviction, and may the Lord have mercy on your soul!

The prisoner then looked around, sighed, and left the dock with a firm step.

Note.—Charles Fooks was executed at Dorchester, on the 27th of March, after urgent intercession had been made for him at the Home Office by the Rev. L. Watson, chaplain of the gaol, the Rev. C. Templer, the minister of his parish, by Dr. Conolly, Dr. Tuke, and others. Fooks' last message to his brother appeared characteristic:—"Tell my friends it was my goodwill towards them that brought me to this." He died resignedly, having said nothing else that could throw any new light on his mental condition.

PART V.—NOTES, NEWS, CORRESPONDENCE, APPOINTMENTS, &c.

Hall v. *Semple.—Letter from the Commissioners in Lunacy to the Proprietor of Munster House, Fulham.*

(COPY.)

OFFICE OF COMMISSIONERS IN LUNACY,
19, WHITEHALL PLACE;
January 9th, 1863.

SIR,—In the letter addressed to you by the solicitors of the Board, in the month of August last, the censure of the Board was conveyed to you for your culpable neglect, before taking charge of Mr. James Hall as an insane patient, to ascertain by reading the certificates that they were in all respects conformable to the statute, and the opinion of the Board was expressed in the following terms: "There is no part of the duty of the proprietor of a licensed house which requires greater care than the examination of certificates. Your long experience ought to have rendered you familiar with the particulars in regard to them, which demand special attention, and the Commissioners, therefore, consider your negligence on this occasion as a most grave offence." Had you performed this, your obvious duty, you would not have received Mr. Hall, inasmuch as Mr. Guy's certificate was, upon the face of it, invalid and incapable of amendment under the statute, being founded upon an examination of the patient more than six weeks before its date.

The question of the sufficiency of the facts set forth in medical certificates admits in many cases of much doubt, and the certificates, in this respect, may be amended after the reception of the patient. It is entirely different if the examination of the patient took place, as in the case under consideration, more than seven days prior to admission. Mr. Guy's certificate bore date six weeks subsequent to the day on which he last saw Mr. Hall. This was fatal to the validity of his certificate; and it is, therefore, of paramount importance that proprietors and superintendents of asylums should, before taking charge of a patient, carefully peruse every certificate.

The Commissioners feel themselves called upon, in the existing circumstances, and for the above reasons, to intimate to you their determination to visit any violation of the provision of the law, such

as that of which you were guilty in Mr. Hall's case, with the penalties of the statute.

In order to the promulgation of their views, the Commissioners intend to circulate generally copies of the present communication.

I am,
Sir,
Your obedient servant,
(Signed) W. C. Spring Rice,
Secretary.

C. A. Elliott, Esq., Munster House, Fulham.

The Proposed Removal of Bethlehem Hospital into Surrey.

The favorable proposals made for the transfer to the governors of St. Thomas's Hospital of the site of Bethlehem has led to the discussion, both by the court of governors and by the public press, of the expediency of such a step as the removal of this great middle-class hospital for the insane from the low-lying, unhealthy locality of St. George's Fields to the bracing air of the Surrey hills. 'The Times' has had a leader on the subject, based on a letter from our associate, Dr. Stevens, "one of the highest authorities on lunacy."

The hospital of S. Mary of Bethlehem, founded in 1256, stood in Bishopsgate Ward, without the City wall. Its site is now marked by Bethlem Court, off Bishopsgate Street. It was used as an asylum for the insane poor of London from 1547 to 1675. It stood (says Stowe) in an obscure and close place, near unto many common sewers, and also was too little to receive and entertain the great number of distracted persons, both men and women.

The second Bethlehem stood in Moorfields. Stowe praises it to the skies, but the Parliamentary Committee of 1815 gave a most frightful picture of its condition.

The present building in St. George's Fields was opened while that committee were sitting.

The Royal Hospital of Bethlehem has hitherto always been behindhand in adopting the improvements of medical science in the method of treatment of the insane. The Friends' Retreat in 1815 presented a very different scene from the horrors revealed by the Parliamentary Committee as existing in "Old Bedlam," and the results of a similar inquiry by the Home Secretary, in 1852, did not tend to alter the public impression of the unwillingness of the governors of Bethlehem readily to conform to the improvements in the treatment of insanity originating in the county asylums. On

the other hand, any one who knew Bethlehem* in 1852, before Dr. Hood's appointment to the resident-physicianship, and who now views it, will do justice to the wonderful transformation which his adaptive powers wrought on that dismal fabric. What it still requires—light, air, and pleasing views—he could not there command. These, with country pursuits and the soothing calm which the fair face of nature exerts on the troubled mind, alike in health and disease, can alone be obtained by a removal of the building into the country.

The whole space at Bethlehem available for exercise, recreation, and occupation, is from four to five acres. One hundred acres would not be too much for the requirements of such an establishment, and it is simply impossible for Bethlehem to give that liberty and outdoor occupation to the patients on which the successful treatment of mental disease in English county asylums is founded while confined in its present dreary situation.

The only possible argument in favour of the retention of the present site of Bethlehem would be the use to which a hospital full of recent cases of mental disease might be put for the clinical study and teaching of insanity. The practical answer to this argument is that Dr. Hood for some years past abandoned any effort to form such a class, and it is not probable that his successor will renew the attempt. Owing to the present constitution of Bethlehem, the resident physician has few inducements to trouble himself with the worry of pupils, while the visiting physicians of St. Luke's, in their legitimate bid for private practice, have, like the London hospital physicians, the strongest motive to gather students and future practitioners around them. Yet, for all the metropolitan teaching of insanity is worth, both Bethlehem and St. Luke's might to-morrow go into the country. A practical knowledge of insanity

* "We have no wish, however, to underrate the undeniable benefits which have arisen from the noble institution in St. George's Fields. The Bethlehem of to-day is infinitely superior, even structurally considered, to its predecessor in Moorfields; but it has still failed to keep pace with the very rapid advance in the study of psychological medicine, and the consequent modifications in treatment which have taken place during the last twenty years. It is, indeed, wonderful how, with the very limited and circumscribed means at their disposal, the hospital authorities have been enabled to accomplish even that which they have done towards ministering to the comfort and solace of their patients. The interior of Bedlam shows a most determined, and, in most instances, a triumphant, struggle of modern benevolence, taste, and ingenuity, to vanquish architectural conditions which were normally gloomy and repulsive; but there is one thing which organizers the most fertile in expedients have been unable to effect, namely, to procure additional external space for air and exercise. With the very limited acreage around it, Bedlam could never become a perfect school for demonstrating the curability of mental diseases; but removed into the country, where spacious gardens and farm lands can be provided, experiments can be tried and results obtained that may inaugurate another era in the pathology of insanity. The new institution should be, in all respects, a model."—*Daily Telegraph.*

can, indeed, only be acquired by residence in an asylum, and the future teaching of the subject would probably wisely be confined to the appointment, as in France, of resident pupils (*internes*) to Bethlehem and St. Luke's, and to our several county asylums.

A meeting of the governors of Bethlehem was called in February, to consider the proposals made by the authorities of St. Thomas'. An able correspondent in 'The Times' (F. R. S.), although not stated to be one of the highest authorities on lunacy, thus comments upon the result of the meeting and the question before it:

"The proposal 'that the governors of Bethlehem should cede their present site to the governors of St. Thomas's Hospital, and should receive in exchange for it a new Bethlehem, built on a far better plan, in some very much more spacious site in the rural neighbourhood of London,' has now been before an unusually full meeting of the Bethlehem governors, who, by a large majority, have voted it worthy of their consideration. Moreover, the large majority which passed this vote on Friday last would apparently have been ready to pass a much stronger resolution in furtherance of the projected change.

"Not so the minority. To their eyes the 'massive, gloomy structure' in St. George's Fields is emphatically the right thing in the right place, perfect in plan, perfect in working, perfect in location. They accordingly voted against taking the proposed reform into consideration, and are now disposed as far as possible to frustrate the negotiations which have commenced. It is on the latter account that I would beg your permission to criticise their view of the case. I do not wish to speak disrespectfully of their prepossession in favour of Bethlehem as it is. They may well be proud of the services which it even now renders to the most afflicted of our kind, and may point with complacency to the fact that within comparatively recent times the usefulness of the charity has been much developed. It is only against an excess of this feeling, and against a very fatal misapplication of it to present circumstances, that, with your permission, I would venture to warn betimes the governors of Bethlehem and the public.

"It is true that Bethlehem does great good. It is also true that Bethlehem does not half the good which it might do. Bethlehem excludes from the benefits of its treatment various large and very important classes of the insane—those, for instance, whose insanity has been of more than twelve months' duration; those whose insanity is in any degree complicated either with epilepsy or with paralysis; those whose insanity is conjoined with any considerable bodily illness or infirmity; and, I believe, also those sad cases in which pregnant women are the subjects of insanity. In short, Bethlehem receives only those cases of madness which it deems most likely to terminate in recovery; but of these simple and select cases nearly 40 per cent.

(including deaths) are eventually discharged from Bethlehem unrelieved. Surely, in contemplating these large proportions of exclusion and of failure, the governors of Bethlehem ought not to believe that they have yet reached the end and goal of their labours. Responsible as they are for administering to the best possible effect the resources of so munificent a foundation, surely they ought not to be found slumbering over an unfinished task, nor sit with folded hands, flattering one another as to the past and forgetting the obligations of the present. Rather let them be restless under the well-warranted charge of being greatly behind the age in which they live; and before any one of them pronounces against the opportunity now so happily open to him for promoting a vast reform, let him read in the universal judgment of skilled and impartial persons how imperatively that reform is called for.

"Within the memory of men still living the science of the treatment of the insane has made two steps of almost revolutionary progress. The first of these steps dates from the end of last century, when enlightened physicians began to insist upon the emancipation of the insane from that system of dreadful cruelty under which they then were suffering, and when Pinel stirred the heart of all civilised Europe by striking off the iron chains which bound the unhappy inmates of the Bicêtre. That the gentle treatment of the insane (which began from those impressions, and which with wider and wider use have gained higher and higher successes) has been fully adopted by the governors of Bethlehem is now a familiar truth. But not so with the second step of progress. This other great modern advance in the science of treating insanity—an advance which belongs to the last thirty or forty years, and which in importance is only inferior to the first—is the discovery that outdoor occupation and outdoor amusement are essential aids to the medical treatment of the insane. As already shown in your columns, it is now universally recognised that an establishment which does not give ample facility for healthful outdoor pursuits is not a proper hospital for the insane. The contrast in this respect between Bethlehem and the pauper lunatic asylums throughout the country is one to which your correspondents have referred, and on which the governors of Bethlehem ought to dwell. On the one hand, there is the treatment which those asylums under the auspices of the Lunacy Commissioners have provided for the insane paupers of the country —a treatment including every facility which country site and ample space can give for healthful outdoor work and recreation. On the other hand, there is the treatment which the governors of Bethlehem, with all their wealth, have deemed sufficient for insane members of the rate-paying classes of the country—a treatment under which, according to Mr. Ellis's description, three or four hundred patients are 'cooped up like poultry in their miserable three or four acres of

courtyard.' And this contrast can only cease when Bethlehem is transferred into the country.

"Evidently, then, it is impossible to overestimate the value of the opportunity now given to the governors of Bethlehem for bringing their establishment up to the level of modern knowledge. To refuse this opportunity, now so fortunately offered them, would be almost the same neglect of duty, the same ill-advised contempt of science, as if, fifty years ago, they had persisted in retaining chains and bodily chastisement among their means of managing the insane.

"Of course, before the proposed change can be universally welcome, there will be prejudices to conquer and perhaps interests to conciliate. But who can doubt that this also was the case when the older reform had to be introduced! Doubtless, a cry was raised that terrible events would happen when the inmates of Bethlehem should no longer be caged and fettered like wild beasts, and doubtless the then officers of the establishment prophesied that their own lives must speedily be worn out under the threatened increase of responsibility. Happily, however, the then governors of Bethlehem had sense enough to see and courage enough to discharge their duty. In consequence of the course then taken by them their successors are enabled to boast that, whereas of old the recovery of an insane patient was exceptional, Bethlehem now discharges relieved a majority of those whom it admits. And at length these successors themselves—the present generation of governors—have got their own turn for a reform. Let them—especially let the minority of last Friday's meeting—apply to this present occasion the teaching of the former experience. Whether a second great increase shall be made in the usefulness of Bethlehem—whether a second great reduction shall be made in the number of sufferers whom Bethlehem leaves or discharges without relief—is the question which the governors have at stake."

Report from the Select Committee on Sewage of Towns; together with the Minutes of Evidence and Appendix. Ordered by the House of Commons to be printed, April and July, 1862. (2 Parts, price 1*s.* 8*d.* and 1*s.* 3*d.*)

This interesting Parliamentary paper should be in the hands of every asylum superintendent. The amount of sewage leaving a public institution such as an asylum is exactly in the proportion and state of dilution best adapted for its economical application to agriculture. In all such cases the whole of the fluid sewage should be applied to the land as well as the solid sediment, which is of less value, although the part that is usually most cared for and used. It

is chiefly to grass land (including Italian rye grass) and to the kitchen garden that the application of the fluid sewage proves of such economical value, raising the rental of the land £2 to £3 per acre.

There are two methods by which the fluid sewage can be applied, either by gravitation where there is any fall, however slight, or by propulsion by steam or water power where the land lies on a flat level. The former method is adopted at Hayward's Heath, and the latter at Colney Hatch. The method and results in each instance are described in the evidence before this committee by Mr. King, C.E., of 142, High Holborn (who carried out the irrigation at Hayward's Heath), and by Mr. Henderson, the steward of Colney Hatch. The total cost of the work at Hayward's Heath was only £3 an acre; at Colney Hatch, where a steam-engine had to be used and pipes laid, it cost about £10 an acre to apply the fluid sewage. Even in this latter case it has fully answered the expectations formed. The sewage works at Colney Hatch are very complete, and will well repay a visit. The fluid sewage is carefully utilised by gravitation at the Leicester and Rutland Asylum, and was also extensively for years so used by Dr. Bucknill at Exminster.

In thus applying fluid sewage to the land it is remarkable how large a quantity is required. The sewage at Hayward's Heath, 25,000 gallons per day, can hardly irrigate more than twenty-five acres of grass-land, using it all the year through for the purpose. Grass-land which is to be cut green may be irrigated all the year through with benefit, but when it is to be kept for hay it is better only to give the land one good dressing the winter.

The marvellous power of the earth and grass to deodorize as well as filter the sewage water is worthy of notice. Not the slightest inconvenience has been experienced at Hayward's Heath, although the whole of the sewage is systematically applied to the fields within a few hundred yards of the house.

When we state that early in April we propose cutting the four-acre irrigated grass meadow, and thus gaining two months' green food for the cows—months when the purchase of fodder is most expensive—and that the land will yield four crops of grass during the season, we need add little to illustrate farther the value of sewage irrigation on grass-lands.

Our limits prevent any further notice of this report, as it bears on the application of the sewage of towns to agricultural purposes; our present object will be attained if we can aid in its application to the meadow lands surrounding our county asylums.

Dr. Griesinger on the Non-restraint System.

Dr. Griesinger, in the second edition of his work 'Die Pathologie und Therapie der Psychischen Krankheiten' (Stuttgart, 1861), which we have recently received, and which is quite the best German

book on mental diseases, withdraws the modified objections which in his first edition (1845) he raised to the English non-restraint system, and declares himself in favour of our practice. It is no small satisfaction that we here record the adhesion of so distinguished an author to the English system of treatment. We trust Dr. Conolly may yet be spared to see his system of treatment introduced into practice in the foreign asylums, convinced, as we are, that no progress in the moral treatment of the insane can be made where restraint is practised, even as no real political freedom can grow up beside the accursed system of slavery.

Dr. Griesinger thus records his adhesion to the English non-restraint system :

"When we remember that the objections against the non-restraint system were made by those who themselves did not practise it, and who, moreover, had never seen its application in practice, we shall learn to regard at their right value their opinions herein. And when we turn to our only real teacher, experience, we see during the past ten years how triumphantly all doubt has been by practice dispelled. Yes, the problem is now solved, and that in favour of the non-restraint system. This great reform is now uniformly carried into practice in all the English public asylums, and the name of Conolly will, in all future ages, be associated with Pinel, whose work he thus has completed."

Dr. Heinrich Newmann, of Breslau, on the English Swindle of Non-restraint.

Dr. Arlidge, in his "Report on Foreign Psychological Literature," in the January number of this Journal, "In re *Non-restraint.—Casimir Pinel* v. *Conolly*," took occasion to expose the crude, foolish statements set forth by M. Casimir Pinel on the English non-restraint system in the 'Journal de Médecine Mentale.'

Many of our German brethren appear to entertain equally dim notions on the question. Among others, Dr. Newmann, of Breslau, the able author of the 'Lehrbuch der Psychiatrie,' perhaps after Griesinger's work the best production of the German school, has recently published a pamphlet ('Die Irrenalstalt zu Pöpelwitz bie Breslau im ersten Decennium ihrer Wirksamkeit,' by Dr. Heinrich Newmann, Erlangen, 1862) giving a decennial report of the asylum at Pöpelwitz, with which he is officially connected, and in which the following ignorantly impertinent remark occurs :

"In the mean time Dr. Brosius, by his translation of Dr. Conolly's book ('On the Treatment of the Insane without Mechanical Restraint'), has induced the German asylum physicians to renew

their interest in this *English swindle*. Also great wonder must it cause to see a man of Griesinger's reputation—a well-known opponent of the non-restraint system— suddenly openly attaching himself to the new system."

Great wonder must it also cause in England to hear a physician of Dr. Newmann's reputation denying a fact patent to all the world, but which he has never taken the trouble personally to investigate. In the forty-two English county asylums the insane are treated without mechanical restraint; without the imaginary fast-holding by attendants which our foreign opponents love to picture; with a small fractional per-centage of seclusion, which the wise disapproval of the Commissioners is daily reducing to a minimum. Why does Dr. Newmann not come to England and inform himself on this question, which he thus presumes to prejudge? We shall gladly give him bed and board at Hayward's Heath, and unrestricted access at all hours to the wards, and we can assure him that a week's clinical study here will send him home a wiser man as well as a more humane practitioner of the healing art. A fellow-townsman and acquaintance of Dr. Newmann, Dr. Grempler, of Breslau, recently spent an afternoon at Hayward's Heath in order to remove home a German young lady who was for some weeks a private patient here. Both Dr. Grempler and the patient (who left us convalescent) can tell Dr. Newmann of *the English swindle*, from personal observation and experience of this asylum.

Dr. Newmann in this pamphlet promises, in the fulness of his zeal, a separate work on the non-restraint system. Unless he desire to cover his fair fame with that shame which is the portion of the false witness against truth, he will first avail himself of our hospitable offer of entertainment and clinical instruction in the principles and very keystone of the art which he thus proposes to expound.

Notes on New Books and Pamphlets received.

1. 'Pathologie und Therapie der psychischen Krankheiten.' By Dr. Maximilian Leidesdorf, pp. 167. Erlangen, 1860. (Price in London, 3*s*.)

This is a readable book, written in easy German. The treatment of each form of mental disease is appended to its description. The ninth and last chapter, about one fourth of the book, is devoted to the pathology of mental disease. Dr. Leidesdorf is a lecturer on psychology in the University of Vienna; and, as will be seen by Dr. Mundy's statistical table, published in the last number of this Journal, is superintendent of a private asylum near Vienna. Dr. Leidesdorf, we see, is strong on the question of straight-jackets and

well-padded straps for the limbs. We would direct his attention to our remarks in this number on Dr. Newmann's and Dr. Griesinger's writings on the non-restraint system.

2. 'Traité pratique des Maladies Mentales.' Par le Dr. L. V. Marcé, Médecin des aliénés de Bicêtre, pp. 666. Paris, 1862. (Price in London, 7*s*.)

We propose to give a review and abstract of this work in an early number.

3. 'Die Irrenheilanstalt in ihren administrativen, technischen und therapeutischen Bezichungen nach den Anforderungen der Gegenwert dargestellt.' Von Dr. Med. G. Seifert, pp. 97, with plates. Leipzig and Dresden, 1862. (Price in London, 5*s*. 6*d*.)

4. 'Pläne der neuen Irrenanstalten zu Göttingen und Osnabrück.' (With 10 plates and 50 woodcuts), pp. 115. Hannover, 1862. (Price in London, 10*s*. 6*d*.)

5. 'Meerenberg.—Asile Provincial d'Aliénés dans le Voisinage de Harlem.' (With plates.) Harlem, 1862. (Price in London, 14*s*.)

We propose in an early number to notice these three essays on foreign asylum architecture.

6. 'Wie sind die Seelenstörungen in ihrem Beginne zu behandeln?' Von Dr. Albrecht Erlenmeyer, pp. 112, 4th edit. Neuwied, 1863.

This is a prize essay, by the learned editor of the 'Archiv für Psychiatrie,' on the treatment of mental disease in its early stages. It is divided into four chapters:

I. A critical review of the ordinary treatment in general practice of the early stages of mental disease.

II. Mental pathology of insanity:

1. Emotional disturbance.
2. Intellectual disorder.

III. The general principles of mental therapeutics.

IV. The special medicinal and moral treatment of the varieties of insanity.

We would instance the section treating of removal to an asylum as a well-balanced judgment on this important point.

We regret, however, to find so distinguished an author and co-editor walking in the dark ways of the old restraint system, when he might so easily learn and do better. An expenditure of three to four pounds sterling would bring him from Bendorf to England and back; and we shall gladly take him also in at Hayward's Heath, and teach him how the non-restraint system is really prac-

tised. Now here, in this fourth edition of his essay, he recommends, for the treatment of recent melancholia, strong rooms and shutters, and means of restraint to deprive the unfortunate victim of his ignorance of the modern treatment of mental disease of the free use of his limbs. And so again, in the special treatment of recent mania, he speaks of the use of the straight-jacket as the preferable means of bringing the patient back to his right mind!

7. 'Practical Notes on the Diagnosis, Prognosis, and Treatment in Cases of Delirium Tremens.' By Thomas Laycock, M.D., &c., &c. Edinburgh, 1862 (pamphlet). See "Report on English Psychological Literature." (*In the July number.*)

8. 'On the Cerebro-spinal Origin and the Diagnosis of the Protrusion of the Eyeballs termed Anæmic.' By Thomas Laycock, M.D. Edinburgh, 1863 (pamphlet). (*In the July number.*)

9. 'Earlswood, and its Inmates. A Lecture.' By the Rev. Edwin Sidney, M.A.

Mr. Sidney, in this interesting letter, does full justice to the improved management at Earlswood which followed the appointment of our associate, Dr. Langdon Down, to the office of superintendent there. The Earlswood Idiot Asylum, as we can testify from frequent personal observation, is a model for the rest of Europe. There is no similar home for the idiot on this continent.

10. 'Notes on Hospitals in Northern Italy, and on Pellagra.' By Thomas B. Peacock, M.D. (From the 'British and Foreign Medico-Chirurgical Review' for January, 1863.)

Dr. Peacock visited, on his tour last autumn, the asylum of San Servolo, at Venice, which we have previously described in the pages of this Journal (January, 1858). He records the continued good management of the institution, and its freedom from restraint. "I did not observe," he says, "any patient under restraint, nor any chairs or other appliances for restraint."

11. 'Cases of Syphilitic Insanity and Epilepsy.' By James F. Duncan, M.D. Dublin, 1863 (pamphlet). See "Report on English Psychological Literature." (*In the July number.*)

12. 'On various Superstitions in the North-west Highlands and Islands of Scotland, especially in relation to Lunacy.' By Arthur Mitchell, A.M., M.D., Deputy Commissioner for Lunacy in Scotland. Edinburgh, 1862 (pamphlet.) See "Report on English Psychological Literature." (*In the July number.*)

13. 'Medical Psychology: comprising a brief Exposition of the leading Phenomena of the Mental States, and of the Nervous Apparatus through which they are manifested, with a view to the better

understanding and elucidation of the Mental Phenomena or Symptoms of Disease.' By Robert Dunn, F.R.C.S.E., pp. 87. London, John Churchill and Sons.

A judicious compilation of the present views of mental physiology, to which we shall, in our next "Report on English Pyschological Literature," revert. The writer's views of the physiology of the brain are, however, a little behind date.

14. 'Uebersicht der öffentlichen und privaten Irren- und Idioten-Anstalten aller Europäischen Staaten zusammengestellt von Sanitäts-Rath Dr. Albrecht Erlenmeyer,' pp. 145. Neuwied, 1863.

A similar survey of the asylums of Europe as was begun by Dr. Mundy in the last number of this Journal. Dr. Erlenmeyer's pamphlet will form a valuable aid to members of this association travelling abroad who may wish to visit the asylums they pass *en route*. His account of the asylums of England is short and not very accurate, and is apparently compiled from the Commissioners' reports.

We regret that the second part of Dr. Mundy's tabular view is deferred to the next number of this Journal (July).

15. 'Influence réciproque de la Pensée, de la sensation et des mouvements végétatifs; memoire lu a la Société Medico-psychologique.' Par M. le Dr. J. P. Philips (pamphlet.) Paris, 1862.

Appointments.

We regret extremely to find that we have been in error as to the appointment of Medical Superintendent to the Stirling District Asylum, which was announced in our last number (*January*, 1863). *No such appointment has been made.*

We received a letter from Dr. Yellowlees very soon after the publication of the Journal, contradicting the announcement, and requesting to know how the information reached us.

Our MSS. had, unfortunately, been destroyed before the receipt of this letter; but, to the best of our belief, the announcement was cut out of one of the penny daily papers, which now teem with such medical notices. It was made by us without suggestion or information from any party whatever.

We are not personally acquainted with Dr. Yellowlees, nor with

any other candidate, and we sincerely hope that neither he nor they may be prejudiced or embarrassed by a mistake which was entirely ours, and for which we beg respectfully to express to the Visitors of the Stirling District Asylum our regret.

Alexander Borthwick, M.D., Consulting Physician to the Crichton Institution, Dumfries, *v.* James Grieve, M.D., deceased.

George Grabham, Esq., to be Senior Assistant Medical Officer to the Surrey County Asylum, Wandsworth.

George J. Hearder, M.D. St. And., L.R.C.S. Edin., to be Assistant Medical Officer to the County and City of Worcester Lunatic Asylum.

Dr. William James Hunt, L.R.C.P. Edin., L.F.P.S. Glasg., M.R.C.S. Eng., Assistant Medical Officer of the Worcester County Asylum, has been appointed by the Court of Chancery Medical Superintendent and Manager of the Hoxton House Lunatic Asylum.

W. P. Kirkman, M.D. St. And., to be Medical Superintendent of the Kent County Asylum, Maidstone; thus vacating the Cumberland Asylum.

W. Carmichael McIntosh, M.D. Edin., F.L.S., to be Medical Superintendent of the Perth County Asylum, now in course of erection.

Philip C. Shepheard, Esq., M.R.C.S., to be Assistant Medical Officer to the Three Counties Asylum.

R. Wollaston, M.D., to be Visiting Physician to the Coton Hill Lunatic Asylum, Stafford.

Dr. William Rhys Williams, L.R.C.P. Edin. (Exam.), M.R.C.S. Eng., L.S.A. Lond., late Assistant Medical Officer of Three Counties Asylum, Stotfold, Baldock, has been appointed Resident Apothecary to the Royal Bethlehem Hospital.

Death.—On the 6th January, at the Vineyard, Ticehurst, Sussex, Charles Edmund Hayes Newington, Esq., M.D., aged 50, deeply lamented.

Notice to Correspondents.

English books for review, pamphlets, exchange journals, &c., to be sent either by book-post to Dr. Robertson, Hayward's Heath, Sussex; or to the care of the publishers of the Journal, Messrs. Churchill and Sons, New Burlington Street. French and German publications may be forwarded to Dr. Robertson, by foreign book-post, or to Messrs. Williams and Norgate, Henrietta Street, Covent Garden, to the care of their German and French agents, Mr. Hartmann, Leipzig; M. Borrari, 9, Rue de St. Pères, Paris.

The Editor requests that Asylum Reports may be sent to him in duplicate, one copy for the Journal, and the other for his private collection.

Dr. Arlidge, Newcastle-under-Lyne, being engaged on Lunacy Statistics, would be glad of copies of the several Asylum Reports as they appear.

Dr. Laehr, *Schweizer Hof bei Berlin*, Editor of the 'Zeitschrift für Psychiatrie,' and Dr. Erlenmeyer, *Bendorf bei Coblenz*, Editor of the 'Archiv der Deutschen Gesellschaft für Psychiatrie,' both request the favour of copies of the English Asylum Reports. Under the new book-post treaty with the German Postal Union, printed matter can be sent for 4*d.* for each 4-oz. weight. We hope, therefore, that these gentlemen may be regularly supplied with copies of our Annual Asylum Reports.

We have been obliged to refuse an American Asylum Report in consequence of the postage being underpaid.

Periodicals received in exchange:

'The British Medical Journal' (weekly).
'The Medical Circular' (weekly).
'The Social Science Review' (weekly).
'The London Medical Review' (monthly).
'Journal de Médecine Mentale' (monthly).
'The Dublin Quarterly Journal of Medical Science' (quarterly).
'The Medical Critic and Psychological Journal' (quarterly).
'The American Journal of Insanity' (quarterly). (We were charged 1*s.* postage underpaid on the January number.)
'Allgemeine Zeitscrift für Psychiatrie' (quarterly).
'Archiv der Deutschen Gesellschaft für Psychiatrie and Correspondenz-Blatt' (half-yearly and monthly).
'Schmidt's Jahrbücher der in-und Ausländischen Gesammten Mediciu' (monthly).
'Annales Médico-Psychologiques' (bi-monthly).
'Archives Cliniques' (monthly).
'The Morningside Mirror.'
'Excelsior; or, Murray's Royal Asylum Literary Gazette.'

PROPOSED LIBRARY OF THE ASSOCIATION.

The President and Committee desire to bring before the Association the question of gathering a small library composed of the English and Foreign Journals of Insanity, of asylum reports and similar papers, to which hereafter, by purchase or donation, the standard works in psychology might be added.

Even in London there exists no complete series of these journals and reports, the best collection being that in the College of Surgeons' library. It is self-evident that a complete scries of these papers ought to be in the possession of the Association. The same observation applies to the several reports of the Commissioners in Lunacy in England, Scotland, and Ireland.

The editor is endeavouring to arrange a complete series of exchanges with all the journals on insanity published in Europe and America. Again, if the superintendent of each asylum would send a complete set of the published reports and rules of his asylum, a nucleus for the collection would soon be formed. A similar success might, it is hoped, attend the application by this Association to the Commissioners in Lunacy for a copy of their reports. The several parliamentary returns might also readily be obtained, and it is believed that authors (members of the Association and others) would from time to time add copies of their published works to the collection. The honorary secretary (Dr. Harrington Tuke) has placed a room in 37, Albemarle Street,

at the free disposal of the Association for the safe custody of such a library—a room which will, at all times, be open to the members of the Association who may wish to consult their books. The President and Committee trust, therefore, that this appeal may not be made in vain. They undertake that the reports thus sent shall be bound in their series of years, marked with the name of the Association, and carefully preserved with all other books and documents, which may from time to time be added by gift or otherwise to the library.

The receipt of any reports or books thus presented will be duly acknowledged in the Journal. Dr. Erlenmeyer, editor of the 'Archiv der Deutschen Gesellschaft für Psychiatrie,' offers a copy of a large work on 'Asylum Construction' which he has in the press for this proposed library, and there exists both in Germany and France a great willingness on the part of alienist physicians to bring their writings under the notice of their English brethren, so that the editor feels confident that this appeal would be liberally responded to from abroad.

1*st January*, 1863.

Note by the Treasurer.

The Treasurer particularly requests, with a view to his contemplated retirement in July, that all subscriptions in arrear be paid to him forthwith, in order that he may make up his final accounts. Post-Office Orders to be payable to William Ley.

Oxford County Asylum, Littlemore;
31st March, 1863.

THE JOURNAL OF MENTAL SCIENCE.

No. 46. JULY, 1863. Vol. IX.

PART I.—ORIGINAL ARTICLES.

On the Naming and Classification of Mental Diseases and Defects.

By Thomas Laycock, M.D., &c., &c., Professor of the Practice of Medicine and Clinical Medicine, and Lecturer on Medical Psychology and Mental Diseases in the University of Edinburgh.

(This paper is the substance of the Lecture of Dr. Laycock's course, introductory to his nosological arrangement.)

If asked "What's in a name?" one might fairly answer our knowledge of the thing named. Certainly, the primary meaning of the word seems to imply as much. "There is a petrified philosophy in language," Professor Max Müller remarks; "and if we examine the most ancient word for name, we find it is *náman* in Sanscrit, *nomen* in Latin, *namo* in Gothic. This *náman* stands for *gnáman*, which is preserved in the Latin *co-gnomen*. * * * Nâman, therefore, or name, meant originally that by which we know a thing." And since we know a thing by its qualities or attributes, it follows that all nouns or names "express originally one out of the many attributes of a thing, and that attribute, whether it be a quality or action, is necessarily a general idea. * * * * The fact that every word is originally a predicate, that names, though signs of individual conceptions, are all, without exception, derived from general ideas, is one of the most important discoveries in the science of language."* I have quoted these sentences because it is necessary that we should know exactly what we are about when giving names to morbid

* 'Lectures on the Science of Language,' p. 368. I learn from Professor Aufrecht, of this university, that the Sanscrit word is also held to mean memory, or knowledge by memory.

mental states, whether they be of disorder or defect. They are meant to express as accurately as may be, our knowledge of those states. Hence it follows that naming is no mere ingenious exercise of the intellect, but a procedure of the greatest practical importance. Our knowledge is not only thus generalised, but also rendered easily applicable to particular instances. A single word may in this way indicate attributes, qualities, or the series of events known as causes and effects. In naming mental disease and defects, this method has been long practised. Thus the ancient term melancholia indicates both the characteristic physiognomy and the then supposed cause of a form of insanity in which there is morbid pain of mind. But the term *phrenalgia* of Guislain, meaning morbid mind-pain simply as differentiated from *neuralgia*, or morbid body-pain, is obviously better because it indicates the leading fact, attribute, or quality of the thing to be named. Of course the scientific form of the term differentiates the morbid mind-pain of melancholia from normal or ordinary painful feelings. And while the term indicates correctly the chief condition of a group of mental affections, it implies no theory or false fact, as is implied in the term melancholia. For there are persons who are melancholic who have rather a ruddy than a swarthy complexion; and when swarthiness is associated with morbid mind-pain, it is not always or even generally of bilious origin, but is commonly a melasma, and to be distinguished from an icteric tint. "The spleen" is another of those etiological terms which imply both a painful mental state and its cause, and is equally vague as melancholia. All such etiological names whatever are clearly open to the objection that they can hardly fail to be more or less erroneous since but little is known of the essential causes of many mental diseases; as, for example, of melancholia. There are a few great divisions, however, to which the etiological principle is applicable. Thus mental defects may be classed according as they are primary—that is, due to congenital defects in organization and function; or secondary—that is, consecutive to certain other morbid states occurring in a previously healthy brain. To the class of primary defects belong idiocy, partial or total; to the secondary belong amnesia, or loss of memory, dementia, and moria or folly.

The legal or parliamentary terms are altogether unscientific. The phrase "a person of unsound mind" is very vague, and is applicable to almost any form of mental disease of a chronic kind, as mania and moria, or to impulsive or paroxysmal disorders of the appetites, sentiments or judgment. The synonym "an insane person" may be held as applying more particularly to mania with incoherence; but it may be extended to any form of moria and mania in which the conduct is manifestly absurd, and the conversation irrational. The term "lunatic" originally marked a paroxysmal form of mania and its cause, but as lunar influence is not now re-

cognised we take the idea implied, and use the word to designate those cases of mental disorder in which there are paroxysms of maniacal excitement, and periods either of remission or intermission of the morbid state. The periods of intermission are known as "lucid intervals." The phrase a "fatuous person" seems to indicate an individual who is incapable of thought and understanding, either from congenital defect or from some disease of the brain, as acute mania, inflammation, epilepsy, inflammation, tubercular disease; or, in short, defective nutrition from any permanent cause. The phrase is synonymous with "dement," or even "idiot." Properly, however, an "idiot" is a person who from birth, or at least very early infancy, has been without understanding, and more or less defective in the sentiments, emotions, and instincts. A true idiot is incapable of instruction and self-control; otherwise, he is rather an "imbecile." Between complete idiocy and slight imbecility there is, however, every conceivable degree of defect.

How, then, shall we proceed to secure a more definite terminology? A further brief consideration of the mental process by which we acquire and retain our knowledge will facilitate the attempt. In naming a thing, the first step is to distinguish or differentiate it from all other things: this is done by a twofold process. Whenever we observe a thing, we also determine whether it be like or unlike other things previously observed; or, in logical phrase, ascertain its resemblances and differences, and then place it either apart or with others; so that the process includes both comparison and classification. It is undoubtedly instinctive, and is the method by which all knowledge is acquired from the earliest exercise of the mental faculties. Thus the white child, which, seeing their resemblance to its father, generalises or classifies all white men under the term "papa," would specialise a black man by his difference in colour from "papa," and either class him with some other thing that it had observed to be black, or place him apart, as a man, and give him a new name, such as "black papa." We can follow no other method in the nomenclature of mental pathology, so that it is necessary, before we can say of a man that he is an imbecile, to have a clear idea for the purpose of comparison of what constitutes mental soundness and completeness. Since, however, we distinguish things differently, accordingly as we use qualities or actions for the purposes of comparison and generalisation, there thence arises an important difference in the processes adopted. Qualities, such as colour, form, and the like, indicated by nouns, are not necessarily variable; but actions, indicated by verbs, do necessarily imply change. Now, in discriminating mental disease, we take actions or conduct for our chief subject-matter, but in noting mental defects, we rely upon form as well as conduct, whether it be of the body generally, or of the head and face in especial. Hence, there is a

primary necessity to differentiate mental diseases from congenital defects, and degrees and kinds of both from each other.

It is obvious that in ordinary experience nouns or names expressive of things, and verbs expressive of actions, must continually be invented, as things and actions become more numerous or better known; and thus a language grows as experience and knowledge increase. This principle applies equally to all the sciences, which are nothing more than experience systematised, so that in proportion as any science whatever is extended, its terms or names multiply or are varied, and a language of the science is created. All the true sciences, therefore, have a terminology or language which is perfect in proportion as the science is perfect, and which changes rapidly in the rapidly progressive sciences. Lavoisier first systematised chemistry by giving it a nomenclature, yet we are told by high chemical authorities that the student of chemistry must be prepared for a new crop of systematic names, and a new classification of elements and compounds, every ten years, so rapidly progressive is the science; and I venture to say that, with a larger science, the time has come for a change in the classification and nomenclature of mental pathology.

Unscientific persons, especially if they be learned, generally betray an ignorant impatience of these scientific languages; for although usually based on Latin or Greek, the terms do not teach, but only indicate scientific ideas. Feeling their ignorance, these persons impatiently demand that the man of science shall express his knowledge in plain English, which really means, shall use terms that shall enlighten them. But they forget that this is impossible from the inherent qualities of our mother Anglo-Saxon. Originally it expressed nothing more than a rude experience, and is, and always has been therefore, too poor and unpliable for this purpose; German is the only language of the group which seems capable of scientific development. So that even the recent applications of science to the arts are designated in England by Greek and Latin terms, as *telegram, photograph, terminus, gradient,* and the like. In process of years these words become familiar, as many other terms have already become. For even the most elementary and popular of the sciences, as grammar, arithmetic, and mathematics, are not only designated by familiar names derived from the Greek, but are expounded by means of terms, which are only not considered learned because universally taught. Lindley Murray's English grammar opens with the sentence, "Grammar is divided into four parts, orthography, etymology, syntax, and prosody." Of these eleven words, there are only four purely English; of the six names or nouns, five are Greek and one Latin, and the one verb, too, is Latin; yet every English child has to learn them.

It is, in truth, by the want of a scientific nomenclature that the

defects of a science are best shown, and I think nothing more conclusively marks the true position of mental science and mental pathology than the confused state of the nomenclature or terminology of both, and the serious errors to which it gives origin. Perhaps the best illustration of this statement is to be found in the fact that the highest legal authority of this country, Lord Chancellor Westbury, applied the general term insanity alike to mental disorders and mental defects, when legislating on them. Indeed, so little are the nature and value of scientific terms in mental pathology recognised, that by a large and highly educated class of Englishmen all the terms which are used by mental physicians to distinguish particular kinds of insanity, such as homicidal, suicidal, and the like, are contemptuously designated "jargon." It is plain that nothing less than the most profound ignorance of the subject is implied in this repudiation of technical terms. As to mental diseases, those persons are very much in the position of the infant in relation to men, when it generalises every man under the term "papa." If this ignorance of the subject had no bad results, it would require nothing more than a passing smile; but it is, in truth, of great moment to truth and justice, for the same persons who contemptuously designate the terms of our art and science as "jargon," are also eager to subject insane persons to ignominious punishments, and even to death. We may trace some of this ignorant impatience, however, to prejudices of education, and to the peculiar systems of mental science which have been long current; for while the phraseology of these false or at least insufficient systems has infected the terminology of medicine with their own faults of vagueness and error, the physiological science of the physician has been too often in conflict with the speculative science of the metaphysician.

Too much has also, perhaps, been expected from science. For it must not be concealed that however solidly a system of mental science may be settled, the subject-matter of it offers inherent obstacles to the formation of a satisfactory terminology and classification. The phenomena to be observed, compared, and classified, are most recondite. Comparison and classification imply that there are sufficient standards with which a thing may be compared, and its resemblances and differences thereby determined. Now, what are the current standards of comparison in metaphysics, or mental physiology and pathology? I fear they are at best only vague, general ideas, formed without much regard to scientific accuracy or to these inherent obstacles. It would be as difficult to state, in words, what constitutes mental soundness or completeness, as it confessedly is to state what constitutes mental unsoundness or defect. And so soon as we endeavour to fix these standards, we discover that there is a state of existence at which the limits between health and disease vanish, so that the two classes of things to be compared are found

to intermingle or be continuous. This continuity of phenomena constitutes, indeed, an almost insuperable obstacle to any exact statements of the things comprised in the names or terms which designate actions or events, or predicate things of which these are the chief attributes.* I observed lately, in the 'Times' newspaper, a leading article on the legal meaning of the word "privilege," in which this difficulty was amply shown. I believe language would fail to define absolutely what is instinct or what reason; and I can affirm, confidently, that the naturalist is unable to state, beyond cavil, what characterises a plant as distinct from an animal. In medicine we find the same difficulty with the words health and disease; nay, we cannot define, in unexceptionable phrase, what life itself is. An illustration may be useful, in showing this important principle more clearly, for it is of very great practical importance. We can define mania or insanity to be a disease characterised by disorder of the intellect, but without coma or fever; I do not know a better or more comprehensive definition; but, be this as it may, so soon as we apply it or any other possible definition practically, we are met by the undoubted and most important fact, that during the first stage of certain kinds of mania, that is to say, when the transition from healthy to morbid action has begun, and the disease is the most curable, there is, in truth, no disorder of the intellectual faculties, but only an exaltation, indicated by increased activity and power. Insanity is, in this respect, like all other diseases, in which we recognise successive stages; it differs, however, from all others in this, that the law attempts an absolute definition of the word in terms of the widest generality, but which can only apply to one stage of the entire course or series of actions of a particular kind of insanity, and not applicable, therefore, to most or all kinds.

Since, then, absolute standards are impossible in the nature of things, and our standards of comparison must always be relative, let us inquire further as to the kind of relations which must constitute their essential elements. Now, obviously, the present state of a man is in relation to his past state; when, therefore, we affirm of any person, previously healthy, that he is insane, we compare his morbid state with his previous condition. In other words, in every mental case to be considered there is a standard of comparison proper to the individual. Such a standard is, in fact, instinctively set up by us all, whenever we predicate of a man that he has any disease whatever, for the very term implies differentiation from a previous state of health. If we further analyse this standard as applied to the naming and classification of mental diseases in general, we find it includes attributes or qualities of the individual in common with others of the same age, sex, race, or social position.

* See this question discussed in my work, 'Mind and Brain,' vol. ii, part 5, chap. iii.

Some persons perpetrate eccentricities which, if done under other circumstances or by others of greater solidity of character or position, would indicate unsoundness. And so, also, with the conduct and customs of races as well as ranks. Tattooing of the face is a perfectly legitimate decoration with African and Malay races, but if practised by an European man or woman of fashion, it would excite grave suspicions of mental disorder or defect. Now as to these general standards, it may be said that inasmuch as they represent the average of the age, sex, and race to which the individual belongs, they imply a general knowledge of the mental conditions and qualities of the sexes, and of ages, races, &c. Persons, however, often make mistakes by confounding one standard with another; for example, for the mental condition and diseases of infancy and childhood they set up a standard of adult life.

The two attributes of age and sex modify fundamentally our standards. It is quite true that there are mental diseases common to all ages and both sexes, but it is equally certain that there are also special forms. Age means as to both sexes evolution, development, and nutrition, and therefore includes some of the most fundamental ideas of life. Sex implies a group of fundamental differences between man and woman, which extends to all mental disorders whether they predominantly involve the appetites, propensities, instincts, emotions, sentiments, or intellect. A knowledge of feminine, as distinct from masculine human nature is consequently included in all sound standards of comparison.

There are, however, general ideas of health and disease which are common to all mankind, and which enter therefore into all our standards of comparison. These ideas specially imply a knowledge of those corporeal and mental states which are of a transitional character between health and disease. Chiefest amongst them is the sleeping condition. Although most essential to health, and most healthy when most complete, it is, strictly speaking, not health, but a negation thereof in relation to activity; so that we may truly say that from a third to a fourth of every day of a man's life is occupied by a state of existence which is relatively morbid. Whether, as Sir H. Holland thinks (with others), there be no sleep without dreaming, or whether we conclude with the side which Lord Brougham takes, that we dream only in the transition state between sleeping or waking, the general fact remains the same. Dreaming is a sort of normal insanity; so that, as Cicero long ago remarked, if men could do in sleep what they dream, every man would have to be bound down when going to bed. Hence it happens that some of the most difficult cases of insanity, in a medico-legal sense, are associated with this sleeping state, or with an analogous condition, and that in truth, every morbid mental state is more or less modified by it.

A class of conditions common to many individuals, but less

general, may be mentioned, as involving minor or special standards of comparison. In the adult female, the menstrual, gravid, and parturient periods, are ordinary or physiological states of health; yet, like sleep, are closely allied to morbid states, and have to be considered in all observations of the sex, for the purpose of generalisation and comparison. It is probable, however, that analogous periodic changes occur in the male; and that the term lunatic has originated in the observation of monthly paroxysms of disorder thus arising. Other conditions of a more decidedly morbid character constitute a transitional group between diseases and defects in general and mental diseases. These diseases are usually classed as complications, and are for the most part, directly or indirectly, encephalic. Epilepsy, hysteria, hypochondriasis, chorea, hemiplegia, general paresis, and other paralytic affections, are of this class and constitute a transitional group, in common with various congestive and other affections of the encephalon, in which the phenomena are more purely mental, as somnambulism, delirium, spectral illusions, and fixed ideas, conjoined with that peculiar state termed *enthusiasmus* by Vogel, in regard to religious ideas, but which is common to all kinds of mysticism.

Old age is a state of natural defect in nutrition of the body generally and closely allied to disease, from which the cerebrum is not exempt. Hence a class of senile disorders and defects of the mental faculties, and the need of a standard of comparison in which the natural or normal infirmities of age is a chief element. And it is to be remembered that the number of years lived is not the proper basis of the standard, but the average extent of degeneration and decay which advancing age brings. So that there may be a premature old age, or a prolonged vigour of mind far beyond the average. The cerebral degeneration which characterises old age is analogous to the defect in nutrition of the cerebral tissue which is induced by various forms of disease, such as atheroma of the vessels, softening, chronic or acute affections of the membranes, and the like. It is to be classed with the pareses and paralyses. Infancy and childhood are not so much related to disease as to defect; they are amongst the imperfections of development; when, therefore, we speak of old age as second childhood, it is because there is the imbecility of the unformed brain in the senile organ.

Mental defects, as differentiated from diseases, especially those which are congenital, are to be classed with defects of evolution. Now, congenital defect and degeneration imply a standard of perfection as to both evolution of function of brain and of form of body, or, at least, of the head and face, and a classification of defects and degenerations with reference to some general idea of perfection. This kind of standard of comparison is based on the attributes of a complete adult of a given race; with us it is the European; more spe-

cifically, and less accurately, perhaps, the Greek. It is to be observed, however, that this is a wholly ideal standard; and being such we require to know the principles of the Ideal on which it is constructed; or at least something definite as to the measurements and proportions which make up the whole standard, or of those of the principal parts, as the head and face. It is obvious that the varying *opinions* of men as to a perfect Ideal can form no scientific basis of comparison, and that nothing short of geometrical truth can really serve the purpose. I know of no standard that comes up to these requirements, except that which my friend Mr. D. R. Hay has worked out.*

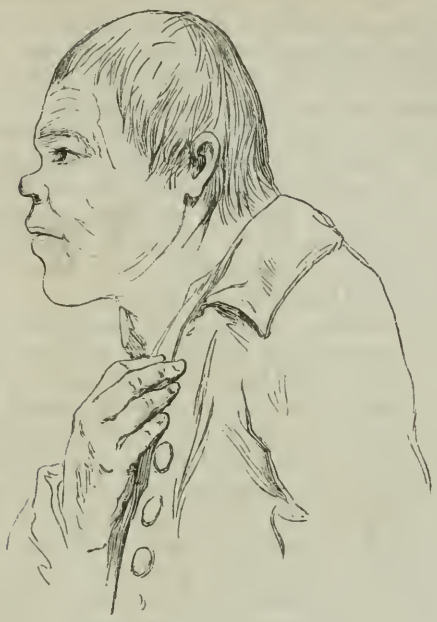
Standards of male and female European heads geometrically evolved (D. R. Hay). The necks are not accurately rendered, being in the original a dissection showing the muscles.

The departures from this standard may be two fold: First, as to the race itself, and be manifested by age—that is, in the progress of the individual from imperfection towards maturity; or, in other words, there may be an arrest of mental development. In this case the adult man manifests the characteristics of the child or youth. But secondly, inasmuch as the European passes during uterine and infantile life through stages of form which are the adult characteristics of other races, as the Mongolian and African, the defect in

* 'The Science of Beauty as developed in Nature and applied in Art,' by D. R. Hay, F.R.S.E., &c. &c.

development may be manifested more or less in adolescence or adult life by Mongolian or African characteristics of mind, brain, and countenance. It is to such a class of degenerations that we must refer a goitrous cretin, with the oblique Mongolian eye, figured by Alibert.

It is very obvious, however, since there are varieties of race, that if we adopt an ethnic standard at all, we must have a *series* of ethnic standards to which we can refer the corresponding ethnic degenerations. Practically, such varieties occur. Thus the degeneration of the European characterised by evolution of the lower jaw and change of angle and by malproportion as to the other facial elements, is a well-marked and common kind. It is seen especially in endemic cretins, not only in mountainous countries where goitre prevails, but in the poverty-stricken districts of all parts of Europe, whether in the large towns or in the remote agricultural districts. These I have designated poverty cretins; their approximation to the Negro or Malay type is matter of common observation. But there is another class I designate luxury cretins, who manifest degeneration in quite a different direction. The lower jaw recedes, and it is the mid-face which projects and is evolved out of proportion to the other elements of the countenance, giving a bird-like appearance to the



Swiss cretin (Sir R. Carswell).

physiognomy. These have been called "spoonbill" idiots, or imbeciles; they have their extreme type in cretins like the "Aztec" microcephales.

'Aztec' children, from a photograph (Dalton's 'Physiology').

The small head badly developed in both the occipital and frontal regions, the receding lower jaw, the monstrously long nose, short

upper lip, lobeless ears, and projecting upper maxilla of these two cognate idiots, are probably of ethnic origin, and belong to some of the American varieties of man, which again may be related to allied Asiatic races. Be this as it may, such *types* of degeneration are not uncommon among those classes of Europeans who have not only the means of healthy existence, but the luxuries—to indulgence in which the degeneration seems due. Hence the term "luxury cretin" I have adopted to distinguish the class.*

The question of a standard of human perfection with which all varieties of mankind can be compared thus arises and must ultimately be settled. A few remarks as to what it should comprise may be useful. Degenerations of function exclusively, in the sense of defective evolution, can only be manifested by actions or attributes, but degenerations of function and form are manifested by characters. How far ethnic standards may be attained, founded on morphological characters of form in general, such as zoology supplies, or, more restrictedly, such as the form of skull, or of face, or size and form of portions of either, it is difficult as yet to say. Various attempts are, however, being made in the direction of the ethnology, palæontology, and natural history of man, and we may hope that something definite will result. In the estimate of mental deficiencies of the congenital or developmental class, we have already attained to a rough standard of this kind. Thus, a microcephale, that is, a human being with a head of less circumference than seventeen inches, is an idiot. But any standard based upon the measurements of the skull exclusively, or on the relative proportions of its various elements, can only have a limited application to mental pathology, because the condition of the soft parts of the head and face, and more especially of the ears, nose, and lips, as to development, must always constitute important points in a morphological standard of this kind. Nor, even if the morphology of the unclothed skull were thoroughly elucidated, would it be possible, when the cranium is clothed with living tissues, to observe those cranial differences and resemblances which might be associated with differences and resemblances of function of the contained brain. This remark is more especially applicable to the researches of Professor Virchow and Professor Huxley into the varying proportions of the osseous elements of the base of the skull; the former having noted them in cretins and idiots, and the latter in various races of men and in lower animals allied to him. If any great general law of cerebral evolution and development, and therewith of mental endowments, were finally evolved by this kind of research, no matter how true, there would be always, I apprehend, this obstacle to the practical application of it to mental pathology.

* See my lectures in 'Medical Times and Gazette,' March 1, 1862, p. 207; and 22nd March, p. 287, where the etiology and characters are discussed.

In forming a common ethnical standard there is another very important fact for consideration—too often overlooked by archæologists and palæontologists—in the circumstance, that the osseous proportions of the head and face may be the same in men of different races, and the differential ethnic characteristics be shown exclusively in the development of the soft parts. Mr. Hay has demonstrated this point very admirably, by clothing a skull of the same geometrical proportions with the hair and lips characteristic of such different races as the European and Negro, the European thus appearing of a degenerate type.* In constructing a general standard, therefore, which shall meet the needs of the mental physician, it is obviously necessary to combine the evolution of the soft parts with that of the osseous framework of the head and face; and it is, I think, only practicable to form such a combined standard by means of principles applied to the evolution of an ideal type of perfection of both the skull and the tissues covering it. Now, such a standard of perfection as regards the human form may be found in the geometrical laws of development which Mr. D. R. Hay has worked out as laws of the Beautiful, and of which there are examples before you. These are of the Greek type, but Mr. Hay's principles apply equally to the head and face of the African and Mongolian races, and even to those of Europeans of bad types, for these are produced by certain modifications, according to fixed principles of the geometrical proportions of the ideal type or standard of perfection.† By these geometrical proportions all relative disproportions of special or particular parts of the head and face may be estimated, as well as of the whole.

Man, however, is so placed in nature, being at the head of the animal creation, and yet a part of it, that the defects and degenerations of which he is the subject may be brutish as well as ethnic; and thus we have brute-like idiots, characterised by their resemblance in certain attributes and qualities to lower animals. The occurrence of such brute-like men is established on satisfactory evidence, and I therefore place this kind of idiots separately, in a class designated theroid.‡ Now, if we conceive such human beings to be born of both sexes, with merely animal instincts, but with health sufficient for the needs of existence in a climate favorable to life, and exercising the merely gregarious instincts of humanity, there are the conditions for a race of creatures which would con-

* The reader is referred to the lithographs annexed to this paper, and to the description of them given therewith for conclusive illustrations of this important fact.

† Compare the numerous illustrative plates in Mr. Hay's 'Science of Proportions of the Human Head and Countenance,' 4to, 1848. I have availed myself of Mr. Hay's kind permission to copy any of these, and give lithographs of eight of the one hundred and twenty figures in his plates.

‡ Θήρ, *fera*; εἶδος, *forma*.

stitute a link between man and the lower animals. They would be produced, not according to a law of evolution, but of retrocession. That whole tribes of men may degenerate in a less degree under conditions unfavorable to nutrition and development, is one of the most certain facts in medicine and philosophy.

The law of tissue-degenerations which I adopt in my systematic course of the practice of medicine as well as in this, for the classification of these kinds of facts, is very simple. It is that in the diseases and defects of man there re-appear modes of vital activity which are normal in lower organizations. Thus, in the degenerations of the blood of man the normal types of the blood-corpuscle of the lower vertebrates appear as the degenerate white corpuscles of leukæmia; and the abnormal production of uric acid as urates in certain diseases has its counterpart in the normal production in birds and reptiles. So also with other morbid products, as sugar, glucose, starch, fats, oxalic acid, and the like; that which is morbid in man is normal lower down in the scale. Not otherwise is the law of cerebral functional activity and mental qualities. In early childhood, in mania and "moral insanity," in imbecility, and in dementia, there is a morbid manifestation of appetites, instincts, and propensities, which are normal in lower animals. The stealing and hoarding propensity, for example, seen as a disease in man, is the characteristic propensity of the magpie tribe. By this principle we can classify large groups of mental diseases and defects, and at the same time lead the way to a more thorough comprehension of those deeply rooted laws of development and evolution which connect the vital activities of humanity, whether mental or corporeal, with all the manifestations of life in nature.

But, after all, forms and functions are not the essences of living sentient organisms. These arise out of that directing and upholding force which may well be termed mind-force, and which, as I have shown elsewhere, operates to the evolution and development of things from or out of the One and the General to the Many and the Special; so that all those varying states of consciousness which, as morbid states, occupy our attention, may be referred to a teleological principle of evolution and development, as sure as that morphological principle which the philosophical anatomist adopts to guide him in his researches into form of organisms. According to this principle, all our highest faculties and sentiments are differentiations and evolutions of instincts and desires which are represented in the lowliest organisms by the most simple and most general vegetative instincts.* Such a principle is not easily applicable to mental science, because of the wide knowledge of living nature needed for the comprehension of

* Compare the statement of this doctrine, and its illustrations, in my 'Mind and Brain,' vol. i, part 3; and vol. ii, part 4.

it; but I venture to say that it will throw light on morbid mental states just in proportion as it is comprehended and applied. From this point of view we see how important to Art and Practice are the most transcendental inquiries of the palæontologist, zoologist, and physicist.

This mental or ideational differentiation and evolution has probably its limits, as to human nature at least, but facts are not wanting in mental pathology to show that it extends occasionally in individuals beyond the average development of the highest intellects of the highest races. It may serve, therefore, to make this summary more complete scientifically, if I include a class of cases of special mental activity in which there is an aberration from the average mental standard, and, in a practical sense, disorder, but as an exaltation or higher evolution rather than degeneration. If this morbid activity be manifested in the world of ideas, and especially by an instinctive perception and performance of things which belong to the æsthetic faculties and sentiments, it is the development of genius, so called. In persons of this class, while the ideal evolution is to a higher stage or grade, the cerebral tissues are apt to lag behind, and disorder and disease thus arise. The "infirmities" of genius have long been recognised popularly; they undoubtedly demand a place in a scientific classification of mental diseases and defects. They are aberrations from the standard of common sense, but must be measured by a standard of their own. That they do not stand alone, but belong to a group of abnormal conditions, is deducible from the phenomena of artificial somnambulism, or electro-biological, hypnotic, mesmeric, or other states, however they may be named. In these states, persons of ordinary endowments are found to be æsthetically capable of things which were impossible to them in the normal condition. Sometimes, indeed, this happens in ordinary sleep. I had lately a patient who sings in his sleep without knowing it, and who knows nothing whatever of the songs he sings, and cannot sing at all, in fact, when awake. It is not surprising, then, to find that many of the highest examples of genius and mental power were the subjects of epilepsy, spectral illusions, hallucinations, and even of morbid states bordering on insanity. The chief characteristic of another class of this group of mental disorders and defects is the absorbing study of the mystical, that is, of intuitions of hidden and awful forces and of the strangely impressive notions thence arising, so that at last ideas are evolved and take possession of the man (or become "fixed") which are of a wholly abstract kind, and altogether out of relation to things or realities. These various mental states are definite enough for a name, and I have therefore generalised them as *enthymia*.*

* Ἐνθυμία, *cogitatio*; from ἐν, *in*, and θυμὸς, *animus*.

It is obvious that all these relative standards of comparison represent general ideas, and, as such, may serve as the basis of a classification around which mental diseases and defects may be grouped. We have, first, the general idea of mental disorder, disease, and defect, long expressed by the word *vesania;* then the subordinate groups, as modified by personal habits, diseases or complications, age, sex, race, and original conformation, which latter may be made to include temperament and other special characters of evolution and development, and this leads us to the consideration of another point, namely, the differentiation of mental diseases and defects in general, or, in other words, to the construction of what is termed a nosological classification. Whatever method we may adopt in constituting a nosology, the differentiation of morbid mental states must follow the same law as of the normal, for persons of sound mind differ from each other and from themselves in mental qualities just as much as those of unsound mind. A classification of these differences (as well as of resemblances) in the mental states of the same individual at different times, and in individuals when compared with each other, has often been attempted, and, I believe, it is now admitted that a complete or unexceptionable arrangement is impracticable. This must consequently be also true of any arrangements of morbid mental states; I shall not, therefore, discuss the various psychological nosologies which have been attempted, but would refer to the systematic treatise of Messrs. Tuke and Bucknill for a useful inquiry into their relative merits.* I am satisfied that the differentiation of the normal mental states which has been arrived at by the common sense of mankind is the only arrangement at present available to science, with such corrections as are needed for greater accuracy and comprehensiveness. The terms appetites, instincts, faculties, feelings, emotions, sentiments, imaginations, notions, and judgment (including in that term the faculties of observation, attention, memory, comparison, and classification), are all sufficiently expressive of distinct modes of consciousness and action. If the corresponding morbid states be as accurately named as circumstances will permit, all is done that is practicable, however short of completeness. To this end, however, it is necessary to have as clear a notion of the things with which we have to deal as is possible.

It is, I think, obvious that, fundamentally, the phenomena we have to observe, compare, classify, and name, are twofold, viz., states of consciousness and actions. But then these are phenomena of life, and of the living man. The so-called spirit-world and souls considered as separate from terrestrial organization are utterly beyond scientific inquiry. To attempt the investigation of these matters

* See also various articles in the Journal.

would be as useless as if the physicist were to attempt to investigate the laws of the forces of matter, without regard to matter. As I shall specially examine what is meant by the term consciousness, I need only say now that all states of consciousness whatever concern us, whether they be simple corporeal feelings, that is to say, states of consciousness the causes of which, are referred to some part of the body, or more purely mental, in which, although the seat of the vital change upon which they depend is the same as those of the corporeal feelings, there is no reference to the body whatever. For every sensation, impulse, desire, emotion, sentiment, thought, and volition of man on earth is associated necessarily with some change in the body, without which it cannot be experienced. This is the fundamental truth of our system, and must guide all our procedures. Now, the seat of those vital changes which correlate mental states is within the cranium, or in the structure known as the encephalon. Hence the phenomena we examine are vital phenomena of a special kind.

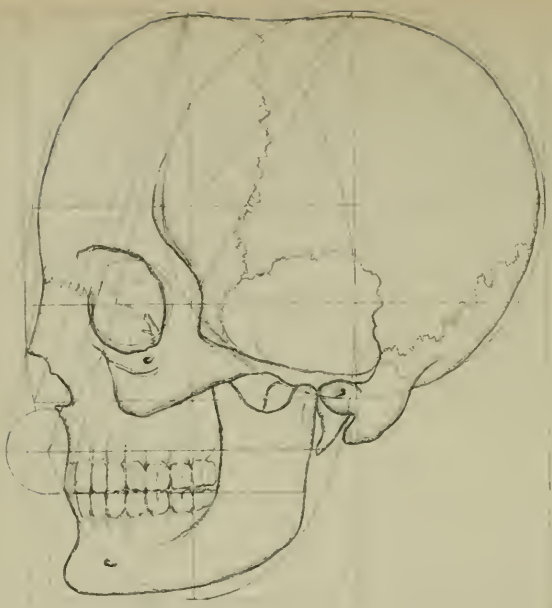
Another fundamental truth is, that all the phenomena of which we take cognizance are due directly or indirectly to forces of matter, and these special vital phenomena to that modification of them I have designated mind-force. But a difficulty meets us at the outset when we set about investigating the laws of this force, for, being hidden from our view, we cannot observe the results of its operations. These are known to us, nevertheless, directly by the changes they induce in the consciousness, and indirectly by the actions which coincide with and follow them. And the obstacle is not so great nor so peculiar as it appears, for it is common to all researches into the operations of all the forces of nature, inasmuch as whatever we know of these is the ultimate result of their action on the same encephalic tissue. And it is clear, too, that the primary or essential phenomena of electricity, chemical affinity, heat, light, and even gravity, are just as much beyond the reach of observation as those of mind; it is always the secondary results we observe and classify. There is an important difference, however, in favour of mental phenomena in this respect, in the fact that they are in immediate relation with our consciousness, whereas those of all other forces are only in mediate relation.*

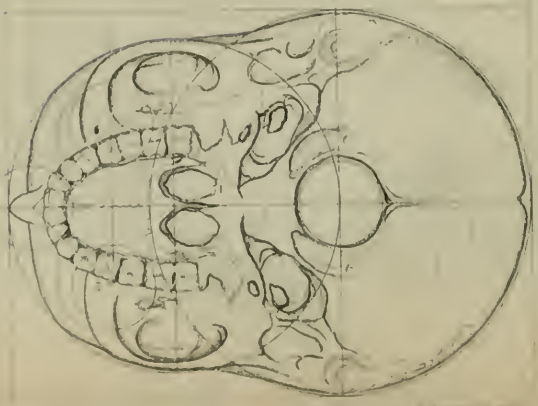
It is to be carefully remembered that whatever we may know consciously, all we can observe, in the ordinary sense of the word, are actions. No man can observe the states of consciousness of another; he can only infer them from the actions of the man (in which language is, of course, included), as compared with his own as a standard. But hence arises a great difficulty in inquiry, for there is no necessary connection between states of consciousness and actions; the actions may be purely reflex, or automatic, even when

* See this question discussed in my 'Mind and Brain,' part iv, chap. i, vol. ii.

expressive of ideas or notions, as in speech, or in "spirit" writing and drawing; on the other hand, the thoughts may never be manifested by actions. Nor, as to his own conscious states, can a man know with absolute certainty at a given moment whether he was conscious or unconscious at a certain past moment, for to this end a reminiscence is necessary, and the reminiscence itself is dependent on the bodily condition at the two moments. It is therefore by no means certain that persons, when under the influence of chloroform, are wholly unconscious, for the action of the drug may have been simply such that memory and recollection were abolished, but not consciousness. This is the more probable from the fact that in certain morbid states there are alternations of mental activity, such that there is only reminiscence when the brain is in a condition like that in which the previous state of consciousness occurred. In short, the laws of memory and recollection must be borne in mind in determining questions of this kind. There is another difficulty in the way of observing states of consciousness. A man may be fully convinced by what appears to be a true act of reminiscence that he experienced some particular state of consciousness at a given past moment, and yet the conviction may be wholly false; for it is matter of common observation that in certain morbid conditions of the encephalon these apparently true reminiscences of past states are mere hallucinations and delusions, and have no other foundation than the morbid state itself. In short, the only sure principle for our guidance is that all our states of consciousness and all our actions are alike necessarily coincident with vital encephalic changes. It is therefore the order of these vital changes which we aim to know, and how disorder and defect arise. One word is necessary as to another source of fallacy. Much stress is laid popularly, and even by mental physicians, upon motives. Now, these belong to the states of consciousness termed desires, and, like all other mental states, can only be deduced from actions. The fears and hopes which coincide with the desires termed motives may be all concealed, not only by language, but by other actions, and often are, in fact, so concealed and simulated for the purposes of deception by both sane and insane. Expressed motives have their value in medicine, however, but only as correlative with vital states; or, in other words, insane motives must be traced to cerebral disorder and effect to be valid as facts.

I have only to observe, finally, that these remarks, as to the naming and classification of mental disorders, diseases, and defects, are, *mutatis mutandis*, equally applicable to their diagnosis; for the process termed diagnosis is nothing more than the determination what name and what position in a nosological classification shall be given to a case under observation. So that in sound principles of naming and classification we have the best guides to accuracy of diagnosis.





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EXPLANATION OF THE GEOMETRICAL PLATES.

The lithographic drawings in illustration of Professor Laycock's article are reproduced with the author's kind permission from Mr. Hay's work 'On the Science of those Proportions by which the Human Head and Countenance, as represented in works of Ancient Greek Art, are distinguished from those of ordinary Nature.' 4to, 1849. Blackwood and Sons.

Figures 1 and 2, Plate I, (figs. 2 and 3 of Mr. Hay's Plate III), show the geometrical evolution of a "severely classical" female skull. Fig. 1 shows the profile evolved geometrically from a right-angled triangle, or the half of a square, being that on which the most perfect forms are constructed. Its angles measure 45°, 45°, and 90°, respectively. The perpendicular and base are the semi-diameters of a circle, and bisect the cranium proper perpendicularly and transversely. The second triangle is the scalene triangle constructed within the circle, and its angles measure 30°, 60,° and 90°, respectively. Taking its sides as semi-diameters, an ellipse is described, the major axis of which runs perpendicularly through the face, and the minor across the face through the orbits. The two curvilinear figures thus evolved are necessarily in proportion to each other, because of the symmetrical proportions to each other of their angles. Let it now be supposed that they represent the two solid bodies, which a revolution upon their vertical axes would produce, and there results a form composed of a sphere and a prolate spheroid, so united and integrated, that the circumference of the sphere passes through the centre of the prolate spheroid. "These two bodies," Mr. Hay observes, "thus proportioned and united, represent the typical form of the human head and face as it arises from the combination of the elements of geometric beauty. The organs of sense may be proportioned and arranged upon the facial surface agreeably to the same laws, the reader bearing in view that the surfaces of the curvilinear bodies, in whatever aspect they may be represented, are understood to be referred to a plane —the only way in which any form can be depicted on the retina." The major axis of the ellipse is the common perpendicular of the remaining three chief *facial* triangles. The base of one of these runs across the zygomatic process, of a second across the upper jaw along the roots of the teeth, and of a third along the crowns of the teeth of the lower jaw. They are all in harmonic ratio to each other and to the fundamental triangles.

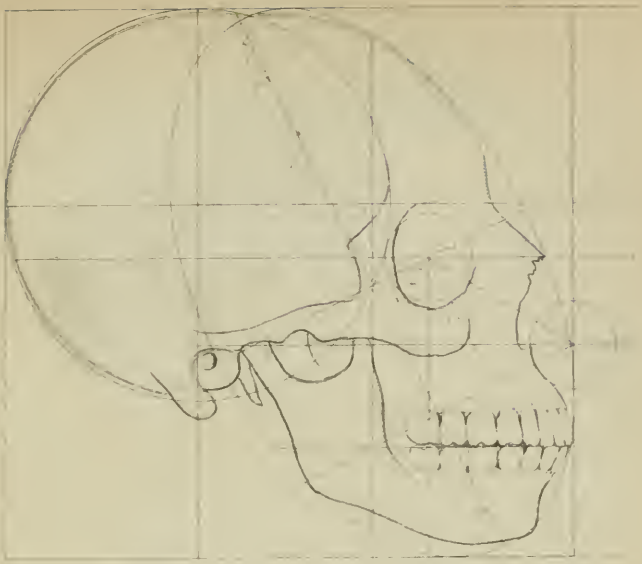
Fig. 2, Plate I, shows the geometric proportions of the base of the skull. In the original, the vertex and front face are delineated geometrically in like manner. The same harmonic proportions, it is to be understood, also regulate the evolution of the neck, mammæ, trunk, and extremities.

Figs. 1 and 2, Plate II, show the geometrical skull of figures 1 and 2, Plate I, clothed. In fig. 1, the organs of sense and cutaneous tissues are put on simply; in fig. 2, there is an application of Greek art.

Figs. 1 and 2, Plate III, show the geometrical evolution of the African skull, and of the degenerate European. In fig. 1, Plate I, the major axis of the ellipse, or oblate spheroid, is parallel to the vertical axis of the circle or sphere; but in proportion as it inclines to the latter a lower typical form is evolved. In fig. 1, Plate III, the spheroid is drawn at an inclination of 27° to the sphere, which Mr. Hay conceives to be its natural limit in man. Fig. 2, Plate III, shows the relative position of the parts which make up the base of such a skull, and which may be compared with fig. 2, Plate I.

Figs. 1 and 2, Plate IV, show the inclined skull of fig. 1, Plate III, clothed with the cutaneous tissues and the organs of sense, according to the African and European type respectively, and demonstrate the difference of type which a difference in the soft parts alone may indicate.

1



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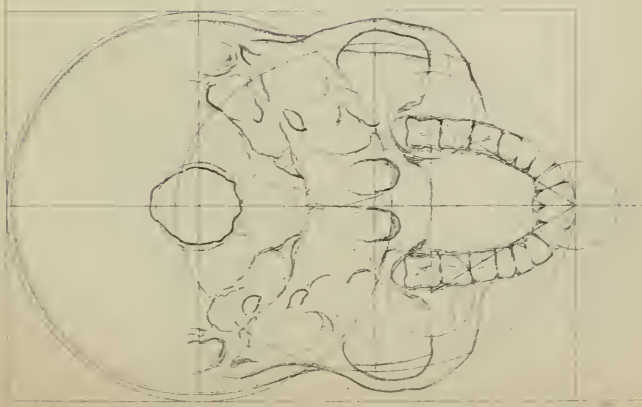

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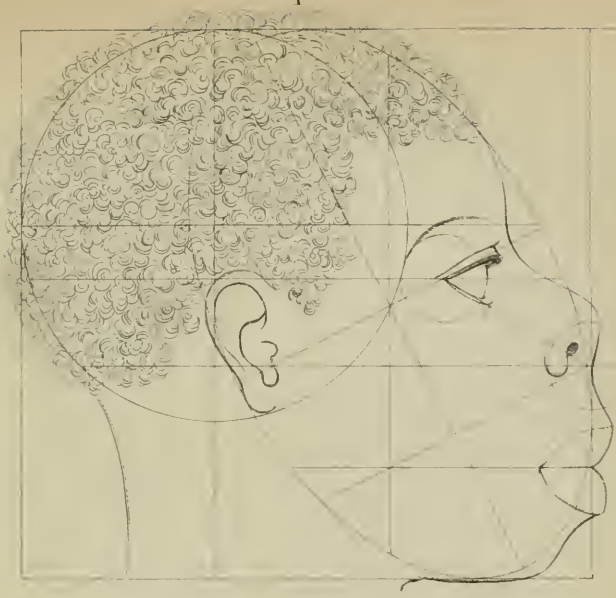

2

On Melancholia. By W. H. O. Sankey, M.D. Lond.; Medical Superintendent of the Middlesex Lunatic Asylum, Hanwell. (Female Department.)

During the past few years there have been published, both in this country and on the continent, several comprehensive treatises on the subject of insanity, as well as new editions of older works. In England there has been issued a new edition of the volume by Drs. Bucknill and Tuke, a volume on 'Obscure Mental Disease,' &c., by Dr. Forbes Winslow. In Germany, a new edition of the work of Griesinger, 'Die Pathologie und Therapie der Psychischen Krankheiten;' and in 1859, 'Lehrbuch der Psychiatre,' by Neumann, and 'Allgemeine Pathologie der Seele,' by Wachsmuth, each of which enjoys an extensive reputation. In France, a 'Traité Elémentaire et Pratique des Maladies Mentales,' par Dr. Dagonet, of Strasbourg; 'Traité Pratique des Maladies Mentales,' par Dr. L. V. Marcé, of Paris. In 1860, 'Traité des Maladies Mentales,' par Dr. B. A. Morel, of Rouen; in 1859, 'Traité des Maladies Inflammatoires du Cerveau,' par le Dr. L. F. Calmeil. It is the aim of the present article to examine into views entertained by the authors of the above works on the subject of melancholia, and to compare them with those contained in the writings of older writers, as well as with opinions to be found scattered in the periodical literature of insanity. It is true, that the aim of the different writers named was different while writing their works. One class of them have had for their object to produce digested handbooks, others original and scientific treatises. While the one avoid discussion on disputed points, the others make such discussion an important part of their works.

The foremost question with respect to melancholia is its position in nosology. Some of the authors enumerated ignore its existence as a distinct form of insanity, others retain it as one of the chief divisions of their classification of mental maladies. Now, taking a broad, or what may be called a distant view of the whole, nothing appears more marked or distinct than melancholia from other kinds of insanity. The animal, vegetable, and mineral kingdoms, seem scarcely to be more naturally defined than the three old forms—Mania, Melancholia, Dementia; but then to a close, exact, minute scrutiny, the confines of the animal and vegetable kingdoms become more doubtful; and thus it is, perhaps, with the division of mental diseases, the broad outline may seem distinct, but when a closer scrutiny is brought to bear on the subject, doubts, difficulties, and differences of opinion arise.

The subject of the classification of mental diseases has occupied the pens of several able writers recently; the analysis of one author's paper was given in this Journal in the last number.* Another small brochure was published lately by Dr. Jules Falret,† on the same subject. It will be necessary to examine this question, since it is with respect to melancholia that much of the diversity of opinion exists.

The question of chief interest is, at present, the grounds on which one class of authors claims a place for melancholia as a distinct disease, while another excludes it altogether. Dr. Hoffman may be said to take a middle view; for in his classification melancholia is not ignored, but it no longer holds a chief rank, but in part falls under Monomania (Verrücktheit), and in part under Vesania (Irresein).

Marcé is among the authors named who retain the old classification, usually attributed to Pinel. He divides the subject into Mania, Melancholia, Mania à double forme, Monomania, Dementia, and General Paralysis. Thus, according to modern French views, exalting general paralysis or paresis into a distinct morbid species. M. Dagonet's arrangement differs but slightly from the above. His divisions are, Manie, Lypemanie (Melancholia), Stupidité, Monomanie, Paralysie Générale, Demence, Idiotie. With respect to classification, the following extract from the latter author is worthy of repetition. "Certainly it is very difficult in medicine, especially for Mental Pathology to form a classification which shall comprehend all the varieties and all the shades which the delirium of insanity may beget. What are the differential signs to which we should confine ourselves? Is it possible, says M. le Dr. Lisle, in the actual state of science, to make a sound classification of mental diseases? It is not, our author adds, that we are wanting in either theories or systems of classification. Far from that, each author wishes to advance his own, while, if one reads with attention on this subject, it is impossible to understand why one has expended so many efforts of the imagination and style in order to arrive again always at the classification of Pinel and Esquirol."

The German and English authors of recent date differ from the French in not admitting general paresis or general incomplete paralysis to the position of a distinct form of insanity.

Two writers, Dr. Morel among French writers, Dr. Neumann among the German, deny melancholia a place as a specific disease. "I am not about to examine and study melancholia," says Dr. Morel, "any more than mania as a special form of insanity; the classification which I have adopted gives the latitude of attach-

* 'Journal of Mental Science,' p. 87.—'Ueber die Eintheilung der Geisteskrankheiten in Siegburg,' von Dir. Dr. Fr. Hoffmann, Band xix, p. 367 (1862).

† 'Des Principes à suivre dans la Classification des Maladies Mentales,' Paris, 1861.

ing to these two pathological states a sense exclusively symptomatic."

Dr. Morel's work, however, is confessedly written from a special point of view. He calls his own work "The Natural Evolution of the Theory which guided him in the Study of the 'Degenerescences de l'Espèce Humaine.'" He views insanity as one form of degeneration "transmissible and transmitted." "Among the *symptoms* of the malady, the most important," says Dr. Morel, are "exaltation and depression (mania, melancholia); hyperæsthesia and anæsthesia, the special modifications of the nervous system which produce the phenomena so strange, known under the name of illusions and delusions. I do not reject mania nor melancholia, nor their different perversions of the sentiments, but I do not make them the elements of my classification." (Introd., page 8.)

Neumann, however, who discusses at length the principles of classification and their proper application to the subject of insanity, concludes that melancholia is altogether an unscientific division of the subject.

"All mental diseases," he says, "which are accompanied by depression, without reference to their origin, their connection and their symptoms, are included under the term melancholia (lypemanie of Esquirol). According to us, the word will bear no generic signification, but simply designate the circumstance that a patient, in consequence of disease, is dejected." And again, "It remains, therefore, that melancholia as a class is unnecessary; a melancholic condition can accompany any form and any stage of mental disease, delusions, incoherence, or imbecility, and it may disappear in any stage of the disease. The delusion may be of melancholic character; and again the melancholy may disappear when the disease enters the stage of dementia." (Page 183.)

This author, however, in speaking of the principles on which a true classification of mental diseases should be based, thus writes: "I have, however, further convinced myself that a real division of mental disease can only be based upon the mental acts (faculties of the soul). Those who look for an anatomical principle are, at the outset, on a false scent. It is unscientific, and militates especially against the demands of natural science not to take the principles of classification from the objects to be classified." This passage illustrates one of the difficulties which beset this subject. Neumann objects to anatomical principles, because it is not placing the basis of the classification on the objects to be classified; by which he means mental phenomena. But surely insanity may be viewed from an anatomical point as a disease of the body, *i. e.*, somatically. Indeed in this country such is the general tendency. We are physicians—we treat the body.

The following gives the opinion of Drs. Marcé and Griesinger on this

point; after viewing the various schools of psychiatricians, Dr. Marcé writes: "In the midst of schools so diverse in their tendencies what principles ought we to adopt? I do not hesitate to reply, that every method founded upon pure psychology ought to be rejected in the most absolute manner. Psychology may draw from certain facts appertaining to mental alienation useful philosophic deductions; but if we reverse the rules, if we would make psychology the point of departure in the study of insanity, we certainly should lose ourselves in digressions obscure and devoid of all practical utility." (Marcé, page 34.)

"Nur wird man allerdings nicht von Krankheiten der Seele selbst zu sprechen haben—so wenig überhaupt eine richtige Pathologie von Krankheiten der Lebensprocesse, der Functionen spricht—sondern nur von Krankheiten des Gehirns, durch welche jene Acte des Vorstellens und Wollens gestört werden." (Griesinger, § 5.)

Although Neumann's objection to placing the classification of insanity on an anatomical basis be unsound, yet it must be confessed that the arguments he adduces against the position of melancholia as a morbid species have considerable force. It is unscientific, he says, to talk of one morbid action complicating another, or to say that one morbid process passes into or alternates with another, or that the concrete case is due to other than a single morbid process: for instance, to call the pericarditis of rheumatism a complication or a metastasis of a morbid process, and not a simple morbid phenomenon resulting from the original and single morbid process, is unscientific. Therefore, to speak of a case of insanity commencing by one species of mental disease, developing itself into a second, and finally terminating by becoming a third, is simply absurd. Such is the nature of his reasoning, and its force must be admitted.

But there will be no difficulty in admitting, as every one appears to do, that the classification of mental diseases is very far from perfected. A perfect classification presupposes an absolutely true acquaintance with every particular of the subjects to be classed. Until our knowledge of any subject has arrived at this state we must be satisfied with provisional classification. M. Jules Falret says—

"Certain persons of the present day are much disposed to question the utility of classifications, and to consider the subject as a barren field, which retards rather than advances science. To talk thus is to deny the natural and instinctive tendency of the human mind which leads it, in spite of itself, to bring together facts according to the analogies, and to separate others on account of their differences, and which obliges it to seek after general laws calculated to direct it amidst the multiplicity of the particular facts."

One of the difficulties in classing diseases is that the objects to be placed are not constant or determinate entities. In classifying plants or animals the object is tangible and limited, and frequently repeated

in one form. "But the four and twenty letters," says old Burton, "make no more variety of words in diverse languages than melancholy conceits produce diversity of symptoms in several persons." The different functions of the organism are more numerous than the letters of the alphabet, and the changes rung upon these by disease are indefinite. The resemblance between any two cases of disease is but relatively great or small; and a disease is but an average of the sum of the phenomena in a large collection of cases which have resemblance, not identity of nature or kind. "To deny the necessity of classification in the sciences is to deny the conditions of the very existence of the human mind," says M. Jules Falret. "The principles of classification have not to be discovered or invented, they are already agreed upon by those who have gone before us."

Among the natural sciences these principles, by universal acknowledgment, have been developed to the greatest extent in that of botany. This is particularly remarked both by Neumann and J. Falret, but every botanist knows that the modelling and remodelling of genera is continually going on. Genera are dispersed and new ones formed daily, as Neumann himself remarks; and yet in the vegetable kingdom there is a great definity in the individual objects. This constant change must lead us to the necessary conclusion that the classification of botany is not perfected; that it probably still contains numerous imperfections and absolute errors; and if so, to a certain extent it is a false classification. Would Neumann advise botanists, therefore, to discard the whole system? "All that we have to do," Neumann admonishes us, "is to say frankly, 'besser gar keine Klassification als eine falsche;'" but to discard the scaffolding before the house is finished, or a better scaffold prepared, would be not a very wise step. And the chief use of classification is to assist in the study of disease, to be as a scaffold while the building is erecting; its usefulness consists chiefly in uniting scattered facts together, which otherwise would be lost or be dispersed, in placing our materials in order for subsequent use, in reducing, therefore, a multiplicity of facts to more simple form of expression. And to do all this we must examine the qualities of all in order to arrange them according to their resemblances to each other, and so the act of classification goes hand in hand with the study of the individual features of the objects. The system of the classification gradually developes as we proceed. To say that no arrangement is to be made until the whole is perfected is simply illogical and impossible. The perfection of classification may be imagined not realised. Perfection of anything is a mere mental abstraction.

There are certain aims at which we may direct our attention, in order to perfectionate our classification. M. Jules Falret thus sums up his ideas on this question:

"1. The class ought to rest upon a group of symptoms belonging

to all the cases which are comprised within it, and not upon one character alone, which may serve to approximate artificially facts most unlike in other respects.

"2. These characters ought to be subordinated and arranged in such a way as to indicate the character of the greatest importance, so that one may divine or suppose the existence of all the rest.

"3. The cases united into one class, ought not only to present, at a given time, an ensemble of common characters which connect them together, and characters which distinguish them from neighbouring classes, they ought also to have symptoms which succeed in a determinate manner, to have a mode of succession which may be predicated; in one word, a development proper to themselves."

Identity of morbid species supposes identity of morbid processes. If a disease, for instance, be transmissible from subject to subject, it should be transmitted in identical kind. The disease produced would be specifically the same as that from which it took its origin. Again, if a patient partially recovers and relapses, the probability is that the relapse is of the same species as the original attack; and if a patient have a distinct period of health after the first attack and the relapse, the presumption is, the morbid process is of the same species in both attacks. It does not follow that the most palpable phenomena is the most essential in distinguishing or fixing species; for instance, the melancholic or maniacal condition, though each is distinct in itself, is not necessarily the main diagnostic sign of the morbid process; and what is, is as yet uncertain.

This leads one to reconcile the opinions respecting the classification and position of melancholia. The classification of mental diseases is undoubtedly, as Neumann says, imperfect, and no doubt there has been a tendency in some writers to divide and subdivide to a degree bordering on the ridiculous. Heinroth, in his 'Lehrbuch der Seelenstörungen,' as quoted by Neumann, divides his subdivision of melancholia metamorphosis into four sections. The whole class includes that form of melancholy in which the patients believe themselves to be turned into some animal. The four subdivisions are—1, in which the patient believes he is changed into a wolf; 2, into a dog; 3, into a horse; and 4, into an ox. The very elaborated subdivision of Guislain is also somewhat too complicated, notwithstanding the lucid descriptions given, and the intimate knowledge of the disease displayed. "But," says Burton, "when the matter is diverse and confused, how should it be otherwise but that the species should be diverse and confused?" Again, that division of the subject which Burton gives—1, the melancholy of maids; 2, of nuns; 3, of widows; and 4, of knight-melancholy, may be little "better than no classification at all." Such, it may be admitted, are more bookish than natural, and so thought Burton. "It is a hard matter, I confess," he says, "to distinguish the three species one

from the other, viz., the first proceeding from the head; second from the body; and the third from the bowels; and what physicians say of distinct species in their books matters not, since that in their patients' bodies they are commonly mixed." "Sed abunde fabularum audivimus."

But what Neumann objects to is the position of melancholia as a distinct species. But which author has distinctly claimed such a position for it? General paralysis undoubtedly, by the French authors, is exalted to such a rank; but the classification objected to of the rest of the mental diseases is apparently merely a book arrangement, at most a mere provisional grouping of phenomena for the convenience of description. His own work, with a somewhat more lucid arrangement, would be all the more readable, and for reference it would be greatly improved by either a table of contents or an index.

Melancholia is then a group of morbid phenomena or symptoms. The term is perfectly justifiable in such a sense, nor can it be said to be used for anything more by most writers. Are we to discard such comprehensive terms; or if we use them, are we not to define them? Although they do not designate distinct diseases or morbid species, conditions of the system which are included under well-known epithets, as compound phenomena require such treatment in all systematic works. Are we to discard from medical treatises all separate accounts or descriptions of such states, as pericarditis, peritonitis, or even dropsy, jaundice, albuminuria? According to Neumann's own showing, pericarditis is merely an element often in rheumatism, and peritonitis is rarely anything more than a complication. The skin diseases, and even pneumonia, very frequently the same. Viewing melancholia, then, simply as a natural grouping of certain morbid phenomena, characterised chiefly by depression of spirits, we have the first of Griesinger's groups of mental diseases, or "psychical disease attended with a state of depression." Griesinger further subdivides this section into—1. Hypochondriasis. 2. Melancholia in its more restricted sense. 3. Melancholy with stupor. 4. Melancholy with propensity for destroying. 5. Melancholy with continuous excitement. The division of melancholia, by Dr. Marcé, is as follows: "When," he writes,* "the depression is very profound, when it amounts to stupor, the activity of the insane ideas is almost nil; to such a point, that most authors consider there is a total suspension of the intellectual functions. In other cases, more numerous than the preceding, the depression and the delirium go nearly hand in hand. Lastly, cases occur in which the depression alone exists. Hence arises three forms or three degrees of melancholy, viz.: 1st. Melancholia without delirium; 2nd. Simple me-

* Op. cit., p. 324.

lancholy; and 3rd. Melancholy with stupor." He treats of Folie à double form, separately.

M. le Dr. Dagonet treats the subject lypemania (melancholy) under the following subdivisions: Melancholia agitans, Lypemanie mysanthropique, L. suicide, Hypochondric, L. religieuse, L. anxieuse, L. erotique, L. raisonnante. The melancholia with stupor is under the distinct class "stupidité."

Most of these divisions are groups of melancholic conditions having distinctive characteristics, and which have been recognised from very early periods. It is not necessary to go through the descriptions of the whole of the symptoms, which are well known, excepting to illustrate the principle of these divisions of melancholia, in order, and, to illustrate the constancy of the morbid phenomena in all countries and in all ages, we will avail ourselves of some of the quotations collected by Burton. "We pilfer," as he says, "out of old writers to stuff up our new comments." The constancy in the character of the melancholy in its different forms is somewhat in favour of its title of a natural group, in nosology.

With respect to the second division of Marcé, 'Melan. sans delire,' to which corresponds 'Die Melanch. im engeren Sinne' of Griesinger, and 'M. Mysanthropique' of Dagonet,—

The mildest degree of melancholic condition probably is that mentioned by Sir B. Brodie, 'Psychological Inquiries' (pt. 2, p. 123.) "On some occasions I have laboured under depression of spirits, having what I may call an abstract feeling of melancholy; there being no external cause to which it can be attributed, and it being at the same time, as far as I can judge, not connected with any derangement of any one of the animal functions." This sensation is doubtless common to every one. "Such a condition," remarks Griesinger, "but quite of a chronic character, of an habitual depression of spirits and ill humour, with a tendency to a constant love of contradicting, arguing, suspecting, &c., is not unfrequently met with in conjunction with apparent health, especially among females, and is very seldom recognised as a morbid condition, although it may be readily distinguished by the following characteristics: 1st. By being traced to a distinct attack of indisposition. 2nd. By undergoing distinct remissions. 3rd. By a consciousness of the change on the part of the patient, but with inability to resist it" (p. 228).

The gradual ingravescence of the melancholic state, or its transition from one artificial subdivision to another, may be found in the following, from Burton: "Generally, thus much we may conclude of melancholy, that it is most pleasant at first, *blanda ab initio*, a most delightsome humour, to be alone, dwell alone, walk alone, meditate alone—lie in bed whole days, dreaming awake, as it were, and frame a thousand phantastical imaginations unto themselves, they were never better pleased than when they are so doing, they are in

paradise for the time; with him in the poet, 'pol me occidistis amici non servastes ait,' you have undone him; he complains if you trouble him. Tell him what inconvenience will follow, what will be the event, all is one, 'canis ad vomitum,' 'tis so pleasant he cannot refrain. So, by little and little, by that shoehorn of idleness and voluntary solitariness, melancholy, this feral fiend is drawn on. It was not so delicious at first as it is now bitter and harsh. They cannot endure company, light, or life itself; some unfit for action, and the like. Their bodies are lean and dried up, withered, ugly; their looks harsh, very dull, and their souls tormented."

"Every impression, even the most trifling, and such as formerly were most agreeable, now excite pain; the patient no longer enjoys anything. He finds in each external object fresh motives for painful impressions. He is averse to everything—appears fretful, irritable, peevish. With a constant discontented grumble, or, and this is more frequently the case, he tries to escape every mental impression from without, by withdrawing himself timorously from society, and listlessly, idly, seeks for solitude only. This disposition of universal aversion is mostly manifested at first as a dislike to all around—to family, friends, relatives, and increases to absolute hatred, and forms a complete and displeasing alteration of mental character." (Griesinger.)

"The chief propensities," says Dr. Conolly, "are to indolence and general indifference; they read nothing, write to nobody, shun all exertion, remarking keenly on their altered state: once I was industrious, now I am idle and worthless; the world does not seem as it did to me; everything good seems to have gone out of me!" (Bucknill and Tuke.)

"Es scheint freilich, 'sagen solche Melancholische' dass Alles um mich noch ebenso ist, wie früher, aber es müss doch auch anders geworden sein." (Griesinger.)

Selfishness strongly imbues all the acts and expressions of the melancholic.

"The instinct of preservation, greatly exaggerated, occupies the chief part of the moral lesions of the melancholic. The ME, acquires with them an importance which throws into shade every other feeling. Love, or affection for any object but themselves, is ordinarily diverted—if it be not perverted, at least, the patient puts on a peculiar egotistical character. Affections the sincerest, most legitimate, deep rooted, change their nature. The melancholic no longer care for their family for the family's sake, but for selfish motives only." (Dr. Auzouy, 'Annales Med. Psychol.,' Jan., 1858.)

With respect to the state of mind which leads the melancholic patient to say, "that all around me is even as it was formerly, yet must it have become changed," or the first mistaking of the subjective relations of the patient to the world, for the objective alteration, Griesinger remarks, is the dawn of a delusion which very gradually

increases, and, "in its highest grade, the real world becomes in the mind of the patient entirely sunk, destroyed, passed away, and only a false or shadowy world remains, in which he has to live on in agony. At first the patient endeavours to conceal his condition; he then complains of his altered state; at length his feelings produce a terror in his mind."

"The chief peculiarity," writes Wachsmuth, "of this mental disturbance consists in this: that the melancholic patient considers that his condition has an objective cause; he therefore seeks objective motives for his altered state, and for the objective affections arising out of it. His experience hitherto leads him to consider his mental organ unchangeable, not being aware of its influence, and that an alteration of this organ forces this altered condition of mind upon him, which a medical knowledge alone could prove to him, and this, as experience proves, has only momentary influence against the reality of the feelings, and therefore affords no alleviation. The mental inquietude, pain, anxiety, fear, are just as real as those founded on actual occurrence, for both rest upon the same psychical process, whether it be occasioned by a painful loss or an imminent danger in the one, or by a disease of the brain in the other." (Wachsmuth, p. 134.)

Another description of morbid apprehension is the fear of being burnt, or destroyed by fire, torture, and the like. This approaches more closely to illusion, and it is often connected with distinct illusionary impressions; the patients have false sensations and perceptions; they hear voices of various persons, familiar or unfamiliar, expressing ideas calculated to produce fearful impressions, or the sounds are of pain, agony, &c., as of children under torture, burning, &c. These noises are referred to persons above, below, in the walls, or in the air, &c. False perceptions of odours are, on the whole, less frequent; the smell of brimstone, putrefaction, probably are the most common, the latter more common to the hypochondriacal condition. Illusion connected with the perception of the sense of touch exists frequently; as observed by Griesinger, in these days they occasion the notion of electricity, galvanism, or "being worked upon by the electric telegraph," according to the modern mode of expressing this anomalous condition of the sense of touch.

It has been stated by some writers that melancholia is characterised by being confined chiefly to alteration of the moral affections. An article by M. le Dr. Auzouy, in the 'Annales Med. Psychol.,' January, 1858, on the delirium of the affections, or on the alteration of the moral affections (sentiments affectifs) in the different forms of insanity, gives a very elaborate analysis of the symptoms belonging to this class of the mental functions. He divides the moral affections thus, according to the object:—1, towards God; 2, to oneself; 3, to family; 4, to one's species. God, the creature, family, society,

and says these faculties may be exaggerated, enfeebled, or abolished. He therefore adopts for his classification the following five conditions:—1, integrity; 2, perversion; 3, exaggeration; 4, enfeeblement; 5, abolition. He divides mental diseases into two groups. In the first group are mania, monomania, and melancholia; and he found, on an analysis of 205 cases, that the moral affections were thus altered in this group. In 9·26 per cent. came under integrity; 30·73 per cent. under perversion; 33·60 per cent. under exaggeration; 20·48 per cent. under enfeeblement; and 5·80 per cent. under abolition. While in his second group, which includes the various forms of imbecility; 5·24 per cent. fell under integrity; 10·47 per cent. under perversion; 3·80 under exaggeration; 35·23 per cent. under enfeeblement, and 45·23 per cent. under abolition. Among the first group, however, which illustrates chiefly the acute stage of disease, there were only 9·26 per cent. in which the moral affections were found normal. The proportions in which the melancholic are changed in their moral affections is, however, the greatest of the whole, being perverted in 37 per cent., while in mania it was 31 per cent.

Although, therefore, M. Auzouy's calculations confirm the generally expressed opinion, they do not show that the difference between melancholia and mania is very widely separated in this respect; nor, on closer consideration, is this surprising, for mania is manifested principally by the emotions of anger, hate, revenge, &c., while melancholia is chiefly concerned with sorrow, fear, anxieties, &c.; but the division between these mental faculties is not very well defined. Some patients exhibit a mixture of emotional disturbance; it should be remarked that the analysis of the emotional feelings themselves may be far from exact, and the division perfectly artificial at the best. Some of these emotional excitants produce one kind of outward expression, that of depression; another, that of exaltation; but it does not follow that the prime cause is depressive in one or excitant in another; the one state need not be a negative of a faculty and the other an over-active state. Sorrow may result from a centric excitant as well as laughter or violence. We find patients exhibiting, therefore, grief, fear, remorse, who are excited, irritable, violent and destructive tendencies. Such are recognised under the class of *Mel. agitans* of authors.

The difference of behaviour of this sub-class of patients consists probably in the effect of the disease on motility. These patients are among those who are fidgety, restless, constantly on the move; they walk to and fro, backward and forward hurriedly, like a restless animal in its cage; or if seated, they rock backward and forward; pick the clothes to pieces, unravel its textures, or they clasp or wring their hands, roll on the ground, are impatient of interruption, become irascible if interfered with, and will strike suddenly.

This agitation of the feelings leads the patient to wander away from home. "They roam about unsettled," says Greisinger, "often weeping and wringing their hands, showing a great desire to be out of doors, and to go from house to house." "One finds in their conduct, and in their actions, an analogue of the mode of expression of mental pain in health."

Other kinds of fear, or dread, are mentioned especially by different authors, ancient and modern, and find frequent illustration in the cases in the asylums of to-day, and their variety may be differently accounted for. "Besides this disturbance," writes Griesinger, "false ideas and judgments arise, according to the different dispositions of the patient;" "the patient experiences a feeling of mental anguish such as a great criminal must feel after some great misdeed, and being in a state as though he had committed a crime." And Griesinger adds, "He at length is no longer able to master the impression; he ransacks his memory, and finding no equivalent circumstance of which to accuse himself, he lays hold of some insignificant occurrence, some little error or want of foresight; or feeling restless and being driven about by vague torments, he considers himself actually followed, surrounded by foes, secret plots, spies, &c., and his delusion finds nurture in every insignificant circumstance."

Among the chief kinds that the patients' apprehensions take, and they are manifold, some are the most trivial, often almost ludicrous, or but for their cause, quite so, such as those mentioned by Burton. "They are afraid of some loss, danger, that they shall surely lose their goods and all that they have, but why, they know not." "If two talk together, discourse, whether jest or tell a tale in general, he thinks presently they mean him, applies all to himself. De se putat omnia dici. If he be in a silent auditory, as at a sermon, he is afraid he will speak out unawares something indecent, unfit to be said." But others appear peculiar to special causes, as that of being dogged by the police or a black man; or, as Burton gives a case, semper fere vidisse militem nigrum presentem, which appears, according to M. Thomeuf ('An. Med. Psy.,' Oct. 1859), p. 574 to be the most frequent description of apprehension in melancholic alcoholismus. So that these extraordinary phantasies of the melancholic are worthy of being well noted and classified. So far from despising the systematising of such matter, it is often, as all experience shows, the attention to these details or minutiæ, which yields the most valuable fruit.

When the delusion, or morbid condition between the objective and subjective impressions continues, it often takes the peculiar form of hypochondriasis. This is one of the sub classes of most authors, early or recent. The characters are distinctive in typical cases, although the group or disease has occupied a place in nosology from the earliest times, yet curiously, not always as a form of insanity;

and many writers of practical medicine still view it as not belonging to the domains of psychiatry, but on what grounds it is difficult to discern. With hypochondriasis there is always that amount of error of perception which at once brings it into the category of a mental malady. This error is exalted in certain cases to the illusive or delusive, and when this is the case the old form of *melancholia metamorphosis* is sometimes present.

"Hypochondriasis is a form of lypemania, which has for its principal character an exaggerated and constant preoccupation of the mind of the individual on the state of his health." (Dagonet.)

According to M. Marcé's arrangement it falls under monomania, upon the ground that the disease (but this is true of simple melancholia also) is confined to the alterations of the instincts, or to the moral feelings, and does not affect the intellectual faculties. This can only be said if in a short part of its career, for in hypochondriasis the disease is soon attended by both false perceptions and judgments, the false ideas having reference to the bodily state; but this varies in all degrees and shades. But properly to constitute true hypochondriasis, the false notion should have reference to the bodily health.

"All the states of the body, and very soon those of the mind also," writes Wachsmuth, "are watched with the greatest attention, and explained in the most varied manner, by the help of knowledge but little understood, which the patient tries to get from the intercourse with as many medical men as possible, or by reading medical works. His complaints are without end; fear, despair, and anxiety for the welfare of body and soul, constantly haunt him. One continually examines his tongue, every papilla of it threatens incipient cancer; another points to his skin, which to him appears covered with leprosy and syphilitic ulcers; a third sees his limbs growing leaner every day, or becoming swollen to a suspicious degree, either of which will speedily kill him." (§ 57, p. 179.) As the disease advances, the patients begin to entertain distinct delusions, but always with regard to their own body, that they have no gullet, no stomach; or distinct illusion may exist in connection with the special senses.

"Lewis the Eleventh had a conceit everything did stink about him (illusion or delusion), all the odoriferous perfumes they could get would not ease him, but still he smelled a filthy stink. A baker in Ferrara thought he was composed of butter, and would not sit in the sun." (Burton.) One thinks himself a giant, another a dwarf; another believes himself to be putrefying, 'Alii se defunctis putârunt, sepulchro statum inferri postulantes.'" (Willis, p. 323.) A patient with the exact counterpart of this delusion has lately died in Hanwell, after believing she was a corpse for about six years. Hypochondriacs are said to be rarely suicidal. "Spielman reminds us justly," says Wachsmuth, "that hypochondriacal patients do not carry with them the same fear of suicide as do the other forms (of melancholy),

for they lack the energy for the execution of the deed, and when they do accomplish it, it does not result from a delusion but occurs during a fit of anguish." (Wachsmuth, p. 180.)

Baillarger, in the 'Ann. Med. Psyc.,' Oct., 1860, describes cases in which hypochondriasis (délire hypochondriaque) is the precursor of general paralysis. The symptoms become of particular interest, since, as he observes, it is difficult to distinguish general paralysis attended with melancholy from simple melancholia. The form the hypochondriasis takes is such as a belief that they have no mouth, no belly, no blood; that their gullet is closed, their stomach full, their belly barred up. M. Baillarger observes, that since his attention has been drawn to this connection between these symptoms, he has frequently verified the development of hypochondriacal delusion into general paralysis.

Dr. Marcé, in a paper in the 'Ann. Med. Ps.,' January, 1860, draws attention to the occurrence of hypochondriasis in young females, at the period of puberty and after a precocious physical development. The patients are attacked with loss of appetite, or disgust of food carried to its utmost limits. The greater part of the cases which he has met with had been treated as dyspepsia, or disorder of the stomach (query, chronic ulcer), and the mental character of the malady had been entirely overlooked; in such cases the general behaviour, the presence of hereditary tendency, and the knowledge of the form which the malady takes, becomes of the utmost value.

Hypochondriasis is also distinguished by its obstinacy and persistence. Certainly slight attacks are often cured; but those met with in asylums, which usually are of confirmed character, seldom are recovered from. This form terminates occasionally in ordinary melancholia, according to Griesinger, or more frequently in graver cerebral disease, apoplexy, dementia, &c.

Hypochondriasis merges into other varieties of the melancholic condition, at times by the fear respecting the bodily health becoming a general or universal dread of being poisoned, with which is associated an obstinate refusal to take food. *Melancholia, with refusal of food*, has not, however, been exalted yet into a distinct division of the disease, though it has as prominent characteristics as some of the other subdivisions. The motives assigned by the patient for refusal of food are various, and appear to have different points for their origin. The propensity, however, from whatever cause it may arise, brings the case under the pretty generally recognised class of *Suicidal Melancholia*. The refusal of food arises probably like most of the exciting causes, in two ways, eccentrically and centrically; eccentrically from disorder of the digestive organs, or throat, gullet, &c.; febrile disturbance, or any bodily disorder ordinarily attended with loss of appetite, or from disturbance of the digestive organs, induced

by going without food, in which case the cause for the first refusal may be centric, and the subsequent acts of refusal promoted or wholly caused by the dyspepsia produced. The centric causes for refusal of food, or those proceeding from the mind, are the direct impaired feeling or instinct of hunger, or less directly some mental delusion or idea respecting food; the most common being, the fear of poison;—the belief that it would be wrong or wicked to eat,—that there is no necessity,—that they are not worthy,—cannot afford it,—that they are depriving others of it, &c. Commonly there is prevailing in all the excuses some kind of fear or apprehension. There are some points worthy of note respecting this propensity. Many patients appear to find a pleasure in refusal, either from a morbid craving for notice or sympathy, or what often has the appearance of a wilful disposition to disobey. Hence many patients will allow themselves to be fed, but will not feed themselves; others will not be seen to eat, but will visit the cupboard or pig-pail, and eat surreptitiously; others, who have strenuously opposed for a long period, will eat immediately the stomach-pump is brought, and will not refuse again, and the number who persist in their opposition thus becomes very few actually.

Another, and a frequent source of apprehension of the melancholic, is in respect to the subject of religion; hence religious melancholia has frequently formed one of the subdivisions of authors. Burton believed that he was the first to treat of this kind of melancholy as a distinct form: "Whether this subdivision of melancholy be warrantable, it may be controverted," he says, "I have no pattern to follow, as in some of the rest; no man to imitate, no physician hath as yet distinctly written of it as of the other." Willis, who wrote fifty years later, or in 1672, adopted it: "Operis immensi res esset, varios in utroque genere casus, et afficiendi modos enumerare; è copia ingenti qui maximi momenti curam medicam præcipuè exigere videntur, sunt, *Amor vesanus, Zelotypia, Superstitio, Salutis eternæ desperatio,* denique imaginaria *corporis* aut *partium* ejus *Metamorphosis,* atque *fortunæ bona, vel mala phantastica;*"—and again, "quarum præcipuæ, in curam medicam venire solitæ, sunt *melancholia religiosa, amorosa, et zelotypia.*"

Melancholia religiosa is the subject of a distinct section of Dr. Wachsmuth's book, § 58, and Dagonet, page 341, the former of whom remarks, that it is more common among women than men, and more frequently met with among the lower classes than among the educated. Religious melancholy has several characteristics, which entitle it to a special place in the division of the subject. It is treated under monomania by Marcet. The characters of this form of melancholy, as given by Plutarch, are quoted by Dr. Tuke, and apply in their spirit to cases of the present time. Among religious melancholics, various shades of the disease are found; the patient is tranquil, and

kneels and prays silently and constantly for days; or another is more demonstrative, and is constantly and loudly deploring his wickedness; some are affected by sorrow, others by remorse and fear. Yet many seem totally unmindful of endeavouring to improve their own conduct; among them are to be found all the petty vices, spites, &c. of other patients; they are irascible, and occasionally violent towards others. "Erotomania in its extended signification," writes Dr. Tuke, and by which he means in its libidinous signification, "not unfrequently follows upon religious melancholy, a case lately in the Retreat, was an illustration." This connection does not appear to be noticed by other authors, but it undoubtedly is by no means rare. M. Dagonet verbally pointed out, while at Hanwell, the frequent connection of hæmatome with religious melancholia. The affection of the ear is rare among females,—two cases only were at that time under treatment, and both the subject of religious melancholy. The connection of religion, however, with erotic tendency, or the sexual passion, argues simply that the disease has its chief influence on the emotions. In many, religion is an emotion rather than a conviction, a religion more of the heart than of the understanding, and with the other emotions is thus involved at the same time. Appeals to the feelings in certain descriptions of sermons, and popular enthusiasms of religious kinds, cause numerous attacks of this kind of melancholy. Our asylums contain representatives of many of the past, of the passing, and the present religious demonstrations, as Johanna Southcotes, Unknown tongues, High Church, Low Church, Latter-day Saints, Plymouth Brethren, &c.

In close connection with religious melancholy is that form in which the patient believes himself to be under the influence of evil spirits, or the devil. Some, oppressed like other melancholics, with precordial pain, would seem thence to get a notion that the devil is in their chest or belly, and thus is formed the division of *Dæmonomania* of authors.

Another form of melancholia very commonly admitted, is the *Suicidal*. Though the propensity to suicide exists in connection with most forms, there are some more prone to suicidal propensities than others. Patients who have fear of death and have a constant dread of dying, are usually considered to be particularly suicidal, at least, so says authority: 'tis Hippocrates' observation, Galen's sentence, "Etsi mortem timent, tamen plerumque mortem conciscunt."

Griesinger's division of melancholia with destructive propensity, is again subdivided into two; 1st, one in which the violence is directed towards themselves, and 2nd, towards others. The general subject of suicidal propensity, which, as he remarks, is not entirely within the domain of psychiatry, is too extensive, however, in its bearings to be dwelt upon here, either as to its characters or causes. The suicidal

propensity is, as M. Morel especially shows, hereditary in many cases.

The motive to suicide is various; probably the various description of cases will be found to be included in those arising from—1st, centric excitant; 2nd, eccentric, in conjunction with centric. The first, being those in which the suicidal attempt arises directly from false ideas, illusions or delusions; and the second, when the altered powers of perception are excited unduly, or abnormally, by peripheral stimuli. Some therefore destroy themselves, in obedience to a supposed command, as quoted by Griesinger from Leuret; as when a patient throws himself out of a window, because God had said to him, "Go out of the window, and thou shalt fly as a bird," or, when, as quoted from Falret, one under the delusion that he had been sent for the universal conversion of mankind, in order to prove the truth of his mission, and that he bore a charmed life, threw himself over a bridge and was drowned. These are suicides in which, as Griesinger remarks, the patients did not seek death; but they are also instances of impulses derived from within, centrically. On the other hand, some cases seem to be induced by bodily excitants, as faulty menstrual discharge, hysterical affections, and painful disorders, but this class are less distinctly marked than the former.

With respect to that class arranged by Griesinger under melancholia (Schwermuth), in which the destructive propensity is directed towards other objects, live or dead; many of these have been classed by other writers under various forms of special mania, as pyromania, homicidal mania, &c. As the first class resembled self-murder of the sane, this class borders upon the psychical domain of criminal *murder*. Many well-known cases of homicidal melancholia are familiar to the public, as well as to the profession; they are of all cases the most anxious for those who have the care of them. The instances of homicidal propensity, however, appear to be generally connected less distinctly with a state of depression than the position given by Griesinger to these cases would imply. The patients are usually described to be quiet, often gentlemanly, and even gentle, rational most of their time, and they are seized suddenly, and impulsively with their murderous propensities—uterine and hysterical disturbance among women—delicate health, and morose irritable disposition amongst men, are usually connected with this description of case.

The victims of these homicidal lunatics are those who have caused them no prejudice, often are unknown previously to them, and the act, therefore, has the character of wantonness. At other times, the victims are those most dear, as their own infants, &c., showing, herefore, as origin, a perversion of the moral faculties, and consequently, directly, or indirectly, of cerebral disturbance. This

description of perversion of the mind is more common in those in whom the balance between the mental control and instinctive passions are unduly regulated by either original conformation, by want of education, or by frequent exercise of the instincts only, and the mental condition, therefore, merges gradually from palpable disease to wilful and palpable crime.

Under the title of *Misopedie* (lesions of love of one's offspring), M. Boileau de Castelnau brings together several facts, relative to a form of mental perversion which is connected with melancholia, with destructive propensity ('Ann. Medico-Psych.,' Oct., 1861, p. 553). He gives twelve cases (chapters of horror), of various instances of pedoctony; the word pedoctony is used for the propensity to kill children of all ages, in contradiction to infanticide. He divides this aberration of instinct into three degrees: 1st, in which the parents exercise cruelty, ferocious more or less in degree, short of actual slaying; 2nd, in which they abandon their infants; 3rd, in which they murder their infants.

Another form of melancholia of rarer occurrence, but with well-defined characters, is *Nostalgia*.

M. Legrand du Saulle, in an article noticed in the 'Annal. Medico-Psych.', July, 1858, thus writes: "We believe, with M. le Dr. Musset (de Nantes), there may be admitted three distinct phases in nostalgia. In the first the patient is sad, restless, listless, taciturn, frequently alluding to his native country. In the second degree the patient sighs, weeps, and cries involuntarily; the excretions and secretions are disordered. In the last, insomnia, stupor, delirium, fever, and colliquative diarrhœa set in."

The next form of melancholia is perhaps even more distinct than many of the preceding, and much more common. It has been called, *Melancholie avec Stupeur, Melanch. mit Stumpfsinn, Stupidité*, and corresponds with *Acute Dementia* of other authors. In this form the apathetic condition of the patient appears to be carried to the extreme; but on closer survey this is due to the circumstance that the primary or emotional disorder, instead of extending in the direction of the intellectual faculties, attacks rather the volition; the outward manifestation of sloth,—the muscular inaction gives the colouring to the outward expression of the patient, who seems, indeed, reduced to the lowest condition of dementia. Nevertheless these patients retain, on recovery, a vivid recollection of all that has passed. On convalescence they manifest almost suddenly their former mental power, and appear to recover, though in fact they did not lose their intelligence. The expression of hebetude, stupor, and stupidity is extreme; the facial muscles are all in a state of relaxation; the countenance puts on a heavy and much altered appearance; the tonicity of the whole muscular system appears, in well-marked cases, to be involved; the patient sits list-

lessly, never notices what is passing, seldom moving; he allows his head to hang, his arms to dangle; he lolls, perhaps in an awkward condition, against the back of his chair; however restrained his position, he does not care to change it; if addressed, he at the most raises his eyes, not his head; he allows himself to be scorched rather than remove from the fire; he lets the flies settle on his face or walk across the eyelids without interfering; the saliva, nasal and lachrymal secretions, dribble from him as he sits. He passes his dejections unheeded; he makes, in fact, no muscular exertion whatever, neither to eat, drink, or avoid discomfort or pain. The condition of the rest of the body becomes affected, and adds to the peculiar appearance of the patient; the hands, from hanging, become swollen and puffy; the circulation is apparently torpid, and a purplish hue disfigures the face; the skin, probably from the same cause, becomes harsh and the hair dry. The torpid condition of the muscular system amounts in some cases to a semi-cataleptic state; if the patient's limbs be placed in some new position, he allows them to remain, even though the attitude be constrained, and sometimes opposes resistance when attempts are made to flex them. Epileptiform seizures sometimes are associated with this disease. It is attended by refusal of food occasionally, or by alternate fasting and ravenous feeding. The history and diagnosis of this disease is given in Marcé, p. 326. Its distinctive characteristics were first clearly established by M. Baillarger, in 1843.

The last form of melancholy which separates itself decidedly from the rest of the cases in which depression is a prominent feature, is what is called *folie à double forme* (*folie circulaire*). Dr. Marcé gives a very clear and careful epitome of this form of the disease (p. 339). It has two stages—1st. Excitant or maniacal; 2nd. Depressive or melancholic, and a lucid interval. With respect to its history, it was distinctly defined about sixteen years ago, although its existence can be traced from remote periods. It is distinctly alluded to by Willis. "Post melancholiam, sequitur agendum de mania, quæ isti in tantum affinis est, ut hi affectus sæpe vices commutent et alteruter in alterum transeat." Willis, 'De Mania.' It is described by Griesinger (2nd edit., p. 238). The alternations between the states of mania and melancholia vary in the duration of each state in different cases, the lucid interval is not well marked in many cases. M. Falret, senr., who wrote also on the subject, was the first to point out its incurable character.

Pathology and morbid anatomy.—In connexion with this part of the subject, there are one or two points which it may be well to recapitulate. The general characters of melancholia present such a certain amount of uniformity and similitude as to bring them under a single group. The uniformity, which the symptoms present, relates both to time and place. In the general group of cases there is a

sufficient distinctness in some to form them into sub-groups, which also have been recognised for ages, as well as in all countries. Nevertheless the melancholic group merges by degrees into other near-lying groups of mental diseases, as into mania on one side or imbecility on the other; and notwithstanding the distinctness of certain cases, there are other facts which militate against the opinion that melancholia is a morbid species. A very little experience in insanity also proves that one individual may in a first attack be melancholy and in a second maniacal. It is also well established that a very large majority of cases of mania are preceded by a stage, of shorter or longer duration, of melancholia; and again, the phenomena of the form of the disease called *folie circulaire*, in in which the two conditions alternate also with each other, militate strongly against any special and specific difference existing between the two forms.

The credit of demonstrating the existence of a melancholic stage preceding cases of mania is generally attributed to Guislain. Griesinger refers to the following passage in Guislain's work, which bears on this point. "The anonymous author of the article "Folie," in the 'Dictionnaire Abrègé des Sciences Médicales,' has the following lines, which quite confirms the opinion I am defending." In speaking of melancholia, he says, "these transitions or transformations (of melancholia and mania) are not made suddenly. The patients pass from one state to another by innumerable intermediate degrees, which present, so to speak, all the states of admixture in a thousand different ways. Hence one must conclude that all those groups of symptoms out of which one has striven to make several diseases form different degrees of the self-same morbid state, and that which proves it, is, that in an accession of mania which manifests itself in a melancholic patient one observes in succession the greater portion of the phenomena indicated."

"Zeller, the medical superintendent of the asylum of Winnenthal, in speaking of the genesis of mental disease thus writes: According to the more recent observations, melancholia is also the fundamental form of the larger number of mental diseases, in a manner to be considered exceptional when such is not the case." (Guislain.)

Again, it has already been shown that melancholia is found in connection with general paralysis, which has itself strong claims to be a morbid species.

Melancholia is then merely a state—a comprehensive term, to include a complex morbid condition of the mind.

In the artificial division of the mental faculties, we know that those functions which are called the moral affections among English writers, are very early and very frequently altered. We know that these feelings are capable of being exalted or depressed. Words are found in all languages expressive of these two states,

as joy, grief, &c. In the first place, it must be admitted that the calling forth of these emotions is normal, and belongs to health and the healthy functions. We are equally aware, as stated in the passage quoted from Sir B. Brodie, in a previous page, that a slight alteration of the general tone will produce a feeling of depression, and that such variation, or action of the mind, is even agreeable; the action, or function, is therefore at least a normal one. With respect to the feeling of depression of any kind, it is quite certain that it is produced by mental communication of a particular kind, and also by some states of the general health; in the same way that the opposite feeling or elation of spirits is produced through a mental agency, or it can be brought on by medicinal or vinous agents. If the effect produced corresponds to the stimulus applied, no matter whether the result be elation or depression, the action is healthy.

Undoubtedly the action of drugs and spirits warrant us in concluding that the mental condition of melancholy may be caused by states of the general health, or, in other words, most probably through the medium of the circulation or the blood. Such effects should be transient, and the state is not one of insanity.

In the passages taken from different authors allusion is made to the objective and subjective condition of mind, and the confusion that arises in the mind of the patient concerning these relative conditions. It would be more in accordance with modern views on the nervous system to express the matter differently. For example:

The order and sequence of events recognised in the system called excito-motory, may be applied to the other nervous activities. We may admit an excito-sensatory system as well as an excito-motory, for the phenomena are at the least analogous; in one the result will be motion, in the other sensation. It is most obvious with regard to the special senses, and may be thus illustrated: a person receiving a pinch of a finger, the excitant produces its effect on the periphery of the nerve, which conveys its influence to the central organ, brain. The pain is not felt at the centre, however, but referred—carried back to the periphery—or a distant object. There is not any evidence of an intervening (reasoning, analysing) process; the excited acts, in excito-motory effects, appear to have no such intermedium. There is also another point of resemblance between excito-sensatory and excito-motory acts; some of the latter, and some only, are under the control, more or less partial, of the will. Thus, the respiratory movements may be quickened or slackened, within certain limits, but the heart is beyond the control of the will; or if any object to call these truly excito-motory effects, we may adduce the act of swallowing, which, up to a certain point, may be controlled by the will, and, beyond a certain extent, is incontrollable. A pure excito-sensatory act results only in a pure or simple sensation. The explanation given of the phenomena of epilepsy, by Dr. Reynolds, on the prin-

ciples of the excito-motory actions, will apply to excited sensations. But the result will be, in one, abnormal motion (convulsion), in the other, abnormal sensation (illusion). Dr. Reynolds's corollary respecting convulsion may be thus applied to illusion. "1. Convulsions (or illusions) are modifications of vital actions; and, 2, depend on nutritive changes in the nervous centres; 3, the immediate and proximate cause of convulsion (or illusion) is the same when the illusion is the same; 4, the proximate cause is an abnormal (state) in the nutritive changes of the nervous centres." If this explanation holds good with a pure or simple sensation, which produces illusion only, a more complex nutritive change may produce more complex phenomena, according to the power or extent and the influence brought to bear upon them. One of these influences certainly is the will. In some conditions a strong effort of the will is sufficient to master at once the morbid action of the morbid sensations. Now, although the purely sensual school of philosophy may not be a sound one, yet undoubtedly many notions, both complex and simple, are deducible from the senses only; and whatever higher psychical process is necessary to be brought to bear upon the pure objects of the sense to produce abstract judgments, &c., yet in all it is essential that the first step in the process the sensation be a correct one. These primary mental acts, sensations, are the excitants of the purely psychical actions, and the results of these actions are as necessary and fixed as the result in an excito-motory action. A given sensation produces a given result, whether this be a judgment, a moral feeling, or other purely psychical act. The question, however, is too wide to pursue further in this place.

The causes of the phenomena of melancholy may be divided into three categories. 1. The depression, painful emotions, may be produced by the actual presence of peripheral stimuli (adverse circumstances, &c.). The controlling powers of the will, &c., may be feeble naturally, or enfeebled by bodily weakness, morbid processes, &c. 2. The depressive agent may be present, the central organ may be in an excitable condition, and the effect produced therefore in excess. 3. There may be no external or peripheral excitant; but the phenomena may be wholly produced by centric causes.

The external phenomena in various kinds of mental unsoundness vary; they vary from different causes. 1. The external agent varies, as in one the disease may be fright, or other excessive or painful psychical cause; in another, hereditary, constitution, &c. 2. The part of the cerebral organ acted upon may vary. 3. The strength, or disease-resisting power, may vary. Since, according to these different agents, we may have depressive mental phenomena in one, exalted or elated, perverted, &c., in another; increased, impaired, perverted motility in another; and, in most cases, a mixture of several, or variously complex phenomena.

The morbid anatomy of melancholia, therefore, may be widely different in different cases. Had the above views been arrived at entirely irrespectively of anatomical observations, we should conclude that such variations would be found, but probably the reverse has been the order of the inquiry: the diversity of the morbid changes has led one to examine the difference of the phenomena, and to detect the various degrees and differences in the symptoms. Griesinger devotes five and twenty pages of his work to the alterations found within the cranium after death, and eleven more to the morbid appearances in other organs. He epitomises the results in a very concise and philosophic manner, dividing all the diseases into three groups, viz.: 1 Acute (including acute mania and melancholia. 2. Chronic (including the same); and 3. General paralysis. It is scarcely possible further to compress this epitome, but confining our account chiefly to the appearances found in melancholia. Griesinger thus writes, with respect to the acute stages of insanity: "Since a pretty large number of these cases present, on dissection, the appearance of the healthy brain, we must in the present state of science accept the conclusion that they are due to simple cerebral irritation, or upon some disturbance in the process of nutrition not yet ascertained. When there is palpable alteration the most frequent is hyperæmia; and, in fact, those conditions already well recognised, as opacity, serosity, &c. A complete and constant difference between melancholia and mania has not been achieved on an anatomical basis, but the appearances found after death are not entirely alike. Melancholia has still more frequently than mania, no discoverable anatomical lesion; and when such exist, hyperæmia is found less frequently than in mania; there is oftener an hyperæmic condition, and increased density of the cerebral substance or thin watery effusion. In the chronic condition, the cases in which no morbid change can be detected are fewer. Hyperæmia is more frequent in this state, with opacity and thickening of the membranes. Very little difference is known with respect to the state of the brain in the chronic form, in the different kinds of insanity."

With respect to the morbid appearances in other organs, Griesinger examines into the prevalence of cholera, typhus, &c.; but these, as with dysentery, are probably not so much allied to the insane as to their abodes and their modes of living, the hygienic relations in which they are placed.

On the question of the insane ear, Griesinger examines the various theories that have been started, but does not mention any wholly satisfactory; and though Griesinger says there has been a considerable amount of literature already expended (viel mehr als die Sache werth ist), yet the following probably new theory is here offered. It is known that several small veins pass through the mastoid process of temporal bone in an oblique direction, and so

join the veins of the inner tablet, or empty their contents directly into the lateral sinus at the base of the skull. It is also well known, that a common pathological change takes place in the bony case of the skull in lunatics; the bone in many becomes more compact and dense, and thus there arises a constriction or obliteration of the veins passing through the bone and œdema of the parts from which the veins come. When the hæmatoma takes place it therefore would indicate that densification of the skull bone has occurred.

With respect to the organs of respiration, the chief diseases are, phthisis and pneumonia; but the only form probably which appears peculiarly to affect insane patients, is gangrene of the lung. Phthisis causes death in proportions varying from one third to one fifth of the whole, according to the different authors. On this question the admirable paper by Dr. Clouston, in the last number of this Journal, gives valuable information. Dr. Clouston found 60 per cent. of those dying in the Morningside Asylum had tubercular deposit, or 51 per cent. among the males and 73 per cent. among the females. Dr. Clouston also examines carefully into another question just alluded to, and which is of the utmost importance in forming a correct pathology of insanity, viz., whether the conditions of asylum life produce tuberculosis, or whether the insanity induces it; and he concludes, that long-continued insanity does not tend to the development of tubercle; and with regard to melancholia, his investigations lead him to believe that there is a special relation between deep melancholia, with long-continued suicidal tendencies and refusal of food, and lung disease, either gangrene or tubercular disorganization. He also concludes that a majority of the cases of melancholia, monomania, and dementia, exhibit proofs of tuberculosis. Rokitansky (vol. ii, p. 871) found hypertrophied condition of sympathetic ganglion in a case of hypochondriasis. Esquirol in the same disease found cancer of pylorus in a woman who believed she had an animal in her stomach. A woman in Hanwell, who believed she had cats in her stomach, had considerable disease of the liver, and died jaundiced, with a gall-bladder distended with gall-stones. Disease of the kidneys, a disease common in all, is very frequently found in connection with insanity, but not particularly with melancholia, so far as authorities indicate.

Notes on Homicidal Insanity. By J. Crichton Browne, M.D. Edin.; Ext. Mem., late Senior President, of the Royal Medical Society; Fellow of the Royal Physical Society, Edinburgh, &c. &c.

During the few months that have passed of the present year eleven persons have received sentence of death, for the crime of murder, in England and Scotland. Others have been charged with the same offence, but have escaped through a deficiency of evidence, while others, again, have been arraigned for attempts at the destruction of human life. Five of the prisoners accused of murder were defended on the plea of insanity, which was in each instance met by a verdict of *guilty* and a sentence of death. Three of the men thus sentenced have undergone execution, one of them being unmistakably a lunatic, whom no medical man would have hesitated to certify as such before the commission of the act for which he died, and another of them exhibiting a state of mind strongly resembling, if it did not actually consist in, a form of madness. The latter, Burton, was condemned and hanged, while Mr. Touchett, who was tried in 1844 for a similar offence, prompted by a similar motive, was acquitted on the ground of insanity, a circumstance that illustrates the glorious uncertainty of the law and the present state of public feeling. The prevalence of crimes of violence of late, the fear lest the plea of insanity should be used as a shield for unquestionable culprits, and the knowledge that it has been advanced in cases of feigning and on the most unsatisfactory evidence, have led, we fear, to a reaction in public opinion, just as the garotte panphobia has produced some "panic legislation." The strange idea which so long lingered about our courts of justice and possessed the judicial mind, which recognised no madness but helpless fatuity and no madmen but raging maniacs, but which had lately become dotard and antique, seems now to have renewed its youth. It had for some years past been showing such signs of feebleness and decay that we had hoped ere long to be able to regard it as an extinct species of error, existing only as fossil remains in some rocky intellects of peculiar density and dryness. But the dry bones, it unfortunately appears, are likely to undergo a resurrection, if their reanimation has not already commenced. In 1812 Bellingham was hanged, in 1843 McNaughton was sent to an asylum, and in 1863 Fooks was sent to the scaffold by a judge and jury who would unhesitatingly have despatched both Bellingham and McNaughton along with him. If another and better change in public opinion does not happily take place, we may expect frequent repetitions of

the atrocious act of capitally punishing the irresponsible. That the repetitions will be frequent we can scarcely doubt, for, like Dr. Tuke (who has put the case admirably in his letter which appeared in the 'Lancet' of April 11th), we are not sanguine that the hanging of lunatics will prevent lunatics from murdering; indeed, we incline to the belief that it will have the opposite effect of increasing the number of crimes such as those committed by Fooks and Burton. We put no faith in the benefits to be derived from the certainty of punishment where lunatics are concerned. To those who cry out for the execution of madmen upon this principle, we can only reply that experience has already proved to the profession, and that time will demonstrate to the public, that this vaunted certainty of punishment has no influence upon the madman's mind. The truth is, that the more lunatics that are executed for murder the richer will be the harvest of transgression and the more numerous the candidates for a halter. The maniac who destroys life in a transport of fury, regards the scaffold with no horror or even consideration. The victim of hallucination who commits homicide at the command of Heaven, trusts to Heaven's protecting power. The sufferer from illusion does not pause to consider the consequences of the act that frees him from a haunting phantom. The man labouring under a morbid craving for death, contemplates hanging as a consummation to be desired; and the prey to a murderous impulse derives no additional restraining power from his knowledge of the fact that he must expiate his deed by a violent death. To him, indeed—and it is upon him that the fear of punishment might be expected chiefly to operate—there are already sufficient restraining motives in the opposition of his intellect and affection to the act, should these have time to operate. Every external inducement is, in general, opposed to it; but these, together with the promptings of conscience and the strugglings of will, are ineffectual to control the wild instinct that hurries him on to bloodshed.

Even the certainty with which punishment waits upon infringements of the physical laws of the world is without restraining effect upon the madman, who will jump through a window, though positively dreading pain or death, or who will follow the bent of an impulse leading to suffering which he clearly foresees and would fain avoid. The mere recognition of what is good and evil, or of what will be attended with pleasure or pain, does not of itself confer the ability of following the one and eschewing the other, so that the apprehension of certain punishment cannot withhold from evil where the power of preference is suspended or destroyed. But the law, if the answers of the English judges to the Lords are to be taken as an exposition of it, does not acknowledge any form of insanity, as a reason for exemption from punishment, in which good and evil, with their consequences, are distinguished, even although the selection of

the latter as a course of action should be the result of some obviously insane delusion. Simple uncontrollable impulses are, of course, altogether scouted. The possibility of their existence is denied by most legal authorities, and their non-recognition by law is declared by all. In the case of Milne, who was tried at Edinburgh for murder in February last, when Dr. Smith, of Saughton Hall, professed his belief in the possible existence of a morbid murderous impulse in a mind free from delusion and with unimpaired intellectual faculties, the Lord Justice Clerk observed, that if all the physicians in Europe were to maintain that opinion, he would be bound to tell the jury not to believe them. All the physicians of Europe, however, are by no means at one upon this or any other subject, though a considerable section of them, including many of those who have had the largest experience amongst the insane, will be found adhering to that opinion which a jury is bound to disregard.

In this state of the case, with the whole force of the law and a portion of the profession against them, it behoves those medical men who believe in an impulse to kill in a mind apparently sound, and in a disposition otherwise gentle and humane, to take every opportunity of stating the grounds of their conviction upon so important a question, and of adding to the number of recorded instances of this deplorable affection. In this manner, and by a careful examination of destructive tendencies in general, much may be done to convince the public, who must ultimately operate upon those higher and more frigid latitudes that are inhabited by our rulers. And at least much may be done to show that the defence of impulsive insanity in certain cases of murder is not to be laughed at as the mere "baseless fabric" of a "mad-doctor's" vision, nor to be denounced as an error dangerous to society, subversive of social order, and detrimental to morality and religion.

Now, as all morbid feelings and impulses are but perversions of ordinary powers, we have to seek in the healthy mind for the source from which those of a murderous character proceed. This we may find in that propensity, first clearly distinguished by the phrenologists, and called by them destructiveness, which is necessary to man in his natural state for maintaining himself upon the earth, for removing the dangers by which he is surrounded, and for procuring suitable food. Many of the acts arising out of this propensity are excited by certain painful sensations, and are conservative in their tendency, aiming at the destruction of the object which has inflicted suffering. Men seek to exterminate noxious vermin, are prone to return a blow for a blow, and a petulant child beats the ground upon which it has fallen. Under ordinary circumstances this propensity, in intimate relation with the other faculties of mind, governed by intellect and directed by moral sentiments, gives an impetus and an energy to the mental manifestations, and is requisite

to a proper discharge of the duties of life. It appears to be very unequal in its distribution among the different branches of the human family. In one tribe it is subdued and insignificant, in another restless and prominent; sometimes its growth in a particular race is so great that one is inclined to believe it morbid, a belief that is countenanced by the sudden excitements to which it is liable, but that is disproved by other circumstances. In the North American Indian, for instance, the desire for depriving the animal creation of life is so strongly implanted that it costs him a pang to pass a bird or a beast without an attempt to destroy it. From the history of the Oregon territory we learn that near York Factory, in 1831, this propensity, in spite of all the remonstrances of the Company's servants in that place, led to the indiscriminate slaughter of a countless herd of reindeer. The natives took some of the meat for present use, but thousands of carcasses were abandoned to the river, and infected its bank or drifted down into Hudson's Bay.* Among the Papuan islanders also, destructiveness is so largely developed that it manifests itself in a taste for murder, and it has indeed been stated that there are tribes of anthropophagi in the interior of the Papuan territory.† But the destructive acts of these and other tribes, even if of a morbid, are not of an uncontrollable, character. They are performed under the guidance and sanction of intelligence, with a deliberate choice and intention; although, probably, they are accompanied by a pleasurable feeling, just as abstinence from them would be associated with pain, they are still under the restraint of will, which, when stimulated and sustained by the prospect of another pleasure or the dread of another pain, is perfectly capable of checking their development. So, too, is it with the individuals who represent the vices of those savages in civilised and humane nations, of loftier emotions and purer pursuits. The mischievous and heartless cruelty which they exhibit may be the offspring of inclinations stirring within them, difficult to smother and extinguish, but still subject to the authority of volition and amenable to motive and discipline. It would be hard to believe that Nero and Caligula were unfortunate lunatics, and not ruffians and desperadoes, who gave unbridled license to brutal appetites and violent passions, which they fostered by dissolute habits, but which they might have subjugated had they been so minded. The circumstances of their atrocities and the histories of their lives point to moral turpitude rather than moral insanity; but whatever may have been the guilt attachable to them, there are not wanting at the present day cases in which a parallel course of callous cruelty is traceable to debased propensities and unexerted power

* 'History of the Oregon Territory,' by John Dunn.

† Quoy et Gaimard, 'Zoologie du Voyage autour du Monde de M. le Capitaine Freycinet,' Paris, 1822, quoted by Gall.

of will. The son of a gentleman of property, whose peculiarities we have watched with interest, was permitted at his own request to act as butcher to all the farmers on his father's estate, and seemed to have attained his highest enjoyment when putting multitudes of rabbits and fowls to death. He displayed considerable ingenuity in the methods of massacre which he devised, and took the most thorough delight in his business, which at the same time he could break off at any moment when an inducement for doing so was placed before him: he was aware of the impropriety of his proceeding, never urged want of self-control as an excuse, and was always considered perfectly responsible by those about him. A little girl of our acquaintance has been cured by moral means of a disposition to kill spiders, insects, cats, and other creatures. She still occasionally gives evidence of the existence of the tendency, but it is now entirely under her power, and she professes that she feels gradually less and less difficulty in its subjugation, a circumstance which may be due to the influence of habit or to nutritive changes in the organism. Numerous cases of a similar description to those now quoted seem to prove that some of the instances of destructive impulse which are encountered are not entitled to the plea of irresistibility as a defence from punishment, for the evil inclinations and practices may be subdued, amended, reformed; while, on the other hand, again, another class of examples leads to the conclusion that men are occasionally visited by impulses of such force, and so little subject to intellectual and moral control, that they are actually impelled to destructive acts which they vainly strive to avoid, and commit, regardless of the rights of others and of their own safety. But the grand problem is to distinguish between those two types of impulse, to separate the controllable from the uncontrollable, and to classify cases as they arise. And no simple matter is it to draw the line of demarcation. Such boundaries are generally more clearly defined in idea than in nature, but even thought fails to trace the barrier of volition. With regard to the actions of the muscular system, the same difficulty is experienced in distinguishing voluntary from automatic motion. A connecting link joins these two varieties, and is intermediate in having an equal share of the physical and pyschical elements. The motions belonging to this group are semi-voluntary or sympathetic, and comprise laughing, weeping, yawning, certain changes of the voice, expressions of the countenance, &c. These actions are ordinarily automatic, and are given uncurbed indulgence. But should we desire to check their occurrence, we are usually able to do so by directing the whole activity of our minds in a concentrated effort to oppose these movements. But this again may prove ineffectual by reason of the power and urgency of the stimulating causes, and laughter or tears may burst forth in spite of our most determined

endeavours to strangle them in their birth. The relations of the will are further illustrated by the actions of the limbs under certain circumstances. A leg exposed to acute suffering or irritation is retracted or moved by a diastaltic operation, without the assent of our wish or desire. But should we desire, for any ulterior benefit, to preserve the leg so irritated in a state of rest, we may accomplish this by an exercise of volition, which is potent, however, only up to a certain point, when the tendency to reflex action becomes irresistible. The amount of restraint upon the limb which may be so imposed—in other words, the power of the will over reflex action—varies, we think, we have observed, with varying times and conditions. In the morning, and when fresh from repose, we have been able to refrain from motion under a degree of stimulation which easily produced it later in the day and after fatigue. This may, perhaps, be attributable to the accumulation of vis-nervosa, which Mr. Alexander Bain believes to take place during sleep. Under the influence of alcohol and opium, the power of resistance was perceptibly diminished, while it was similarly affected, though in a less degree, under emotional excitement. But under whatever conditions the authority of the will was exerted, it only prevailed over reflex action up to a limit at which involuntary movements took place. Movements habitually automatic are so far subjected to volition. Thus the actions of the respiratory muscles may be for a time arrested at pleasure, and one gentleman whom we have met, can will the intermission of the cardiac pulsations. Continued attention and concentration of thought upon the bodily organs, undoubtedly enlarges the dominion of the will over the automatic functions.

It is another fact to be observed in examining into the relations of will with the muscles, that voluntary movements may become automatic. The influence of habit in this conversion is, of course, well known. Complicated combinations of muscular action, which need for their acquirement the putting forth of much voluntary effort, ultimately, after frequent repetition, may be performed even when the mind is busied with something else. The choicest "pieces" of Beethoven, Mendelssohn, or Vincent Wallace, may be exquisitely "rendered" while the musician is engaged in conversation. The pensioner, long retired from the service, will suddenly and unconsciously respond in an appropriate manner to any word of military command that may be unexpectedly uttered. In acts like these, which spring out of what is popularly, and not inexpressively, called a man's "second nature," there is involved a mental as well as a muscular process, which has freed itself from its original subjection to volition. This is involved also in those peculiar attitudes and motions of the body to which some people are addicted, and which, originally voluntary, have become, through indulgence, spontaneous and constant; they are then no longer subservient to the wishes

of their originator, who may strive in vain to put a stop to them. Disease, as well as use and want, is powerful in robbing actions of their voluntary character; convulsions and the gyrations of certain lunatics are familiar examples of this.

If we believe, as there seems every reason for believing, that the relations of the will with the mind are closely analogous to its relations with the muscles, a few of which have just been indicated, we can have no reasonable doubt of the possible existence of a simple impulse to destroy, a mental convulsion as uncontrollable as spasm of the throat in tetanus or hydrophobia. Those who dispute this proposition have based their repudiation of it upon various grounds. One distinguished authority, whose opinion is entitled to the highest respect, who has done much to elucidate the medico-legal relations of insanity is disposed to reject it because "the will is a faculty so simple and undecomposable, that it may be doubted whether it can lapse into a diseased condition."* This is an objection frequently urged, and a refutation of it embraces replies to other objections of minor importance.

In the first place, it must be remarked that in order to admit an irresistible impulse to homicide, it is unnecessary to suppose any lesion of the will whatever. The impulse is essentially a morbid state of a primary propensity, and exists independently of voluntary power, which may be perfectly healthy, even though it should be of insufficient force to check the manifestation of the impulse. We do not declare the will to be diseased because it is inadequate to restrain those muscular actions, ordinarily voluntary, which have from some cause become involuntary. We refer the disease to an excess of power in the apparatus of action, and not to any diminution of it in the restraint of the will, and so in impulsive insanity the disorder may be resident in exalted propensities, and not in enfeebled volition. The craving of appetite may be so pressing and vehement that action has been accomplished before time has been allowed for awakening some other impulse, feeling or emotion, which might counterbalance its urgency; or its impetus may be so overwhelming that all other considerations are borne down before it. In the second place, it is to be observed that it is by no means certain or even probable that the will is "a simple and undecomposable faculty," while there is abundant evidence to show that it may lapse into disease. In fact, we are inclined to believe that the will, as a regulative agency, is very often disordered, not only in cases of morbid impulse, but in all cases of insanity. It is often inoperative or powerless in interrupting or banishing particular trains of morbid thought; it may become unfit to direct our ordinary mental processes, incapable of regulating the conduct, or of imparting that firmness of purpose which gives the dignity of consistency even to the

* Bucknill, on 'Criminal Lunacy,' p. 83.

delusions of diseased minds. It varies in strength at the different stages of life—in youth, manhood, and age; and that it also varies in its control over the bodily organs in various affections is shown in the phenomena of tarantulism and hysteria, of fascination and fainting, and of chorea and delirium tremens. The distempers of the brain which produce insanity may involve any or all of its functions in a pathological change, and it is therefore but reasonable to suppose that the will is liable to suffer along with the other faculties. But whether it be so liable or not, the theory of morbid impulse, which the will is inadequate to restrain, remains unaltered, established on a basis of facts. For a very large number of cases are now on record in which an impulse to destroy has coexisted with perfect clearness of mind, and with a consciousness of the criminality of the feeling and of the consequence of its indulgence.

The manner in which some of these impulses are experienced leads us to regard them as allied, in their nature, to reflex actions of the muscular system. They are not only sudden and invincible, but they pass on to action, almost without consciousness on the part of their subject, and they are excited only by certain definite stimuli, resembling in this, those types of reflex action dependent upon impressions conveyed by the nerves of the special senses. A physician was consulted a few years ago by a lady of about thirty years of age, of robust bodily health and calm and self-possessed manners, who confessed to him that whenever she approached a window in the street she felt a strong inclination to break the panes, and that whenever she was intrusted with the care of an infant, which frequently happened, she was immediately tempted to crush it or dash it upon the floor. She felt no disposition to break glass when in any other form than that of window-panes, or to destroy children above the period of infancy. This lady looked upon these impulses as criminal and unnatural, and struggled earnestly to overcome and conceal them, and it was only because their violence increased, and her dominion over them became doubtful, that she sought medical advice. A maid, on each occasion of her dressing the infant committed to her care, "was so struck with the whiteness of its skin, that she was seized with an urgent desire to tear it in pieces;" and a man of mature years and intellect felt frequently a desire of great intensity to assault and injure persons wearing articles of clothing of a brilliant colour. They both succeeded in restraining these inclinations, which were the result of no delusions, but simply of paroxysmal tendencies of a few moments' duration, instances of what we are disposed to call reflex homicidal impulse, a kind of impulse that does not occur as one passing attack, experienced, vanquished, and then returning no more, but that assumes the distressing character of frequent recurrence. Seeming to depend upon some established bodily disorder, its

assaults are repeated again and again during the persistence of this, and it is only finally dismissed when health is restored.

But without any specific external stimulation, homicidal impulses may arise in the mind spontaneously, and prompt towards indiscriminate destruction and demolition or to solitary acts of murder. "The desire to energise" in a destructive manner arises as an intuition, and proceeds to the attainment of its end, excited by affinitive impressions from within or by vital changes in the nervous centres. The lower animals sometimes exhibit impulses of this description. The elephant, though not carnivorous nor aggressive, but notoriously a placid, patient creature, that will quietly endure ill-usage and hardship, is nevertheless liable to attacks of fury, exclusively manifested in a tendency to destroy. These fits, which are not connected with the sexual instinct, have no discoverable exciting cause. During their continuance the animal affected moves rapidly about, roars aloud, and destroys everything within his reach. Mr. Corse Scott, who was long in charge of the Company's elephants in India, states that he has seen an elephant thus excited gore other elephants with its tusks, and kill them outright by transfixing them to the ground. In India, when this rabies appears, it is allowed to subside of itself, which it does in a short time; but an elephant which it attacked at Exeter Change some years ago had to be shot down in its stall by a detachment of the guards. It is worthy of remark that, accompanying these attacks, there is invariably a profuse discharge from a gland situated between the ear and the eye. This seems to indicate a state of irritation in the immediate neighbourhood of the phrenological organ of destructiveness.* Horses, rabbits, cats, and birds, are also occasionally visited by paroxysms like those just described as affecting the elephant.

When appearing in man, the homicidal impulse, that depends upon an internal stimulus, is not necessarily cruel. It often takes possession of a calm and collected or of a gay and happy mind, in the absence of all provocation and of all intention to do injury to any one. It may have for its object a child or an adult, a near relative, a valued friend, some one cherished and loved, or a stranger seen for the first time. Its gratification may be followed by the most poignant contrition and remorse for the evil perpetrated, or by the pleasing equanimity of an ambition fulfilled. A condition of mind such as is here represented it is very difficult to realise; indeed, a just notion of it can only be formed by those who have themselves experienced impulses of the same or of a like kind. Of these the most common is that obscure suicidal impulse which seizes upon some persons as they stand upon a precipice, or at any great elevation, inciting them to throw themselves over, or which urges them to dash themselves before a railway train as it rushes past, so that

* Wilford, in 'Asiatic Researches,' vol. iii.

they have to step back in order to dispel this horrible suggestion, so alien to all their ordinary feelings. Those who have suffered in this manner will best understand the mental condition of the victim of homicidal impulse, and will best sympathise with unfortunates like him who describes his own case in these words :—"Many years back, while sitting at dinner, my eldest girl, then a very little one, by my side, I felt—the desire, shall I say?—no, it filled my mind with horror; but I felt, while looking at her head, an impulse as though I could cleave the skull with the knife which I held in my hand. Now, I love my children, and I think I may say they dearly love their father. I had then no feeling of dislike or resentment in my mind towards my child: whence, then, arose that dreadful thought, that horrid impulse?" Different in its result from this case, but identical in its origin, was that of Henriette Cornier, which convinced Esquirol of his error in having written against isolated homicidal impulses. Henriette Cornier was a young, kind, and amiable woman, who had never shown the slightest symptom of insanity, but who, having gone to reside in the house of a cousin, was impelled, as she afterwards stated, by an inexplicable desire to kill, so that she went upstairs to a room where her cousin's baby was lying asleep and cut off its head. Her health had been indifferent for some time before she committed this rash act; she had suffered from amenorrhœa, and probably chlorosis, but she had never been suspected of any mental aberration. The case produced a deep impression at the time of its occurrence, and the form of morbid impulse under which she laboured was propagated by imitation. Minds prone to mental disease would be apt to brood and meditate upon her offence, and thus excite the destructive propensity; or, perhaps, conscious of their own weakness, they might fear lest they should offend in like manner. And the very existence of this fear would occasion hazard, for it is the trembler who falls from the position of danger, and solicitude about the preservation of health is known to degenerate into suicide.

The development of homicidal impulses in defiance of all resolves, ties, and motives, in opposition to will, and with a perfect appreciation of right and wrong, is well illustrated in the following examples :—1. "A young man came voluntarily to Charenton on account of an impulse to kill his mother, whom he adored, and against whom he had no complaint. Armed with a knife, which he took from the table while dining with her, he had only just time to call out, 'Oh my mother, my good mother, save yourself; I am about to strike you.'"* 2. A gentleman, who was always restrained, at his own request, on the accession of the impulse, was accustomed to exclaim when it had passed away, "Release me; alas! I have suffered much,

* 'De la Folie considérée dans ces Rapporte avec les Question Medico-Judiciaires,' par C. C. K. Marc, tom. i, p. 49.

but I am fortunate, since I have killed no one."* 3. M. R., an eminent chemist, was tormented with the desire to kill, and implored God to deliver him from this temptation. When he found, however, that his will was becoming mastered by it, he fled to the superintendent of an asylum and made him bind his wrists together. This had the effect of calming him; nevertheless he shortly after attempted to kill one of the attendants, and he died himself in a violent paroxysm.† An illustration is also afforded by the remarkable case of G. T—, related by Dr. Lockhart Robertson, in the number of this Journal for July, 1860; while the coexistence of such impulses with perfect calmness of mind and correctness of deportment was singularly exhibited by a patient under my father's care, who would attempt a murderous assault while blandly engaged in conversation, and would then pass immediately and composedly to the performance of a piece of music or the perusal of Tacitus.

Now, it must be observed that in many of the cases which we have yet cited the impulse to destruction was the single, solitary, appreciable diseased spot in the mental constitution; that it was, in fact, the disease itself, and that it was compatible and contemporaneous with soundness of judgment. But it is from the spot in the apple that decay spreads through the mass, and so it generally happens that this isolated impulse is but the herald of the invasion of some more marked form of mental disorder. Besides, it is rarely indeed that it does appear in this isolated condition. That it may so appear we have no doubt, but at the same time we believe that it is most frequently but one of a series of symptoms. A minute analysis of the cases in which it is manifested will most often reveal that the emotions participate more or less in the morbid change, or that the outbreak of destructive frenzy has been preceded by a career of irregularity and waywardness, or that the mind has been long the sport of vain or visionary fancies. A homicidal act may be but in fact a cropping out of a substratum of unhealthy mind, which could previously have been inferred from eccentricities of conduct, foibles of temper, and perversions of affection, or it may be but one of the expressions of some well-marked form of mental derangement. It is, associated with various other mental maladies—with mania, delusion or hallucination—that homicidal tendencies are most usually encountered. It is not our purpose at present to deal with impulses when so complicated, and we only refer to the destructive tendencies of ordinary, recognised insanity, in order that we may derive from them some support for the existence of simple destructive impulses in minds otherwise apparently unimpaired. These destructive tendencies of ordinary insanity require to be divided into two classes, the first of which

* Marc, op. cit., p. 243.
† Marc, tom. i, p. 241.

embraces all those which are the result of errors of belief or of sense, and which have no necessary connection with homicidal impulses, properly so called. Delusions and hallucinations are not seldom the convictions, creeds, and motives of action of the insane, and the lunatic who is ordered by God to take away a life, or who has resolved to destroy some one who is regarded as an enemy, and whose persecution is intolerable, has no inclination to bloodshed or thirst for destruction. To him *murder* is not the end in view, but only an unavoidable and painful step towards the attainment of his object, and he would gladly intrust its commission to any one else who would undertake it, and upon whom he could rely. It is, in short, distasteful to him; but very different is it with those labouring under the homicidal tendencies of the second class, which are impulsive, and depend, not upon delusion or hallucination, but upon disease of the destructive propensity. To the victims of this type of disorder the destruction is an end in itself, and is not pursued for any supposed ulterior advantage, but for present gratification. The destructive propensity is diseased, just as in a case of simple, uncomplicated impulse, while there is also at the same time disease of some other mental powers. All of these may be implicated, as in mania, which is very generally characterised by a sheer insensate antipathy to the *wholeness* of everything that will tear, or break, or bruise, by a love of ruin and devastation, and a predilection to bring everything to nought. For the destructive acts of the maniac cannot be considered mere expressions of the intensity of muscular activity, but must obviously be traced to those tempestuous impulses of which he is the prey, and which have their origin in lesions of the appetites and passions. But only a few of the mental powers may be disordered in conjunction with the destructive propensity. In melancholia and monomania destructive impulses are sometimes developed, and then they are either interwoven by some process of thought with the pre-existing insanity, or are altogether detached and independent; in the latter case, they are only different from the simple irresistible impulses which have been here considered, in that they are contemporaneous with derangements of other faculties; with these they have no connection except in a common pathological cause, and their perfect independence of delusive motives under such circumstances affords us ground for believing that they may spring into being when the mind is otherwise free from disorder.

Of this second class of homicidal tendencies associated with another form of insanity, an instance was brought under my observation in the Derby county asylum.* W. D—, a middle-aged man, a tailor by trade, was brought to the Derby asylum under the escort of three powerful men, so dangerous was he considered. He

* I have to thank Dr. Hitchman for permission to make use of this case.

had been previously in confinement in Bethlehem Hospital, London, from which he was discharged uncured. During his residence there, to judge from his own description, he had been labouring under melancholia. Since his discharge he had resided at home, and had there taken considerable quantities of morphia, to relieve the depression of spirits under which he laboured. He had been perfectly manageable until within a few days of his admission into the Derby asylum, when he became more than usually miserable, and began to manifest destructive tendencies. He had several times made desperate and determined attempts to murder the men who were placed in charge of him, and had nearly succeeded in strangling one. On his admission it was found that, notwithstanding his alleged dangerous character, his pockets contained two table-knives. He was a hale, stout man, of nervo-lymphatic temperament, pale and anæmic, with an expression of great wretchedness and a small and feeble pulse. Several of his relations had died of heart disease. Soon after his arrival he made several attacks upon the attendants, warning them first to beware of him, for he felt he must "be at their throats." D— was perfectly aware of the painful nature of his position, mourned over his insanity, and especially over his homicidal desires, which he stated that he only experienced in paroxysms. These paroxysms were very frequent when he was first placed under observation, but gradually diminished in number. He was very unhappy, and felt remorseful as to his past life and hopeless as to his future; and he also confessed that he had contemplated suicide, and yet he was liable to fits of great fear and apprehension of impending death. He at first conversed freely about his homicidal tendencies and the uncontrollable inclination which he felt to tear his clothes and break windows; but as he improved, and as these past away, he appeared ashamed of them, and ultimately repudiated them altogether. When he did speak of them he declared that they were quite inexplicable to him, and that they had no connection which he could discover with his desponding state of mind. He had hallucinations of vision during the night, seeing bright-red or scarlet objects passing before his eyes, and he complained of slight pain in the coronal region of the head and of intense pain behind and above the ear; pain was also felt in the cerebellar region, from which, too, a thrilling sensation was sometimes felt, passing down the spine. He was very restless and tremulous in his movements when the paroxysms were "upon him," but was at other times extremely lethargic. He was treated with aperients and the tincture of the muriate of iron. A certain degree of improvement soon took place, the paroxysms happened at wider intervals, and then left him entirely, but when I last saw him he was still deeply depressed.

Among the points of interest in this case we would remark—1, the

entire independence of the destructive tendencies of the other mental affections; 2, the pain which was felt in the phrenological organs of destructiveness and combativeness, and which disappeared, coincidently with the destructive impulses; 3, the shame which he experienced when reference was made to his homicidal impulses after their abatement, and his ultimate entire repudiation of them; 4, the colour of the hallucinations, bright red or scarlet, which we generally associate with the war instincts, which is known to excite the Spanish bull to ferocity, and is said to have the same effect upon the turkey, and which is affirmed by Rosch and Esquirol to render choleric those tradesmen who use it as dye; 5, a circumstance connected with the knives found in his pocket on admission. When these were taken from him he at once admitted that they had been secreted during a paroxysm at home, with a view to the destruction of some one; but a short time afterwards, when they were referred to, he stated that they merely happened to be in his pocket, because he had been making a kite for his children before leaving home, and had taken them to cut the strings, thus exhibiting a change in the alleged motive of an insane act, such as was disputed in the case of Milne, at Edinburgh.

If simple irresistible homicidal impulses really exist, as it has been here maintained they do, it will be in vain to urge that they are unrecognised by law. A recent writer, with no leaning to extreme psychological views, pithily says, "*The law must recognise facts*, and many cases (of homicidal impulse) have occurred which can hardly be described by any other name;"* indeed, the law has already acknowledged homicidal impulses as facts and as grounds of exemption in cases of infanticide, when they have arisen at the period of parturition. We earnestly hope that the same recognition may be extended to them when they appear under other circumstances.

* 'Saturday Review,' April 25th, 1863.

PART II.—REVIEWS.

RECENT FRENCH SYSTEMATIC TREATISES.

I. *Traité Pratique des Maladies Mentales.* Par le Dr. L.-V. Marcé, Médecin des aliénés de Bicêtre. Baillière, Paris, 1862, pp. 672.

The author announces this treatise as a summary of the clinical lectures delivered by him at the École pratique de la Faculté de la Médecine. He avoids, therefore, discussion and controversy, being desirous to produce a practical work for the use of students and young practitioners. The task which he proposed to himself he has accomplished with great judgment and success; and English opinion will certainly re-echo the praise which his work has already received in an elaborate criticism in the January number of the 'Correspondenz-Blatt der deutschen Gesellschaft für Psychiatrie.' It is neither a laboured compilation nor a vague theoretical treatise, but has the singular merit of being exactly what it professes to be—a practical treatise founded on clinical study.

The work consists of three divisions, the first of which treats of the general pathology of mental diseases, the second of the special pathology, and the third of certain morbid states indirectly connected with mental disease, as epilepsy, hysteria, chorea, pellagra, and alcoholism. There is also an introduction, which is occupied with an historical sketch of the progress of psychological medicine, and with the principles of the method to be followed in the study of mental diseases.

The author's German critic complains that the historical sketch contains all the special failings of the French; that there is no completeness in it; that it quotes all foreign writers at second or third hand from translations, and that the only German authors cited are Heinroth, Ideler and Jacobi. What, then, shall be said in England when the only English authors who have a place in the history are Sydenham and Willis? As a sketch of the course of development of psychiatry it suffices, perhaps, to impart a juster idea to practical physicians than a completer history would have done.

The method of investigation to be pursued is very distinctly declared. "I do not hesitate to assert that every method based principally on psychology ought to be absolutely rejected. Psychology may draw from certain phenomena of mental disease useful philosophical deductions; but if we reverse the process, if we desire

to make it serve as the groundwork of a study of insanity, we shall certainly be led astray into misty speculations devoid of all practical result. The only method of arriving at a really useful result is to look upon insanity as a disease, and to apply to its study purely medical methods, that is, complete and exact observation, together with a prudent generalization, ascending by logical induction from particular facts to the classification of diseases, to their seat, to their nature." And again, "I am convinced that to a diseased modification of intelligence there always corresponds a known or unknown modification either of the brain itself or of the conditions under which it exercises its function." This no doubt is true; but in the present state of science it is unhappily quite impossible to study insanity on the basis of the nervous states which underlie the morbid manifestations. We have no knowledge of what these states are; and we are compelled, therefore, to study the relations of the mental phenomena which are assumed to be the results of the unknown physical causes—we are, in fact, compelled to study and classify insanity as the psychology of diseased mind, and not as the pathology of diseased brain. The time has not yet come when the psychologist must take his place with the astrologer and the alchymist. The important matter is to investigate morbid mental phenomena strictly inductively, to avoid attributing to the diseased mind the principles which are obtained from the revelations of the self-consciousness of a sound mind. That is the mistake which the judge makes when he assumes that a man without delusion, and with a knowledge of right and wrong, must necessarily be responsible for his actions; it is the mistake which the angry attendant makes when he ill-treats an insane patient because he believes that the patient can control himself if he likes. The study of morbid mental phenomena must be purely objective—the science must be built up by the inductive method; but in the formation of rules of art for the treatment of insanity it would not be wise to refuse the assistance which may be rendered by psychology. The pathologist investigates the disease as a special fact, but in the treatment of it he accepts the aid of physiology.

Leaving the introduction, we arrive at the first division of the work, that of general pathology. The author, after glancing at Esquirol's classification of insanity, and rejecting the etiological card-castle of Morel, proposes the following modification of those of M. Ferrus, M. Parchappe, and M. Baillarger.

- I. Simple insanity . . .
  - General delirium . . .
  - Partial delirium; monomania.
    - With excitement: mania.
    - With depression: melancholia.
  - Dementia.
- II. Mixed forms of insanity
  - Mania and melancholia.
  - Monomania and dementia.
  - Melancholia and dementia.
  - Mania and dementia.
- III. Insanity associated with disturbance of motility
  - With organic lesion.—General paralysis.
  - Without appreciable organic lesion
    - Epilepsy.
    - Hysteria; ecstasy; catalepsy.
    - Chorea.
    - Alcoholic insanity.
    - Pellagra.

IV. Congenital.—Idiotcy.—Imbecility.—Cretinism.

In describing the modes of invasion of insanity, the author directs attention to the various physical sensations, particularly insisted upon by Moreau, which are experienced at the commencement of the attack, and thus early indicate an organic modification of the nervous system. These are pain or weight, or indefinable sensation in the head, feeling as if the brain were too large for the skull, as if something passed across the brain, nervous shocks, vertigo, and abnormal sensations sometimes passing from the periphery towards the centre, like the aura of epilepsy. "It is almost always," he says, "by means of these unusual physical impressions, these disorders of the general sensibility, that the first strange ideas, the first intellectual disturbances, arise."

We cannot follow M. Marcé in detail in his account of the symptomatology. He has often observed amongst those hypochondriacs who assert that they have no mouth, no throat, and that they cannot swallow, an anesthesia of the mucous membrane, so that the contact of food was scarce perceived. The examination of the urine of the insane has not yet led to any positive conclusions. He often sought for the presence of albumen, but only found it in two or three cases in small quantity. "In the present state of science it may be said, without hesitation, that albuminuria is rare amongst the insane, and that it only plays a very doubtful part in mental pathology." The presence of sugar in the urine is equally rare. He has searched for it not only in mania and melancholia, but in general paralysis, after epileptiform convulsions, in hysteria, and in epilepsy, and has never found traces of it. His German critic, who has written on the state of the blood in insanity, complains that he has not even mentioned oxaluria, which is of so much importance; and that his account of the condition of the blood reveals an ignorance of foreign labours on the subject. On the whole it may certainly be granted, however, that the author has described with careful completeness the modifications of the various functions of the body which are met with in insanity.

The causes of insanity M. Marcé divides into predisposing and occasional, and thus tabulates—

- **Predisposing causes**
  - **General**
    - Civilization.
    - Religious ideas.
    - Political events.
  - **Individual**
    - Hereditary influence.
    - Age.
    - Sex.
    - Climate.
    - Condition (married or single).
    - Profession.
    - Education.
- **Occasional causes**
  - **Moral**
    - Emotions—Passions—Vexation.
    - Irritation.
    - Solitary confinement.
  - **Physical**
    - **Local**
      - Acting directly on brain.
      - Acting indirectly and sympathetically on the brain.
    - **General**
      - Anæmia—Cachexia—Onanism.
      - Diatheses—Skin diseases—Rheumatism.
      - Typhoid fever—Intermittent fever.
    - **Physiological**
      - Menstruation—Pregnancy,
      - Childbirth—Lactation.
    - **Specific**
      - Poisons — Lead—Mercury — Opium — Belladonna—Haschisch.

The author does not admit that there is a real increase of insanity with the progress of civilization, but believes, with M. Parchappe, that the result of social improvement will be a decrease in the number of the insane. The greater proportion of insanity in towns than in the country is to be attributed partly to the greater excesses which prevail in towns, partly to the fact that the insane are immediately taken under care in towns, partly to the way in which old demented people and idiots are brought to towns and abandoned to public charity; and, finally, in part also to the fact that the general paralytic, the monomaniacs, and others who have delusions, go to towns to make their claims at the magistrate's office or at the royal palace. It always appears to us, we must confess, that the question as to the increase of insanity with the progress of civilization should be preceded by another question, namely, to what extent the present civilization is a progress.

The influence of age on insanity M. Marcé treats with great care. After quoting several cases at a very early age, and referring to the observations of Durand-Fardel, who ascertained that out of 25,760 suicides in France in ten years as many as 192 had happened in persons under sixteen years of age, he adds: "On reading carefully these observations, we see that acts of suicide most frequently take place in children under the influence of a vivid impression, without the intervention of reasoning; they cannot understand the seriousness of the act, and are nowise affrighted by the idea of death, of

which they have never thought. Sometimes, on the contrary, the suicide takes place in consequence of a true irresistible impulse, without there being the pretext of some vexation or painful emotion. Taken as a whole, these facts can scarce be looked upon as indicating confirmed insanity; nevertheless, they cannot but be considered as the result of an abnormal intelligence, a result the more significant as in most cases there was hereditary taint in the antecedents."

Agreeing with Esquirol, Georget, and Parchappe, M. Marcé believes that the moral causes greatly preponderate over physical causes in the production of insanity. Moreau de Jonnès has endeavoured to establish exactly the opposite. The difference seems mainly to depend on the different estimates of the action of hereditary influence. As a German critic says, "ten people lose their property and contrive to comfort themselves; the eleventh loses a little money, thinks his character is lost, and takes away his life or becomes insane. How does that happen when the moral causes are the same? Because the physical cause was wanting amongst the ten, while in the one case it existed as the result of some fever, or as an anæmic condition, or as a hereditary predisposition. A short time ago a suicide happened in the medical world, and filled the hearts of men with the deepest sorrow. A physician shot himself, after his betrothed had been killed by a stone which fell from a roof. There was great wonder, and sentimental girls or moonstruck youths pointed to it as a suicide from love. The physician, who saw deeper into the matter, thought differently. The father had been insane, and had tried to put an end to his life; the eldest son suffered from bodily disease with hereditary characters; the second son, who put an end to his life, had been eccentric; and the third son was one of those who are neither insane nor quite sane. We thus see the red thread of hereditary influence passing through the whole family."

Imitation plays its part in the causation of insanity and suicide; and M. Marcé entertains a strong conviction that the details of suicides with which the daily papers feed the curiosity of the public are not without influence upon the constantly increasing number of such events. He does not, however, express an earnest wish, as M. Erlenmeyer does, that the law would enforce complete silence with regard to suicides in all except the official papers. Certainly it is much to be desired that those who become enthusiastic about the glorious mission of civilization in the ultimate diminution of insanity, would condescend to enlighten the ignorant as to what position the freedom of the press and other such small matters are to occupy in the glorious era.

It would be interesting to follow M. Marcé through the account which he gives of the conditions that influence the character of the prognosis in insanity, and of the incidental diseases which sometimes complicate mental disease, but we must pass on to that which is

perhaps always the barrenest chapter in the history of insanity, and certainly is the barrenest chapter in his book, the pathological anatomy of the disease. Inasmuch as a description of the morbid appearances in the brain after insanity must always begin with the acknowledgment that there may be no morbid appearances at all, we think it an evidence of the eminently practical character of the author's mind that he does treat the subject shortly. Two great classes, he says, of mental diseases may be established; one, incurable, characterised by constant anatomical lesion, softening of the cortical layer with adhesion of the meninges—to this belongs general paralysis; the other, in which the brain is often found altered, but never in a constant and identical manner—and to this belong mania, melancholia, monomania, and dementia. "The division of insanity which has been given is nowise justified by pathological anatomy. Thus, M. Parchappe, after thirty-eight post-mortem examinations of cases of acute mania and acute melancholia, acknowledges that there is as close a resemblance as possible, if not a perfect one, between the cerebral changes observed in the two states. The hyperæmia, the sub-arachnoid ecchymoses, the punctillar injection of the white substance, the red coloration of the cortical layer, the thickenings and infiltrations of the membranes, are found with equal frequency in mania and melancholia; none of these alterations, taken singly, has any special value; as a whole, they justify the assertion that acute insanity is closely allied to hyperæmia of the brain." In chronic insanity and dementia cerebral atrophy is sometimes met with, but by no means constantly. In fact, beneath the visible morbid changes of the brain in insanity there is an altered condition of nerve element, either molecular or chemical, which is not recognisable by our present means of investigation, but which declares itself in the morbid mental phenomena. Every great advance in science has been the result of some invention by which the action of the senses has been extended; and the much desired acquaintance with the actual material conditions of insanity must await the advent of a microscopic chemistry. There is little promise of the discovery from the dead-house; what promise there is comes from the physiological laboratory, in which the delicate investigations into the electric properties of nerve are day by day doing more and more towards making known the statics and dynamics of nerve element.

In the chapter on treatment M. Marcé gives directions both for the prevention and cure of insanity. In an English work on insanity it would cause great surprise, and even horror, if under the head of curative treatment the strait-waistcoat was described. M. Marcé, however, quite calmly describes how it should be made so as to serve to tie the patient to a bed or to a chair. And then "the straps should be so disposed as to include a large surface of the lower part of the legs, so as to diffuse the pressure; they should

also be long enough to allow the patient to walk with short steps. As to chairs and beds for restraining those who are excited, they should be strong and fixed to the wall or the floor." It cannot be denied, he regrets to say, that these means have been abused since the reform of Pinel and Esquirol; to tie a troublesome patient to his bed is so simple and so easy. "But must we then conclude that the straight waistcoat and all other means of restraint should be entirely rejected? Certainly not; and yet it is to this extravagant conclusion that certain English physicians have come, who, moved by an excessive sentiment of respect for human liberty, have raised the doctrine into a system." If the spirit of Pinel be permitted to revisit earth, it must surely be grieved at the strange inconsistency of those who profess themselves the heirs of his principles and the careful guardians of his fame. It would be a painful desecration of an Englishman's idea of Pinel to believe that he who, at the time of a great revolution, struck off the chains from the lunatic, would, did he live now, consent that a single bond should degrade the dignity of suffering humanity. Who are they, then, that really honour his great name? Those who babble about his fame whilst they neglect his lessons, or those who systematically carry out his humane principles? The judgment may be calmly left to an impartial posterity.

If it were admitted that in a rare case it might be desirable to employ restraint, we still hold that in an asylum it would be a great error to do so. Impress on the minds of attendants, once for all, that under no possible circumstances will mechanical restraint be allowed, and they see the necessity of carefully attending to their watchful duties; they feel, moreover, that the unhappy patient, however low he may have fallen, is to be treated as a human being, and not as a wild beast. The tone of that asylum is humanity. But allow the application of mechanical restraint in one case, and in how many cases will it soon be thought necessary! When, on the one side, there are uneducated men entrusted with great power where great self-control is needed, and on the other side troublesome beings who by reason of disease are unable to protect themselves, then the use of mechanical restraint is the certain abuse of it, and the tone of that asylum is brutality. The evil of mechanical restraint is not so much the degradation of the sufferer as the degradation of those who apply it. One system or the other must prevail in the management of a large institution; it is impossible to combine them successfully; and we, therefore, deem it, in England, much better to carry out non-restraint as a system. If it be an error, it is, at any rate, an error which is to the honour of humanity; and if a single patient ever does suffer from the non-employment of mechanical restraint, he suffers for a glorious principle.

The observations which M. Marcé makes upon forced alimen-

tation are good. "In the presence of a patient who refuses food the first duty of the physician is to examine the pulse, the tongue, and all the functions, and to ascertain whether there exist any latent organic lesion, with or without febrile symptoms, which contra-indicates the administration of food instinctively refused by the patient; to proceed further without preliminary examination would be to commit a grave error." When the patient refuses food because it has a bad taste, an examination of the tongue may show gastric disorder, and the administration of a purgative or an emetic may relieve the symptoms. If, after due trial of entreaty and threats, and due exercise of patient perseverance, the refusal of food is persistent, an attempt should be made to introduce it by the mouth by means of a feeding can or something adapted for the purpose. In many cases that will be successful. At Hayward's Heath (700 patients) it has not on any occasion been found necessary to resort to the œsophageal tube, and on the female side of Colney Hatch the œsophageal tube has only been used twice during the last ten years. "Alimentation by the œsophageal tube is in itself a serious danger. The want of mastication and insalivation, the contact of a foreign body with the digestive passage, the torpid state of the stomach which accompanies melancholic stupor and renders digestion difficult, the struggle which every meal occasions, all these tend, in a period varying from a few weeks to two or three months, to produce serious disorder of the digestive passages." The tongue becoms dry; the pulse quick; nutrition fails; an uncontrollable diarrhœa sets in, and terminates in death. The signs of chronic inflammation of the stomach and digestive passage are seen on a post-mortem examination. Nevertheless, some patients get accustomed to this forced alimentation, endure it well, and seem not to dislike it. One monomaniac was so nourished for two years and fifty days, and another, whose case M. Marcé has reported, for nearly five years had the œsophageal tube passed three times a day. During that time he preserved his full force and vigour. Heaven had forbidden him to eat, to speak, or to walk, or to dress himself. Serious results may follow the incautious use of the œsophageal tube. The mucous membrane has been penetrated, and the instrument pushed into the cellular tissue between it and the vertebral column. M. Baillarger reports such a case, in which, after death, laceration of the pharynx and purulent infiltration as far as the diaphragm were met with. The food has been injected into the trachea, and M. Baillarger cites a case in which instantaneous death occurred from that cause. It is well to be aware, however, that death may take place sometimes from suffocation, even when the food has been properly introduced, in consequence of a quantity of it passing into the trachea during subsequent vomiting.

With regard to the dirty habits of paralytic patients M. Marcé makes the following judicious remarks:—"We know that in a state

of health defecation generally takes place at the same hours, and that the function is, in that regard, subject to the laws of habit. Accordingly, by putting paralytics twice a day on the water-closet, where they remain for half an hour, the motions tend to take place at fixed hours, and the bed and clothes are thus rarely soiled. By the use of this simple means we succeed in doing away with dirty patients, and in lessening the consequences of their infirmity."

Hallucinations and illusions are treated of in a special chapter which well repays perusal. Though Socrates might have had a hallucination of hearing, the author does not agree with M. Lébut and his school that he was therefore insane. "The boundary between reason and insanity is, without doubt, sometimes difficult to trace, and we recognise the truth demonstrated by Moreau, that preeminence of the intellectual faculties has often a *special diseased state of the nervous centres as its organic condition.* Nevertheless, the grandeur of his views and the rectitude of his conduct will always distinguish the man of genius from the madman, and in this practical relation those whom we have mentioned (Socrates, Mahomet, Luther) cannot be ranked with the insane." Out of 303 monomaniacs, Brierre de Boismont found that 248 had hallucinations and illusions; out of 229 cases of mania, 178 were complicated with illusions and hallucinations; out of 82 demented, 41 had hallucinations; and in 37 out of 47 general paralytics hallucinations and illusions were met with. M. Moreau has treated hallucinations with gradually increasing doses of the extract of stramonium. At first the agitation is increased, the pupils are dilated, the tongue is dry, there is constriction of the throat, disorders of vision appear, and there is a semi-comatose state; but these phenomena soon disappear, and calmness follows. Of ten persons suffering from hallucinations who were thus treated, seven were cured in periods varying from one month to four months; the other three only experienced temporary amelioration.

The second part of the work is devoted to the special pathology of insanity, and deals with mania, melancholia, monomania, dementia, and general paralysis. The description of these different forms of disease leaves little to be desired. The author finds opium very useful during the decline of acute mania, when sleeplessness and incoherence of ideas seem to indicate a want of tone in the nervous functions; the administration of opium then induces sleep, gives tone to the nervous system, and causes rapid improvement. The use of digitalis in mania, when the pulse is rapid, has a very beneficial effect. When there is great depression in melancholia the ratio of the respirations to the pulse is disturbed; the number of respirations is considerably below the mean, and hence there is deficient oxygenation of the blood. He describes three forms of melancholia —(1) melancholia without delirium, (2) simple melancholia, (3)

melancholia with stupor. The first is what Guislain considered as melancholia in its simplest form, when there is profound depression, fear, or despair, without intellectual disturbance; the last is the stupidity of Georget, which M. Baillarger maintains to be a true melancholia accompanied by some great and unrecognised delusion. A separate chapter is devoted to that which the French have named *folie à double forme*, or *folie circulaire*—that form of insanity which is characterised by two regular periods, one of excitation or mania, the other of depression or melancholia. There is, properly speaking, according to M. Baillarger, no lucid interval between the stages, but the association of the two constitutes the attack. With us it has for some time been a suspicion that M. Baillarger is rather hasty in making generalisations. A patient goes to bed excited, awakes depressed—that is *folie circulaire* according to M. Marcé, for the transition is rapid. The patient is maniacal for a week; the symptoms gradually diminish, and he becomes melancholic—that is *folie à double forme*.

The account which M. Marcé gives of monomania is not satisfactory. By the word he designates, as did Esquirol, not only those rare cases in which the delirium is confined to a single idea, but also those cases in which the delirium is partial, without excitement or depression. The division which he makes of monomania is into—(1) intellectual, where there is delusion; (2) sensorial, where there is hallucination; (3) instinctive, where there is irresistible impulse. All that can be said of his illustration of the two first forms is that to all appearances they would be more correctly described as belonging to mania or melancholia. It is to be regretted, too, that being so firmly convinced of the existence of instinctive monomania, M. Marcé has done no more than quote the familiar cases which, since the time of Marc and Esquirol, have done duty in every book which has touched upon the subject. The case of that domestic in the family of A. von Humboldt who, struck by the whiteness of a child's skin, was fearfully tempted to kill it—Georget's case of the woman who felt an impulse to kill her four children whom she loved better than herself—Marc's well-known cases of kleptomania and pyromania—must have long since wearied every one who possessed only a moderate knowledge of psychological literature. The fact is, that in this matter authors do in their books very much as certain experts do in courts of justice; the former quote a few stock cases without careful analysis of them, as the latter prattle certain words of learned sound without having a clear idea of what they mean by them. Let us, however, give due weight to M. Marcé's belief. "Quoi qu'on en dise," he says, "il existe incontestablement des monomanies instinctives dégagées de toute complication."

The account which the author gives of general paralysis is complete without being diffuse, and it is at the same time eminently practical.

He has found that the inequality of the pupils may be owing, not only to abnormal dilatation of one of them, as pointed out by Baillarger, but sometimes to an increased constriction of one of them, which then remains strongly contracted in the dark. An observation of M. Crozant, that a general and almost complete anæsthesia sometimes exists at the commencement of general paralysis and precedes the disorder of motility, disappearing as the latter increases, M. Marcé has several times confirmed. Does the intellectual disorder precede the motor disturbance? In 51 cases out of 86, observed with the greatest care, M. Parchappe found a collateral development of the delirium and the paralysis; in 27 cases the paralysis appeared after the insanity; and in 8 cases the relative development was undetermined. However long the paralysis may have lasted, the muscles are relatively but little atrophied; they rarely undergo fatty degeneration, and preserve, almost to the last moment, their contractility on the application of electricity. Recovery is infinitely rare, if not actually impossible; and the pretended cures are nothing but prolonged remissions. The cerebral congestion which complicates the disease is treated of under the following divisions—(1) slight, with excitement; (2) maniacal; (3) comatose; (4) hemiplegia; (5) apoplectic convulsions; (6) irregular forms. M. Marcé finds diseases of the heart, and especially hypertrophy of the left ventricle, to be rather common amongst general paralytics; the powerful impulse which is thus given to the blood along the carotids may, he thinks, tend to cause the congestion of the brain. He devotes a section to the pathological anatomy of the disease, which is complete as far as French investigations are concerned; but, as happens throughout the book, there is an ignorance of what has been done out of France.

The third part of the treatise is occupied with idiocy, epilepsy, chorea, hysteria, pellagra, and alcoholism; it constitutes a valuable addition to the usual matter contained in books treating of insanity. It will be a sufficient commentary on the chapter which treats of epilepsy to say that one would not learn from it that such men as Schroeder van der Kolk, Kussmaul and Tenner had lived, which, considering that the author places the words "Physiologie pathologique" at the head of one section, will seem to most people strange. He has not the slightest faith in the preparations of zinc in the treatment of disease, but seems inclined to put some trust in belladonna. In many cases of chorea there is an absence of all intellectual disorder; out of 57 people who suffered from chorea, the author found 21 who never manifested the slightest moral or intellectual disturbance. Hallucinations of vision were met with in 11 out of 40 cases; they differed from those observed amongst the majority of the insane, as they appeared in the intermediate state between sleep and awakening. Hallucinations of the other senses

are rare. In the worst cases of chorea where there is maniacal delirium, and the patient is incessantly throwing himself about, the author has obtained excellent results from the inhalation of chloroform repeated at intervals. "C'est un moyen puissant et rapide auquel il faut recourir quand le danger est pressant."

Speaking of the causes of alcoholism, M. Marcé says—"But nothing equals the ravages caused by the liqueur d'absinthe, the use of which has spread so fatally through the army and the civil population. Besides the ordinary accidents of alcoholism, the absinthe, which acts both by its alcohol and a special essential oil, determines rapidly a state of stupor and dulness, which wastes the intellectual faculties and hastens dementia; it is incontestably the most energetic poison within reach of the people, and one asks with astonishment how it is that no obstacle is put in the way of its sale, when the sale of poisons is subject to such strict and just regulation." As an illustration of the evil effects of the drunkenness of parents upon their children, the following is a striking case:—"A man who had several times, in consequence of excessive drinking, had symptoms of insanity, married twice; with his first wife he had sixteen children, fifteen of whom died within a year of convulsions; the survivor is epileptic. With his second wife he had eight children; seven have fallen victims to convulsions, and the eighth is scrofulous."

An appendix, dealing with the medico-legal relations of insanity, concludes the volume. Notwithstanding certain deficiences, which one industrious in finding fault might discover, the candid reader will acknowledge that it must take a very high place as a sound practical manual. The style is simple and vigorous, the method precise and well-arranged, the printing good, and the book may be confidently recommended to the attention of English readers.

II.—*Traité Élémentaire et Pratique des Maladies Mentales suivi de considérations pratiques sur l'Administration des Asiles d'Aliénés.* Par H. Dagonet, Médécin en chef de l'Asile public d'Aliénés de Stéphansfeld. Paris, Baillière, 1862, pp. 816.

A great merit in M. Marcé's treatise, and one rather unusual in French books, was that we were not wearied with the constant repetition of that disagreeable little word "*nous;*" that he told simply what he had to say, without regularly informing us beforehand what he proposed to say. In fact, the "*nous nous proposons*" does not once occur in his work. It is a pity that the same cannot be said of M. Dagonet's treatise. Without *malice prépense* we count the number of times that "*nous*" is met with in a few lines: at the beginning of one paragraph it occurs five times in four lines, and at the beginning of the next paragraph three times in two lines. Now,

as there are thirty lines to a page, it will, on such computation, occur at about the rate of forty times in a page. Let us say that the number of pages in the book is 800, and then the number of times of its occurrence is 32,000. By careful measurement it is found that it must occur ten times to make a line, or 300 times to make a page. Consequently, if 32,000 be divided by 300 the result will be the number of pages in the book made by "*nous*"—that is, about 107. It is right to add, however, that a further perusal tends to prove that computation somewhat too high.

After a short introductory historical chapter, M. Dagonet proceeds to describe generally the symptomatology of insanity. A general account of the disturbances of intelligence, sensibility, and movement, which are met with in the different forms of mental disease, must necessarily be barren reading, although the chapter is evidently a careful compilation. Indeed, the author might perhaps with advantage have restricted himself to fewer quotations. As the matter stands, paragraph after paragraph begins thus: "Ce sont, dit Georget," "Dans cette forme, dit Guislain," "La parole, dit Esquirol," and so on in endless repetition. Again, a reasonable ground of complaint might be the want of a clear grasp of his subject, whereby it comes to pass that the author is obliged frequently to tell the same thing twice over. Thus, such expressions as "Nous avons déjà fait remarquer" (p. 119), "Nous le verrons plus tard" (p. 120), "Nous reviendrons a l'occasion sur" (p. 121), "Nous l'avons dit" (p. 122), become exceeding tiresome. Then, again, M. Dagonet seems sometimes to present only part of what an author has said, and then to occupy some time in arguing that the author has not sufficiently embraced the subject. Thus (at p. 85) he states that M. Baillarger confines himself to saying that hallucination consists of an actual transformation of thought, and then in the paragraph following proceeds to argue that the sensation experienced by a patient may have no relation to any idea whatsoever. As we understand M. Baillarger, he arranges the conditions of hallucination under three heads—1. The involuntary exercise of memory and imagination. 2. The absence of external impressions. 3. The internal excitation of the sensory ganglia. But, in truth, every one who knows the elements of physiology knows that hallucinations may be produced by internal organic conditions without the co-operation of idea.

A full account is given of the incidental diseases which sometimes complicate insanity, and the chapter on pathological anatomy contains a complete history of the different morbid appearances which have been met with after death. The author attaches considerable importance to disturbance in the cerebral circulation as the first stage of pathological action. In two young girls who were attacked with acute mania, and who were profoundly anæmic, there occurred

at the height of the attack an effusion of blood on the surface of the hemispheres, which was followed by coma and death. It is impossible, however, here to do more than refer to this elaborate compilation of facts and theories.

Proceeding to the etiology of mental diseases, it appears that M. Dagonet holds quite a different opinion from that of M. Marcé with regard to the influence of civilisation. "Authors are almost unanimous," he says, "in placing civilisation at the head of the general causes of insanity. This affection is indeed really a special disease of civilised nations." He has made some researches as to the influence of the different forms of religion in the production of insanity; and he finds that in the department of the Lower Rhine the greatest proportion of insane is met with amongst the Jews, next come the Protestants, and the Catholics only supplied two fifths less than the Jews, one fifth less than the Protestants. It is proper to remember, however, that as the Jews are the least in population and the Catholics the greatest, intermarriage may have something to do with bringing about the result. There seemed also to exist a relation between the form of disease and the form of religious worship. Mania was most frequent among the Jews, melancholia less frequent in proportion amongst them, but of about equal frequency amongst Catholics and Protestants. Ambitious monomania was observed most often among the Jews, and next among Protestants, whilst dementia was less frequent among the Jews. Obviously such results cannot have great value.

To the action of hereditary influence as a cause of insanity M. Dagonet attributes great importance; it is the cause of causes (*la cause des causes*). Of about one thousand insane treated at Stéphansfeld this was the cause of the disease in one fifth, and there was a marked predominance on the side of women. And not only is insanity itself a cause of hereditary predisposition, but all diseases which affect the nervous system may become such causes. "Convulsive diseases, alcoholic excess, sometimes an excessive development of the intellectual faculties, advanced age, immorality of parents, have in a number of cases been powerful causes of hereditary predisposition to mental disease in children." It can admit of no doubt that the tendency of modern research is to extend the action of hereditary influence as a cause of disease. But it were much to be desired that definite observations should supersede the vague general assertions which are at present made upon the subject. Then, perhaps, there might be furnished data for the determination of the disputed question as to the influence of civilisation on the increase of insanity. Alcoholic excess was the cause of the insanity in one out of seven cases in the department of the Lower Rhine; but as it was an exceptional cause amongst women, it might fairly be said that one fourth of the men were the victims of alcohol. In the

section which treats of syphilis as a cause of insanity, the author gives a careful summary of the observations which have been made; and he concludes from them that lesions of the brain and its envelopes of a syphilitic character, although not frequently met with, may undoubtedly produce the different forms of mental disease. His chapter on the etiology of insanity may, indeed, be referred to with advantage as containing the results of a diligent examination of the labours of different authors arranged in a methodical manner.

The description of the different forms of mental disease is very complete. The classification adopted is a modification of that of Esquirol. Lypemania is said to be characterised by a partial delirium, or a delirium confined to one object or a small number of objects, with the predominance of sadness and depression. In monomania the delirium is also partial, but a gay and expansive passion predominates. In mania the delirium is general, and accompanied with excitement. Dementia, idiocy, and general paralysis, need no commentary. To these divisions is added another, that of stupidity (Georget), which is the *melancholia attonita* or "melancolie avec stupeur." The author considers that it constitutes a special form of insanity, and should be described as a typical variety with peculiar characters. As it is rarely a primary affection, but generally occurs as a transformation of mania or melancholia, into either of which again it may pass, there is no sort of justification for the classification of it as a distinct form of disease. Some regard it as a variety of melancholia, others look upon it as a form of dementia; but whatever its real character be, there is no gain to science in elevating an uncertainty into the specific name of a class-division. Of the "folie à double forme" (Baillarger), or "folie circulaire" (Falret), M. Dagonet thus speaks:—"We have observed some remarkable examples of this kind of intermittent mania, the prognosis of which is generally serious. At present we have under observation two women, in whom the maniacal attacks return once or twice a year with considerable intensity. The excitement is on each occasion preceded by a profound melancholic depression, lasting five or six weeks, and which seems to be the prodromic stage of the maniacal state. This latter lasts for two or three months, and then the remission becomes greater and greater until a lucid interval is established." In how many cases, we would ask, does mania occur without being preceded by a melancholic stage of greater or less duration? And furthermore, how often does it happen that mania, especially when it is recurrent, is followed by more or less melancholia? It may be accepted as very certain that the restless ambition to coin a new name for a supposed new variety of mental derangement, which since Calmeil distinguished general paralysis has been so notable in France, does not tend to advance, but greatly to retard, the progress of true science. He is least likely to endeavour to multiply divisions of

insanity who sees most deeply into its nature. And the self-confident observer, who, glancing at the surface of things, boldly marks out his arbitrary divisions, really injures the cause which he would serve; his success in classification is for the most part a success in the misinterpretation of nature. Names, too, which are ill applied, become fetters that impede progress and perpetuate error; for very few ever examine into the exact meaning of the terms which they are in the habit of employing; they receive them, as they do the alphabet, from those who have preceded them. Accordingly, nothing is more difficult than to get rid of an inappropriate term which has gained currency in the vocabulary of everyday life or of science. Furthermore, he who is eager to discover new varieties of disease, and to fabricate new names, would do well to remember that such ambition may spring rather from vanity than from a simple love of truth. These remarks will not appear unnecessary when it is added that a writer in a French journal, who recently described a case of chronic mania as "incoherence of ideas more or less circumscribed within a circle of geographical and historical ideas, and resulting from a lesion of the faculty (!) called association of ideas (!!)", announces his intention to publish a book which is to serve as "the groundwork of a new classification of mental diseases." For the sake of French psychology, it is to be hoped that some one may induce him to *think*, if it be possible, before he executes his design.

The essential character of monomania and of lypemania M. Dagonet states to be a partial delirium, apart from which the patients feel, reason, and act like the rest of the world. How he contrives to make every case of melancholia conform to his definition of lypemania he does not explain. For the word monomania he would prefer megalomania, a term proposed by some as suitable on account of the exaggerated notion of self which is entertained in that form of disease. What is surprising is that neither M. Dagonet nor M. Marcé, although each upholding monomania, refers to the article on "Pseudomonomanies," by M. Delasiauve in the 'Annales Médico-psychologiques,' an article which supplies the only valid explanation of the use of such a term of classification, and which, though unfortunately diffuse, is conceived in a philosophical spirit.

The section which the author devotes to homicidal monomania affords an excellent illustration of the way in which the literature of that subject is made. It is a simple summary of the descriptions of Esquirol and Marc. And it is amusing to observe how calmly the author relates the various symptoms which precede the dreadful outburst of the homicidal impulse—the heat in the stomach, the burning in the chest, the flushed face, hard pulse, convulsive trembling of the body, just as if these things had been as well observed and were as generally recognised as the symptoms of a fever or of a pneumonia. Of course we meet again with our friend the servant who was so

strangely moved by the white flesh of the child which she undressed, and also with the woman who felt such a desire to kill her infant. But the most remarkable feature of the section is the account of a case which M. Dagonet gives in detail, as illustrating this obscure form of mental disease. A vain, stupid, dissipated youth, aged seventeen, fancies himself in love with one girl after another, and because they have too much sense to take any notice of him, he thinks it would be desirable to commit suicide or murder, but has not the courage to do either—has the courage only to talk in a moody, conceited, misanthropical manner, for which he should rightly have been whipped. The quotation of such a case as an example of the homicidal monomania which he has previously described is almost sufficient to destroy all confidence in M. Dagonet's acuteness as an observer, and in his judgment as a writer. The opponents of homicidal monomania can desire no better help than M. Dagonet's advocacy of it.

The chapter which is occupied with a description of general paralysis is very satisfactory. The author does full justice to the investigations of the German pathologists into the morbid appearances which are met with in that disease. He gives an account of the observations of Rokitansky on the increase of the connective tissue of the brain and the destruction of nerve-elements with the appearance of amyloid corpuscles, and relates how these have been confirmed by the researches of Wedl, who has furthermore described an obliteration of the small veins of the brain from the invasion of hypertrophied connective tissue. One thing which M. Dagonet recommends in the treatment, namely, the administration of strychnia when the paralysis is far advanced, we should strongly object to. Nothing appears to us so illogical in theory, and certainly few things are more injurious in practice, when observations are fairly made, than the large administration of strychnia in paralysis depending on organic disease of the nervous system. It is no doubt a tempting thing to rejoice a patient's heart by causing his powerless muscles to twitch, but as a scientific procedure it is not very unlike the administration of cantharides or of phosphorus in the impotency of sexual exhaustion. It is to elicit force by hastening the destruction of material.

The chapter on idiocy is an extract from the inaugural thesis of Dr. Barth, an old pupil at Stéphansfeld. As a lengthy and learned compilation of all that has been written about idiocy in France and that can be extracted out of Griesinger's German manual, it must have been creditable to the industry of its author. Of the judgment of M. Dagonet in introducing it as he has done, it may, perhaps, be as well to say nothing, seeing that he seems to have no conception of the desirability of making a book a work of art. Indeed, a severe critic might say that his idea of the way to write a book seemed to be to make careful extracts of all that was of any value in the

'Annales Médico-psychologiques' for the last ten years, to paste these together with more or less method, and to publish the whole as a treatise.

The chapter on cretinism, again, is from the pen of Dr. Kœberlé, professor in the School of Medicine at Strasbourg. It is a very learned and elaborate production, and, perhaps, is one of the best accounts of cretinism that has yet been published. His conclusion as to the etiology of cretinism is, that the goitre is produced by the use of water contaminated with a poisonous principle of an organic but unknown nature, and that the cretinism is developed under the influence of air vitiated by a miasma *sui generis*, the production of which is favored by moisture and a certain temperature. It is important, at any rate, to do away with the confusion of goitre and cretinism which yet prevails in many minds; goitre is constantly met with where cretinism is endemic, but cretinism is not always met with where goitre exists. The miasma which produces cretinism is supposed to give rise to a sort of malaria which affects the blood; the principal action of the poison is then upon the nervous system, on which it exercises a depressing or stupefying influence, thus arresting its development directly, and indirectly acting injuriously on the entire economy: of course its evil influence is favored by everything which debilitates the constitution. The amelioration of the conditions of existence, and attention to hygienic principles, have almost caused a complete disappearance of cretinism in many localities where it at one time prevailed. In the village of Battiaz, near Martigny, for example, which was at one time sadly celebrated on account of the prevalence of cretinism, there is not at the present time a single cretin, although the population is tripled. Surely we may have a good hope that man will some time learn how certainly he has his destiny in his own hands, and will act in accordance with his higher nature as a foreseeing being.

Some of M. Dagonet's ideas of treatment are not such as will find favour in this country. "Bleedings," he says, "are useful in paralytics who are subject to frequent returns of cerebral congestion and to epileptiform convulsions. It is the same with certain attacks of epilepsy when ecchymoses of the conjunctiva are produced, and with drunkards who have strong attacks of delirium tremens. With the latter the employment of bleeding and the moderate use of opium commonly are of incontestable service." He very properly warns against the use of large doses of opium on account of the tolerance which some cases of mania exhibit with regard to it. This tolerance may suddenly cease under certain conditions, and the patient die comatose. Opium has seemed to him to have been useful in melancholia and in certain chronic maniacs who are habitually irritable. In the different forms of puerperal insanity it has been very successfully employed in combination with aloes. Belladonna

combined with digitalis is useful in cases of anxious melancholia when a difficulty of respiration accompanies frequent beatings of the heart and smallness of pulse. He has great faith in the beneficial influence of prolonged warm baths both in mania and melancholia. Of the douche he says:—"As a means of discipline, it may be employed in cases where an obstinate refusal of food is to be overcome, when it is desirable to make the patient submit to order and to work, and when one wishes to subdue certain turbulent and troublesome patients of an unmanageable character." With douches so used, and with straight waistcoats artistically fashioned, we regret that we cannot compliment the countrymen of Pinel on the way which they have learned his lessons. The author says that he agrees with the opinion of such eminent authors as Jacobi and Guislain, that the system of non-restraint is inapplicable in practice; it is, in reality, the creation of an exaggerated sentiment of philanthropy. He furthermore adds that he cannot too strongly protest against sequestration in a padded cell, "which has scarcely any other merit than that of being convenient for attendants;" and that the use of the straight waistcoat is nowise inconvenient, that it allows a certain freedom to the arms, and that it would be difficult to substitute any other more advantageous means for it. A refutation of such fancies and prejudices would be a twice-told tale; and, if successful, but a miserable triumph. England can desire in this matter nothing better than the valuable and matured testimony of the best continental writers on insanity, namely, Morel and Griesinger. In the face of such evidence, founded on careful personal experience, it may be hoped that the blatant bigotry of the theoretical babblers will ere long cease.

A long chapter on the management of asylums for the insane ends this laboured treatise. Appended, however, is a map of France, showing the positions of the different asylums throughout the empire; there is also a table giving the number of insane in each asylum on the 1st January, 1859. If an elaborate compilation on mental diseases be needed in France M. Dagonet's work will doubtless be found very useful, and under any circumstances it must be a sure testimony of his industry. To a much-enduring English reviewer, weary with its manifold repetitions and heavy laden with the burden of its quotations, there comes a feeling of thankful gratification when he sees land.

RECENT GERMAN MONOGRAPHS.

I. *Die Paradoxie des Willens, oder das freiwillige Handeln bei innerem Widerstreben, vom Standpunkte der forensisch-medicinischen Praxis.* Von Dr. Joseph Adalbert Knop. Leipzig, 1863, pp. 96.

The author of this work deems it quite time that the dangerous errors and prejudices which have invented a mania sine delirio, monomania instinctiva, pyromania, kleptomania, insania occulta, should once for all be hurled into "the night of oblivion." Illusion is the characteristic token of insanity, and those who, without intellectual disturbance, have acted in consequence of a so-called irresistible impulse, have acted with a clear consciousness, and must be deemed responsible. In reality, they are not cases of mental disease, but cases to be referred to a paradoxical condition of the will (*die Paradoxie des Willens*). He would, therefore, earnestly impress upon his colleagues the necessity of a close study of the exact psychology of Herbart, which is alone capable of explaining these paradoxical conditions of the will. Though he professes to found his observations on that psychology, it must be confessed that his application of its principles is not very successful.

"The paradoxy of the will (*voluntas invita seu paradoxa*) is a notable psychological phenomenon, which consists in free action along with an internal resistance, whereby the action thus takes place with will and at the same time against will." It comprehends all the conditions resting upon a so-called irresistible impulse, so that "Pinel's 'mania sine delirio,' Esquirol's 'mania instinctiva,' Prichard's 'moral insanity,' Platner's 'insania occulta,' at once fall to the ground." This modest author is surprised that almost all writers on insanity, much as they differ on other matters, should be agreed as to the existence of uncontrollable impulse. To a less self-confident critic the fact of such general agreement might, perhaps, have suggested doubts whether the observations of so many specially experienced men really were so manifestly erroneous. Pinel informs us that when he began his observations at the Bicêtre he believed, with Locke, that delirium was a necessary part of mania but that he was not a little surprised to find some insane without any lesion of the understanding, who were governed by a sort of fury. Esquirol thought at one time that all the cases of mania sine delirio were cases really of monomania or lypemania, and so expressed himself in the article on "Mania," in the 'Dictionnaire des Scien. méd.' in 1818. But on a later occasion he thus writes: —"Depuis cette époque j'ai observé des folie sans délire, j'ai dû me soumettre à l'autorité des faits, ainsi que l'atteste mon mémoire

sur la monomanie homicide inséré dans la traduction de J. C. Hoffbauer." It would be great gain to science if all who have not the authority of facts to proceed upon would cease to write about homicidal mania. It is a question simply of scientific observation, and theoretical conclusions drawn from the phenomena of self-consciousness are not applicable for its decision. When Caspar declares, as he does, that "there does not exist a single well observed and completly reported case which must be accepted as a proof that a particular species of mania without delusion exists in nature, and such a proof never will be supplied," he at any rate places the matter on its proper ground as one of observation. His opinion might, perhaps, have been worth more if it had been given with more moderation.

It will depend, doubtless, on the character of each individual's mind as to whether he will find much meaning in the paradoxy of the will, the *voluntas invita*, the will-action which is at the same time action against will. Perhaps the author will next turn his attention to epilepsy, and demonstrate to us that it is not a disease, but a "parapraxy" of nerve or muscle. He concludes this pamphlet with a long and confused report of his on an unfortunate melancholic who set fire to his own barn, in which report he laboured to demonstrate that there was no unsoundness of mind, but that it was a case of "paradoxy of the will." We are glad to learn that the court took a more sensible view of the matter and acquitted the man on the ground of insanity.

II. *Die Gruppirung der psychischen Krankheiten und die Eintheilung der Seelenstörungen.* Von Dr. K. Kahlbaum. Danzig, 1863, pp. 182.

When it can be said of the classification of mental diseases, as it has been said, that it can be compared to nothing but the confusion of tongues at the Tower of Babel, it is no wonder that every earnest student feels inclined to try hopefully what he can do towards initiating a better state of things. The classifications accordingly go on increasing in number; in fact, every writer has his own classification. If out of the fermentation which is going on some valuable result accrue which commends itself to universal acceptance, there will be no reason to complain of the steps.

The author of this book divides it into three parts, the first of which contains an historical exposition of former classifications, the second an account of his own classification, while the third is devoted to showing that his proposals are the necessary result or development of what has previously been done. In his first part he does not profess to enumerate all the classifications which have been

made; but when it is added that he has mentioned and criticised as many as forty, most people will feel disposed to pardon any omissions. His criticism of his predecessors seems to be just and skilful; but, as most others have done, he succeeds better in pointing out the deficiencies of old systems than in the construction of a new one. The various forms of mental derangement are distributed by him into five classes, each of which has its families, genera, and species.

Class I.—Neophrenia, deficiency of mind produced before, at, or after birth in the first years of life.

Its genera are *Neophrenia innata; N. morbosa,* as the result of bodily disease; and *N. careus,* where there is a want of one of the senses.

Class II.—Paraphrenia, mental derangement arising in connection with a transition period in development.

Genera: *Paraphrenia bebetica,* appearing at the time of puberty; *P. senilis; P. hypnetica,* comprising sleepwalking, nightmare, &c.

Class III.—Vecordia (Enphrenia), idiopathic derangement of limited extent as regards mental symptoms (monomania), mostly appearing after puberty.

Families: Vecordia dysthymia, where there is principal disturbance of the feeling or disposition.

Its genera are *Dysthymia melæna* and *D. elata.*

Vecordia paranoia, with special disturbance of intelligence.

Genera: *P. ascensa, P. descensa,* and *P. immota.*

Vecordia diastrephia, with special disturbance of the processes of will.

Vecordia insania, without particular direction of disturbance, but with predominance of other psychical symptoms. The genus of this indefinite family is *Insania,* and the species are *Insania religiosa* and *I. ethica.*

Class IV.—Vesania (Panphrenia), idiopathic derangement of a general character, affecting all or nearly all the mental activity.

Genera: *Vesania acuta* (Phrenitis), where there has been no extra-cerebral disease.

Vesania typica, running its course in regular stages. Its species are *Typica completa,* in which there are four stages, namely—(1) stage of melancholy, (2) maniacal stage, (3) stage of confusion or perturbation (*stadium perturbationis*), (4) stage of dementia—*Typica simplex,* which is the last, without the stage of mania—*Typica præceps,* in which the melancholy stage is absent.

Vesania progressiva, with special increase of symptoms in the course of the disease. The species are *Progressiva complex,* with increase of psychical symptoms and great notions of self (*Monomania grandescens*), and increase of physical symptoms (*Paresis generalis*); *P. divergens,* in which the *Paresis generalis* is absent; *P. simplex,* in which the *Monomania grandescens* is absent; *Progressiva apoplectica,* in which *Apoplexia cerebri* has preceded.

Class V.—Dysphrenia, sympathetic and symptomatic derangement, developed in connection with a special physiological or pathological condition of the body, with the character of complete affection of the mental activity, and with the combination of the bodily symptoms.

The families are *Dysphrenia nervosa,* where there has been disease of nervous system; *D. chymosa,* where there is disease of organs of organic life; *D. sexualis,* where there is some active condition of sexual organs. The genera and species of these families are so many that we cannot undertake to enumerate them.

Suppose, now, that some one who has made himself acquainted with this classification meets with a case of insanity. He is anxious to be accurate in referring it to its proper genus, and so, after much consideration, he finds it to agree with the characters of *Vesania typica simplex,* and describes it as such. But there appear certain indications of bodily disorder, and he is doubtful whether he ought not to transfer it to *Dysphrenia chymosa,* although the mental manifestations exactly suit the vesania. How is he to decide? He need not greatly trouble himself, for the excellence of the classification is that he may leave his case in either division. The fact is, that while Class II is formed from a consideration of the course and symptoms of the disease, Class V is manufactured out of supposed causes. Even had the time come for an etiological classification of insanity, which it certainly is not, we may readily perceive that a system which proceeded on such different principles could not be attended with any satisfactory results. This classification seems to us to be valuable only so far as it preserves the old divisions under different names. Thus, neophrenia corresponds to dementia, using the latter word to include idiocy and imbecility; enphrenia embraces monomania and some forms of melancholia; and panphrenia includes mania and melancholia generally. With paraphrenia and dysphrenia we can well dispense for the present. To the author's ingenuity, industry, and learning, his classification is certainly an excellent testimony; but we fear that it is much too theoretical, and that it will not be applicable in practice.

H. M.

PART III.—QUARTERLY REPORT ON THE PROGRESS OF PSYCHOLOGICAL MEDICINE.

I.—*Foreign Psychological Literature.* By J. T. Arlidge, A.B. & M.B. Lond., M.R.C.P. Lond.

To make our retrospect more complete, we propose to give the titles of such essays and papers on insanity and cerebral disease as appear in the foreign journals exchanged with us or purchased, but which, from want of space and other reasons, we are unable to present to our readers in summary. By so doing we shall increase the value of these quarterly reports on the progress of psychological medicine, particularly to those who desire to make reference to the opinions and practice of Continental and American physicians. In other words, our retrospect will serve as a more complete index to the labours of our contemporaries in other countries.

'*Schmidt's Jahrbuch der Gesammten Medicin*,' Nos. 1 and 2, 1863, contains in its section devoted to psychiatry a notice from the 'Medical Times' of Dr. Mitchell's paper on "Illegitimate Birth as a Cause of Idiocy," and an analytical sketch of the various opinions enunciated respecting the nature and origin of the "swollen ear" (othæmatom) of the insane. Having in previous numbers of this Journal given a review of the state of opinion on this lesion of the external ear, we shall not analyse the present essay, but content ourselves with commending it to those of our readers who may wish to pursue the subject, as a very complete *résumé* of what has been written lately upon it.

Professor Heschl recounts a case of "*Ossification of the Nerve-cells in the Brain of a Lunatic.*" The patient suffered with melancholia, and was twenty-six years of age. After death a (hæmorrhagic) cavity was found in the cortical portion of the right cerebral hemisphere, of the size of a bean, occupied by fine fibres and a reddish serum, consisting of blood-vessels in a state of fatty degeneration, areolar tissue, and the colouring matter of the blood. The substance immediately surrounding this cavity was firmer than the cerebral matter, and of a pale-gray colour, but there was a gradual transition from this denser tissue to the ordinary brain-tissue external to it. In the firm lamina was a compact, finely granular substance, enclosing numerous reddish pigment specks, the débris of blood-vessels, together with some clearly defined groups of nerve-cells and fibres which had undergone ossification, or were in process

of ossification. These cells presented three or four processes; in several, dark, finely granular pigment matter was found; others were of a more homogeneous and less granular appearance, and contained a round or oval nucleus, whilst others were firmer, and rendered opaque by the accumulation of granular matter. The more closely packed cells were connected together by their processes. Hydrochloric acid dissolved the granular contents without the disengagement of gas, and left in view the cells with a pale outline. Liquor potassæ produced no change on the cells. Förster, in his 'Atlas of Pathology,' describes similar ossified nerve-cells in the gray matter of the lumbar enlargement of the spinal cord in a youth who had suffered with paraplegia.*

"*On Abnormal Sensations of Hunger and Thirst in the Insane, and on their Influence on Symptoms and Treatment.*"—A paper on this subject, by M. Michéa appeared in the 'Gazette des Hôpitaux,' 1862, and is analysed in Schmidt's 'Jahrbücher' by Koeppe.

Among disorders of organs external to the cranium, those of the intestinal tract are most commonly associated with the phenomena of the so-called sympathetic insanity in the relation of causes. Hypochondriacal delirium is for the most part connected with depraved sensation of the stomach and dyspepsia; the victims of pellagra suffer with melancholia and a proclivity to suicide by drowning, owing to the feeling of consuming fire in the stomach and pyrosis; and a propensity to kill, to strike, to bite, or even to suicide, is found in connection with the process of digestion. The desire for movement, or for repose, is likewise influenced by the state of hunger and thirst, their presence leading to restlessness, and their removal by a good meal to quietude. Sitophobia in melancholia is frequently owing to psychical causes, as hallucinations and illusions, but is still oftener due to the absence of hunger and thirst, and such anorexia may last for months or years. An exaltation of the sense of hunger is met with in cases of psychical excitement, in mania and dementia, and above all, in paralytic dementia. In this last, both excessive hunger and thirst are frequent, and the agitation of its early stage is probably attributable to these exaggerated sensations. Iodide of potassium, and also opium, will be found serviceable in melancholics who cannot eat and drink. The last drug named is also of much value where hunger and thirst are exaggerated, as in mania and general paralysis.

Dr. H. Meissner, of Leipzig, has contributed to the second part of Schmidt's 'Jahrbucher,' 1863, a most valuable essay on "*Thrombosis and Embolia,*" in which he has collected and reviewed the cases and opinions published by most writers on the subject, and treated

* See case of "Ossific Deposit in the Brain," hereafter reported by Dr. Erlenmeyer, p. 238.

in more detail, the occurrence and consequence of those lesions when they involve the blood-vessels of the brain.

'*Archiv der Deutschen Gesellschaft für Psychiatrie und gerichtliche Psychologie.*' 'Archives of the German Association for Psychiatry and Judicial Psychology,' edited by Dr. Erlenmeyer, superintendent of the private asylum of Bendorf, near Coblenz.—This journal has reached its fifth volume, and has apparently a similar scope with our own, presenting to its readers original articles from members of the association, and reviews and abstracts of psychological treatises appearing in Germany and elsewhere. The part now before us contains four original articles—on the occurrence and prevalence of idiocy in the kingdom of Hanover, by Dr. Brandes; on tetanus with delirium, by Dr. Santlus; on the state of the urine among the insane, by Dr. Voppel; and a summary of the history of cases of nervous disease occurring in his practice, by Dr. Franque.

The first essay, "*On the Prevalence of Insanity in the Kingdom of Hanover,*" is entirely statistical, and does not readily admit of analysis. The principal facts arrived at are, that there are 1259 idiots in the kingdom, or 1 in every 1445 of the population. Of insane, including those suffering from mania, melancholia, monomania, and secondary dementia, there are 1825, or 1 in 997 of the population; whilst there are 1302 deaf and dumb, or 1 in 1398; and 1196 blind, or 1 in 1522. Hence insanity in its various forms affects more people than does idiocy, and for every two idiots there are three lunatics. In one province, Clausthal, this relation is reversed, there being more idiots than lunatics, the former being 1 in 800 and the latter 1 in 1025, and this same locality also presents a higher proportionate number of the deaf and dumb and of the blind. There are subdivisions of the provinces enumerated, in which the mentally degraded population stands in a still higher ratio; one, for instance, in which it is as 1 in 245; and taking small villages, we find one with 4 idiots among 140 people; another with 3 among 153, and so forth, in a decreasing proportion for the other villages and towns cited. This manner of calculating the proportion would lead to unfair inferences if applied to the whole kingdom; villages may in every country be found, among the scanty population of which a family of idiots may be met with, and where idiocy will therefore appear alarmingly prevalent.

Dr. Voppel's paper on the "*State of the Urine among the Insane,*" is by its title calculated to mislead. He has indeed carefully examined, chemically and otherwise, the urine of a large number of insane, and has well tabulated the results, but he has chosen for examination those insane who were labouring under Bright's disease and other renal affections, or tuberculosis, heart disease, and other maladies. We cannot tell, indeed, whether any diligent student, who

might compare the results of his examination of the urine in insane patients suffering from such diseases with those of other observers of the state of that secretion in patients suffering from them, but not afflicted with insanity, could trace any modifying influence to the existence of mental aberration, for otherwise we cannot perceive in what way his painstaking researches can throw any light on the question whether the urine undergoes any necessary and constant change in its composition in those affected by insanity in any one of its forms.

'*Correspondenz-Blatt der Deutschen Gesellschaft für Psychiatrie und Gerichtliche Psychologie*,' January to April, 1863.—This is a small fortnightly journal, issued, like the foregoing, under the auspices of the German Association for Psychiatry, containing original articles, reports of asylums, reviews, and notes of events transpiring in asylums. It is edited jointly by Drs. Kelp, Eulenberg, Erlenmeyer, and Otto.

In the January number, Dr. Ponza, of Alessandria, Italy, has contributed a brief report of a commission of inquiry relative to the large asylum of the Senavra, in Milan. This institution took its rise in 1781, when the old monastery of Senavra was set apart, and converted into an asylum for the insane. In 1792 a large addition was made to the building for the reception of female lunatics. It is situated at the eastern extremity of the city, surrounded by a marsh and canals, and in immediate contiguity with a burial ground and the fortifications. Its construction is irregular; it contains in its two divisions 584 patients, of whom 277 are males and 307 females. It has an annual endowment of 70,000 francs, and receives both pensioners and pauper inmates. It is a three-storied building, and together with the usual offices contains a concert-room, a theatre, and workshops for shoemakers, tailors, and straw-plaiters, with schoolrooms for music, painting, and reading and writing. The cleanliness of the establishment is highly spoken of; there is a want of separate day or dining-rooms, and, with few exceptions, the dormitories and single rooms are very defective, being damp and gloomy, from the absence of proper lighting and ventilation.

The asylum is much overcrowded, chiefly with chronic and incurable cases, owing to the circumstance that those recently attacked with insanity are first taken to the large general hospital of the city, and retained there for a longer or shorter time, under conditions calculated to aggravate and render their malady chronic.

It is under the management of a physician-director and four assistants; and there are sixty-one attendants, or one to nearly every nine patients. Notwithstanding the many praiseworthy attempts to render this asylum as useful to its inmates as its construction and position will admit, the commissioners are compelled to press for its

removal to another locality away from the city, and for its reconstruction according to the enlightened and matured principles of the present time. The report is signed by Drs. Massone, Borroni, and Ponza.

The February number of the journal contains a notice of a case of "*Ossific Deposit in the Brain*," by Dr. Erlenmeyer. The patient, who was blind with amaurosis of both eyes, subsequently became a victim of monomania, and at length was seized with epileptiform convulsions. A tumour about the commissure of the optic nerves was diagnosed, and on a post-mortem examination this portion of the brain was found indurated and much enlarged by a deposit of ossific-looking matter in its substance. Moreover, similar particles, of the size of millet-seeds and under, were scattered throughout the substance of the brain, giving it a gritty feeling on pressure.

These sandy particles, when treated with acid, were reduced to a soft mass by the dissolution of the inorganic material, which proved to be of a calcareous nature. This calcareous matter had first been deposited about the minute arteries and the connective tissue, and the cells of the cerebral substance had afterwards become occupied and rendered opaque by fine granules. Some of these cells also presented a distinct nucleus like those of bone. The calcareous substance penetrated also into the processes of the cells, but on its removal by acid the structure of the cells appeared unchanged. From the reaction of this inorganic material the conclusion arrived at was that it consisted of phosphate of lime.

"*Insanity in Children*" is the subject of an article in the March number, by Dr. Berkhan, of the Brunswick Asylum. The author has given a brief history of two cases in children, respectively aged 3½ and 12, and from various sources has collected particulars of forty-five others, which he has carefully analysed.

His table of the ages of these forty-seven cases shows that—

1	child was	9 months old.
1	„	2½ years.
2	„	3½ „
3	„	5 „
3	„	6 „
5	„	7 to 7½ years.
4	„	8 „
4	„	9 „
10	„	10 to 10½ „
10	„	11 „
4	„	12 „

From this it appears that the proclivity to insanity increases with the age of children.

With reference to sex, 20 of the 47 children were boys and 14 girls; of the remainder, the sex is not stated. The character of mental disorder was that of—

Depression in 13, viz., in 8 boys, 4 girls, and 1 "child."

Excitement in 23, viz., in 6 boys, 7 girls, and 10 "children."

Hallucinations in 2, viz., in 1 boy and 1 girl.

Insanity (as generally spoken of) in 9, viz., in 5 boys, 2 girls, and 2 "children."

Excitement, or mental exaltation, is therefore most frequent, particularly in those of the tenderest age, for when they reach the eleventh year, depression becomes the most common; thus, of 10 instances in those of eleven years old, 7 suffered from melancholia.

The assigned causes are very various; in 3 hereditary predisposition is stated, in 3 chorea, and in 5 fright, this last having also been in two instances followed by convulsions. Omitting the three narrated by the author, recovery is mentioned in 18 of the 44 other cases, and the duration of the malady varied from eight days to two years. The largest proportion of cures occurred among those who were eleven years old; thus, of 10 such, 8 recovered. A relapse is recorded of one case only, and in this one recovery ensued. Five children died. In one of these the anterior cerebral lobes were found degenerated; in another, who perished by suicide, no lesion of the brain was discoverable; in a third some fluid in excess was met with in the ventricles, and some congestion in the blood-vessels.

The author remarks, in conclusion, that mental aberration is a more common occurrence in children than is generally supposed; and he particularly desires to direct the observation of physicians to the subject, and to prevail on them to note any instances they may encounter with care and precision, as he has to deplore the defective history of most of those heretofore placed on record.

Among the notices of the reports of various asylums, the editor has given one of the Sussex Asylum Reports for 1860 and 1861, confining himself to a quotation of the history of the cost of the land and building, and other particulars relating to the number of patients, and the movements which had taken place among them.

'*Die Seelenheilkunde in der Gegenwart*' ('Therapeutics of Insanity at the Present Day') was the subject of an address delivered before a learned society at Berlin, by Dr. H. Laehr, and since published as a brochure. In his preliminary remarks the author treats of the brain as the organ of the mind, and of the mutual interdependence of the two; and he goes on to show that insanity depends on altered brain function, manifested by few or many psychical symptoms. The causes of mental disorder are considered as predisposing and

exciting, or remote and immediate; and hereditary predisposition is stated to occur in 30 per cent. of the insane. This general disquisition on insanity needs no further notice. The author's opinions respecting asylums may be briefly stated to be, that the physician of an asylum should also be the superintendent and be pre-eminent—the one guiding mind; that the institution should not be so large as to prevent each patient being individually known and treated; that there should be a careful classification of its inmates; and that kindness should be the leading principle in the management; physicians and attendants aiming to be the friends and consolers of their patients.

Dr. Laehr remarks that in England the asylums are colossal in dimensions, and served by a too small medical staff; and that their physicians therefore have daily to perambulate some miles of wards and outlying courts, shops, and offices, in order to visit the entire establishment, and to meet with most of its inmates. With the best intentions, therefore, it becomes impossible for the medical man to treat the patients individually, and professional superintendence (direction) cannot be attempted. Indeed, the physician is under the control of a board of non-professional men, and deposed from his independent and true position. He contrasts this state of things with the arrangements of German asylums, which he puts forward as examples of what such institutions should be as to dimensions and the extent of the medical staff for administration and treatment; and he advances the correct principle, that the true and primary purpose of asylums is not to safely house and feed insane people, but to cure them.

'*Ueber die Physiologische Bedeutung der Religion*' ('On the Physiological Purpose of Religion') is the title of a brochure by Dr. Geerds, assistant-physician of Schweizerhof. It is rather a theological than a medical essay; it insists on the compound nature of man, of soul and body, and of the separate and independent existence and nature of the former, and it points to religion as the *pabulum vitæ* of the soul, as food is the means of support to the body. There is much to commend in the spirit of this brief essay, the nature of which forbids a more lengthy notice of it in this Journal.

'*Allgemeine Zeitschrift für Psychiatrie.*'—This old-established journal is well known to our readers by previous extracts from its pages. The fourth, fifth, and sixth parts of the nineteenth volume, for 1862, are now before us. The original articles contained in these parts are on "The Classification of the Insane at Siegburg," on "The Examination of the Eye in Mental Disorder," "A Synoptical Sketch of the newest Works on Epilepsy," "Reports of the Meeting

of Asylum Physicians in Dresden in 1862," and of "The Thirty-seventh Meeting of German Naturalists and Physicians in Carlsbad, in 1862." In addition to these articles there are a description and engraved plan of the new asylum at Heppenheim, in Hesse, by Dr. Ludwig, and various bibliographical notices and reviews.

The description of the Heppenheim Asylum is preceded by a discussion respecting the proper position of the section for the refractory and noisy, called forth by the recently published essay of Frank and Rasch on the new asylum for Göttingen and Osnabruck, a production which gets severely criticised. It would appear that these architects arranged in their plan for the complete isolation of the wards for maniacal patients, in the rear of all the other sections, and at a considerable distance from the offices of the superintendent and principal assistants. Against this arrangement Dr. Ludwig advances several arguments of much weight, and deserving the best consideration; one of the principal of these is the necessity of having acute cases and the most troublesome within the easiest supervision of the medical officers. As Dr. Ludwig's opinions generally correspond with those that obtain in this country, it is unnecessary to present them in detail.

The new asylum of Heppenheim is constructed for the reception of 250 patients, and primarily for those considered curable; the chronic cases being provided for in the hospital at Hofheim. The general disposition of the buildings is in an extended line, having the offices of the administration situated in an almost detached block in advance of its centre, and a wing at each end projecting forwards from it at right angles. The central administrative section has, immediately in its rear, store and other rooms, and behind these the kitchen and offices in connection with the laundry and the workshops. From this central block of buildings there is a narrow interval on each side, separating it from the sections occupied by patients, and each of which forms two sides of a square. The quiet inmates and the occupants of the infirmary are disposed in the principal part of the building, and the acute and noisy cases in the wing joining this at right angles. The central administrative building is of three stories, but the sections devoted to patients are only of two. The pensioners are accommodated on the first floor (second story), and the pauper patients on the ground floor. Each section occupied by patients consists of a corridor, with rooms arranged along on one side, and both sleeping and sitting or day rooms are provided on each floor. In short, the entire plan of this new German asylum is, as a whole, a very close copy of several of our English institutions for the insane, but it revives in some of its details arrangements which have been set aside in this country in the most recently constructed asylums. For instance, it provides for cells for all the occupants of its refractory wards, and in its other sections such

single rooms are proportionately numerous. The wards are very small, and the space for out-door exercise cut up into small airing-courts.

Accommodation is provided for three physicians, including the superintendent, and an apothecary. In this provision due recognition is given of the need and value of proper medical supervision and treatment, and of the principle that insanity is a curable disease, and that the insane require to be not only lodged, fed, and clothed, but also treated, as sufferers from a terrible malady, by all the appliances, skill, and observation of the physician. Though in some respects we may in this country have taken the lead in asylum construction and management, we need in other points to put ourselves in the position of disciples, and learn from our continental colleagues the advantages to be gained by making special provision for the treatment of recent cases, both in the way of distinct asylums or sections for their occupancy, and in the matter of the numerical efficiency of the medical staff to undertake their individual treatment.

Meeting of Asylum Physicians at Dresden in September, 1862.—From the report of this meeting it appears that twenty-nine physicians were present, chiefly from northern Germany, but including three from St. Petersburg. Dr. Flemming acted as chairman. One proposition discussed was the formation of a union of all those engaged in the treatment of the insane throughout Germany, but in the end this scheme was considered impracticable, and in lieu of it it was resolved, on the motion of Dr. Lessing, to revise the rules of the association, and to appoint a sort of committee of reference, from among their most distinguished members, for the purpose of deciding on disputed questions, of giving advice in difficult and contested cases of insanity, and generally of promoting the progress of psychological medicine. Another important matter before the association was the desirability of obtaining uniformity of legislation with regard to the insane. With this object the laws of the different states of Germany had been collected and printed, and Dr. Jessen promised, with the help of his son, to prepare a scheme of lunacy legislation, to be laid before the next meeting. At the conclusion of their meeting most of the members accepted the invitation of Dr. Lessing to visit the asylum of Sonnenstein, in Saxony.

The Thirty-seventh Meeting of the Association of German Naturalists and Physicians took place at Carlsbad a few days subsequently to that at Dresden, and was attended by some of the same physicians, who were there present, as well as by many others. Dr. Moritz Smoler acted as secretary of the psychiatric section, and Dr. Riedel, of Vienna, as its president. The meeting was opened by a report on the progress made in Austria in the treatment and

management of the insane. New asylums have been erected at Prague, Brünn, Ybbs, and Herrmannsstadt; the asylum at Salzburg enlarged, those at Gratz and Linz almost rebuilt, and the notorious "Narrenthurm" in Vienna converted into a receptacle for chronic cases. Clinical instruction in the treatment of the insane was first attempted in Prague, and afterwards undertaken at Vienna, where, at the present time, there are three private teachers—Leidesdorf, Viszanik, and Schlager, besides Dr. Riedel, the director of the asylum, and his two assistants.

Dr. Engelken read a paper on the employment of opium in puerperal insanity, and as a preservative against relapses. He referred to the use of opium in insanity in France and Holland at a comparatively remote period, and to its being subsequently laid aside; but he claimed for his family the merit of not having shared in this general neglect of the drug, asserting that his grandfather, an inhabitant of Bremen in 1740, constantly resorted to it in the treatment of the insane. Opium he pronounces useful in acute mental disorder, in mania, and melancholia, though not generally applicable until the system has been prepared for its action, a preparation accomplished by giving tartar emetic in full and repeated doses. Opium is particularly indicated in melancholia agitans, which represents the melancholic and usually the preliminary stage of mania. In the puerperal forms of insanity its administration is equally beneficial. These forms make their appearance generally from eight to fourteen days after, though, at times, simultaneously with, delivery; but opium should be given when they are only threatening, and this notwithstanding any fears of inflammation or of interference with the mammary secretion. Two or three grains are given for a dose, and repeated until its effects are observed; but after its continued use for eight days the system gets so accustomed to it, that one or two grains may be added to each dose without ill effects, and Engelken has given as much as sixteen grains for a dose without inducing narcosis. Cerebral congestion is not so frequent a consequence of opium as supposed, and even should it appear it does not render it necessary to discontinue the drug *in toto*, but only to give it in small doses, and at the same time to apply cold to the head. Castor oil will remove the constipation produced, for this effect is almost entirely due to the retention and consolidation of the fæces in the rectum.

By persevering with the medicine for about fourteen days, improvement, often the prelude to recovery, supervenes. Nor must the opium be at once laid aside when such improvement is evident, for there is a great tendency to relapse, even for two or three months, as the nervous system does not regain its vigour except very slowly.

Engelken has treated 137 cases of puerperal insanity, and been

successful with the majority. The fact that a woman who has once suffered this malady is liable in future confinements to do so again, induced Engelken to employ opium as a prophylactic. With this object he begins to administer opium some fourteen days before delivery, and continues it in small doses for a considerable time afterwards, until the nervous system has acquired strength. This plan, instead of interfering with labour, actually favours it.

In the discussion which followed the reading of this paper there was a general concurrence as to the merits of opium in insanity, particularly in its puerperal forms. Several recommended the endermic use of morphia in conjunction with or without its administration by the mouth. Erlenmeyer insisted on an intrinsic difference between mania and melancholia in the matter of therapeutical agents; and whilst recognising the value of opium in the former as a remedy, denied the occurrence of recovery in cases of mania from the use of opium, except in connection with removal from home and regulated diet. Hoppe affirmed that opium either does not act at all or operates prejudicially upon the nerves, but that its action is on the muscles, and especially on the muscular fibres of the blood-vessels, which become vigorously contracted by its use. Roeser, Jaksch, and others, insisted on puerperal insanity not being, at least in many cases, a true neurosis, but a result of embolia or thrombosis affecting the brain, or of ichorous matter from the uterus, producing phlebitis in other organs, and therefore contended that in mental disorder from such organic causes opium can be of no avail.

Professor Jaksch read a paper on peripheral nervous disorder, which was followed by others on the characteristic signs of chronic poisoning by phosphorus, by Steinbeck; on the weight of the insane in relation to prognosis, by Erlenmeyer; on suicide, in its pathological and juridical aspects, by Schasching; and by various shorter notices on matters relating to cerebral physiology and pathology.

Erlenmeyer, in his remarks "*On the Weight of the Insane in relation to Prognosis*," notices the attention given by Esquirol to this subject, but objects to the proposition he deduced as too general, that, viz., when the weight increased without an improvement of the mental condition, the prognosis was unfavorable. Jacobi pursued similar inquiries, and weighed his patients at least once a month, and Nasse and Erlenmeyer have continued a similar plan. The general deduction arrived at by the last-named physician is, that the greater the increase of weight relatively to the height, so much more unfavorable is the prognosis. Thus, if the height be five feet and the weight 150 lbs., there are 30 lbs. to each foot, or 2½ lbs. to each inch; now, the higher the weight augments per inch, the prognosis becomes proportionately worse, and where this increase has exceeded 3½ lbs.

per inch Erlenmeyer has never witnessed recovery. On the contrary, the less the augmentation in weight, or the greater its reduction per inch of the dimension of the body, so much better is the prognosis. Certain bodily conditions are necessarily excepted from this general rule, such as wasting disorders, cancer, tuberculosis, diabetes, &c., in which loss of weight cannot, as a matter of course, be held to be of good omen. The materials collected at Siegburg lead to similar results.

Erleymeyer suggests, as a probable explanation of these relations he seeks to establish, that in the primary forms of insanity, mania, melancholia, and monomania, the urine has a tendency to decomposition, and to the formation of binary compounds. Much material is withdrawn from the organism, and a loss of weight is the consequence. Now, the conditions in which this takes place are curable, and hence the favorable prognosis which may be deduced from the decrease of weight. It is otherwise with dementia, for here the urine is normal, and there is no augmented discharge of solid material, and consequently the weight of the body is increased.

The communication read by Dr. Schasching, "*On Suicide, in its Pathological and Juridical Aspect,*" is a very windy production. It contains, however, one piece of information respecting England which is novel to us, so far, indeed, as any such occurrence has fallen within the scope of our knowledge, viz., that the Crown seizes on the property of every suicide, and thus inflicts a most unrighteous punishment on the guiltless, and often reduces families to poverty! Well may the editor of the 'Zeitschrift' introduce his apostrophe in the paragraph in the following words:—"What a disgrace for the nineteenth century!" We would recommend our German fellow-physicians in future to make more inquiry respecting English customs and English laws before committing themselves to the publication of such assertions.

Intestinal Parasites in the Insane have been frequently observed, and Professor Stein presented a brief notice of a species of Paramecium (named *P. coli*, a ciliated infusorium,) found in the colon and rectum of two insane patients who had suffered from choleraic diarrhœa. Both Stein and Leuckart considered this animalcule identical with one frequently met with in the large intestines of the pig.

'*Annales Médico-Psychologiques.*'—The first two bi-monthly parts for 1863 of this old-established and valuable journal have come to hand, but they contain few papers which at present demand a lengthened notice. The original memoirs are—an extended critical examination of M. Lébert's work on the 'Physiology of Thought,' by M. Chauvet,

continued from a previous number; a literary psychological article on "The Enchanter, Merlin," by M. Brunet; "A Retrospective Review of Mental Science," by M. Bonnet; and a paper on the "Physiognomy of the Insane," by M. Laurent. Papers on legal medicine are contributed by M. Legrand du Saulle and M. Auzouy; and one on M. Mundy's "Five Cardinal Questions in Administrative Psychiatry," by M. Renaudin, noticed in another page of this Journal. The usual bibliographical notices, abstracts from French and other journals, and the reports of the meetings of the Medico-Psychological Society of Paris, are continued. A long account occurs also in the January number respecting the interesting ceremony observed at the inauguration of the statue of Esquirol, at Charenton, including the speeches delivered by MM. Parchappe and Baillarger. The Medico-Psychological Society has become involved in metaphysics, its members having been warmly engaged in discussing the two dogmas of animism and vitalism, with little practical results, we fear, as far as regards the progress of psychological medicine or the inward satisfaction and convictions of the disputants' own minds.

M. Bonnet's "*Retrospective Review of Mental Science*" goes back to the earliest days in search of the opinions maintained respecting the nature of madness, and is mainly occupied with remarks on demonology and witchcraft, possession by evil spirits, and exorcism. The author moreover speaks of Christ and his casting out devils, as recorded by the evangelists, in a manner calculated to offend most minds who believe in miracles and in the divine mission of the Saviour. On such subjects his manner of writing is flippant and dogmatic, as though an opinion on such matters antagonistic to his own could not be entertained by any man pretending to a fair share of modern enlightenment.

The essay "*On the Physiognomy of the Insane*," by Dr. Laurent, assistant-physician of the Asylum of Quatre-Mares, near Rouen, affords an excellent introduction to the study of physiognomy, particularly in its connection with mental disorder. He sketches in a pleasing manner the relations subsisting between the physiognomy and the development of the mind at different stages of life, and under different varieties of intelligence and moral habits; and after remarking that different nations and families present characteristic types—that, in spite of the endless variety in the features of individuals, people of the same country and family are severally referable to certain types, he proceeds to the consideration of the physiognomy of the insane, and states as an incontrovertible and fundamental fact that the insane possess a type of their own. This study of physiognomy the author has designated, after the example of an old writer on the subject, "*Prosoposcopia*," and in drawing his conclusion appeals not only to the face properly so-called, but also to the general configuration of the head, to the form and position of the

ears, to the general character of the hair, and to the colour and condition of the skin. He refers to the conclusions of Lavater, and agrees with him that among the insane there is a want of harmony in the features. On the other hand, he does not coincide with the old physiognomist in his statement that the development of the forehead, of the nose, or of the chin, can be separately employed in the recognition of madness, but he looks for the criterion in the physiognomy as a whole, and in the more or less want of accord between the movements of the countenance. Nevertheless it may be remarked that those individuals who have disproportioned features also present an oddity in character and in their actions, and belong to that class of mankind spoken of as "eccentric," or "original." Notwithstanding, it is a circumstance which cannot be put down as an index of insanity. There are many lunatics with regular features, and many singular countenances whose possessors are far from mad.

The friends of a lunatic will generally remark on his altered expression and features since his illness, and, as Damerow suggested, in a recent article on "Physiognomy" (in the 'Zeitschrift für Psychiatrie,' 1860), it is desirable when a patient shows signs of recovery, to inquire of his friends whether his countenance has resumed its normal aspects.

In studying the physiognomy of a person, the eyes are of the first importance to take notice of, and after them the mouth; and the existence or absence of harmony between these two, in expression and movements, requires attentive study. According to M. Laurent's observations, the co-ordination between those organs is disturbed in the insane; the expression of the eye, as the centre of ocular action, is not in harmony with that of the mouth, or the centre of buccal action. Such disagreement is, however, not always visible in the insane individual, at least not in the same degree; for in the course of his malady the features may, for a time, nearly resume their normal aspect. But besides this defect in the harmony of the features, there are other symptoms, also indicative of the influence of the organism, which serve to distinguish the several types of mental disorder and the stage which it has reached. Deformity of the cranium, however induced, is generally allied with anomaly of the intellectual operations; but it by no means follows that insanity must always be connected with its presence, for many insane have well-formed heads.

The hair of the head furnishes important symptomatological facts. The colour of the hair, however, does not seem, as Esquirol supposed it to be, connected more with one form of insanity more than another, but its softness or hardness, its fragility, its dryness or humidity, its disposition on the head, whether smoothly and flat or erect and bristly, its twisting, growth in length and heaviness, its changes in colour, the attention bestowed upon it, the mode of dressing it, and its abundance, are circumstances which must attract the attention of the

physician, and which are met with in connection with certain stages and varieties of mental disorder.

Again, the skin of the face supplies many useful indications in connection with other organs or parts. It is to be viewed with regard to its colour, its state of dryness or moisture, its smoothness, or its roughness from scaly growth or herpetic or other eruption, and to the growth of hair upon it. To these particulars are to be added the presence of wrinkles or furrows, and their distribution and direction, and the degree of tonicity or elasticity of the skin and subcutaneous tissue.

Dr. Laurent catalogues with equal care the circumstances and phenomena to be observed in examining the eyes and their appendages, the mouth, the nose, and the ears. Dr. Hofling has attached much importance to the signs deducible from the nose, and M. Morel has challenged attention to the mode in which the ears are attached to the head, and has employed this circumstance in framing his classification of the varieties of "degenerescence of the human race."

Such is a brief analysis of this interesting paper on physiognomy, which the author is to continue in a subsequent number of the journal, where it will consequently again call for our notice.

Singular case of Suicidal Insanity in Twin Brothers, simultaneous in its occurrence and coincident in the delusions presented.—This remarkable case is narrated by Dr. Baume. Two twin brothers, aged fifty, named Martin and Francis respectively, were employed on a line of railway between Quimper and Chateaulin. Martin had exhibited symptoms of insanity for a short time five years previously, and again two months prior to the attack to be recorded. There was no history of hereditary predisposition to the disease.

About the 15th of January last the two brothers were robbed of a sum of 300 francs, which they had deposited in a chest common to them both. On the morning of the 24th of January, Francis, who lodged at Quimper, and Martin, who lived with his family at Lorette, two leagues from Quimper, had a similar dream at the same hour, three o'clock in the morning, and aroused in the greatest alarm, shouting out, "I catch the thief; he is injuring my brother!" and gave way to the greatest excitement and most extravagant conduct, dancing and jumping on the floor. Martin rushed upon his grandson, whom he imagined to be the thief, and would have strangled him had not others interposed. His agitation increased, he complained of violent pains of the head, and said he was lost. It was with great difficulty he was kept in the house during the day until four o'clock in the afternoon, when he got out, followed closely by his son. He ran alongside the river Steir, and attempted to drown himself, and would have succeeded had not his son struggled with

him to prevent it. At seven o'clock that same evening he was removed to an asylum.

Whilst Martin thus fell at once into a state of acute mania, his twin brother, Francis, became pretty soon calmed after his first outbreak of excitement, and employed himself in searching after the robber. By chance, about six o'clock in the evening, he encountered his brother, when battling with the gendarmes who were taking him to the asylum. Francis, on seeing this, shouted that his brother was lost, that he was mistaken for the thief, and that they were going to kill him. After some extravagant acts Francis went to Lorette, complained of violent pain in the head, and said he was a lost man. He exhibited some of the same insane conduct as his brother, and asked to be taken care of. Soon after, he asserted he felt better, and under the pretext of attending to some matters he got away, and attempted to drown himself at the self-same spot where his brother, a few hours previously, had essayed to do the same thing. He was soon got out of the water, but could not be restored. Martin, who was admitted on the evening of the 24th into the asylum, died there suddenly on the 27th. During this brief residence he never had a lucid interval; the first two nights after admission were passed in a state of extreme excitement, and he called himself the "Deity," the "Emperor," &c. On the 26th, after a prolonged bath of several hours, and the application of cold affusions to the head, he became somewhat calmer, but at ten o'clock the same evening the agitation returned with increased violence, and he rushed with his head several times against the walls, and was violent towards those about him. A short time later the attendant placed him in bed, the agitation continuing, and no change showing itself in his condition; but, ten minutes afterwards, on Dr. Baume entering the cell, he breathed his last, every measure used to restore him failing to do so. An autopsy was made thirty hours after death, when an effusion of venous blood was discovered betwixt the two laminæ of the arachnoid, over the posterior half of the encephalon. The effused blood amounted to about 13 oz. troy weight; it was black and fluid, with some grumous masses intermixed. This hæmorrhage, attributable to the maniacal excitement and his suicidal attempts to batter his skull against the walls, must have taken place a few minutes, at least, before death.

Thus two twin brothers perished from active mania developed from the same cause, marked by nearly the same features, having its onset at the same moment, and which would, so far as the impulse of the patients was concerned, have been terminated in both by the same mode of suicide and at the same place, had not one been rescued against his will, and removed to an asylum; and, what is so remarkable, the accession of the malady simultaneously occurred when the two patients were several miles apart.

Journal de Médecine Mentale.—This monthly journal has now reached the third year of its existence, and M. Delasiauve, the able editor, gives a very satisfactory review of his labours in a preface to the number for January last. M. Delasiauve himself has worked hard on it, and, among other articles, has produced a series of papers of great merit on the different mental conditions observed in insanity. In the first part for this year he considers the subject of delirium resulting from intoxication. He concurs with Ferrus, Moreau, and others, in representing it as a disorder attended with little danger, and for the most part rapidly cured. This may be so in France, but, from our own observation, it is in England not so slight a disorder; and we apprehend that the more frequent gravity of its symptoms in this country is principally due to its production by beer and spirits, together or separately, and not by wine or brandy only, as in France. The treatment recommended by M. Delasiauve is the use of bland and calming drinks, of footbaths with mustard in them, of general baths, and, according to the urgency of the case, the spirit of Mindererus (acetate of ammonia), in doses of from thirty to forty drops, given for several days. In an after part of his paper he speaks of an acute form of the malady, in which he looks upon opium as a specific, and has given as much as five grains of that drug for a dose, though he has not ventured on such a dose without misgivings.

M. Berthier, physician of the asylum of Bourg, has written a good paper on the position and *qualifications of attendants* upon the insane. The qualifications fall under the heads of health, morality, intelligence, and charity. Without health an attendant is unfitted for the arduous duties, anxieties, and watchings which are required of him; and morality is equally essential, not only in its higher signification, but also in that of a sense of duty, of obedience, of order, and cleanliness. Without judgment or intelligence an attendant cannot be an assistant, but only a machine, and often an obstacle. He need readily apprehend not only the duties of his calling and the instructions given him, but must also realise his true position, as one raising him above that of a servant, or prison-warder, to that of the controller, and yet, withal, the benefactor and friend of his patients. So, again, he must be able to study and appreciate the condition, the manners, and the habits of those around him; to calm or encourage them, to anticipate their wants and tendencies, and to fall in with or to check their whims and delusions. Without charity or benevolence an attendant's duties become next to impossible, and galling both to himself and those under his charge.

The difficulty of recruiting attendants of proper qualifications is everywhere seriously felt, for with the class whence they ordinarily issue, the love of gain—of improved wages—is the principal object in view. This difficulty has suggested to some the advantages of employing members of religious orders, or otherwise associates of

lay organizations, for attending and nursing the sick. M. Berthier is connected with an asylum in which the members of a religious order are employed as attendants. Their recommendations to the office are their vows of celibacy, their detachment from all temporal cares, a certain degree of education, and habits trained to discipline and self-denial. Fodéré strongly opposed their employment in asylums, but M. Berthier cannot perceive any absolute objections against it, though among other things it is necessary they should be taken from a religious community, imbued with the spirit of progress, free from the belief in exorcism, and should be subservient to the will of the physician, and ready to act as his auxiliaries. M. Girard de Cailleux has advocated lay congregations, and M. Aubanel the formation of an institution which should furnish trained attendants for all the asylums of the country. But whatever scheme be adopted, the practical truth in human nature (says M. Berthier) must not be forgotten,—that self in some form is the moving principle among mankind.

Do not expect that individuals will, from sheer benevolence, engage in a painful task, consent to live with degraded beings, to lavish attention upon and undertake repugnant tasks for them, to meet their threatenings by acts of kindness and their blows with resignation—without the prospect of compensation in the way of an honorable position and equitable remuneration. If the institution of a society of laymen to act as attendants be desirable, no pains must be spared in instructing them, but, at the same time, they must especially be placed in a position securing to them esteem and consideration; must not be treated as servants hired for wages, but be raised to the rank of public officials, and have a competency and certain prerogatives assured to them, as by the provision of superannuation in case of sickness and of old age, such as Esquirol and Ferrus wished to see established. By such arrangements their position and prospects in life would be settled, and the employment of mercenary attendants could eventually be discontinued.

Statue of Pinel.—At the inauguration of the statue of Esquirol, recently celebrated at Charenton, several felt, and M. Delasiauve publicly expressed, the propriety of erecting a statue to Pinel, the forerunner of Esquirol, and the principal agent in initiating a a humane treatment of the insane. This idea has taken root, and a model of a proposed statue has been recently exhibited in the library of the Imperial Academy of Medicine, and given general satisfaction. The model is by the artist M. Robinet, who has already executed a bust of Pinel, as also busts of Magendie, Velpeau, and Claude Bernard, and statues of Larrey and Desgenettes. It has been suggested that the statue of Pinel should be placed in one of

the new asylums about to be erected in the department of the Seine; and if, approved, in the clinical asylum to be built in Paris.

'*The American Journal of Insanity*,' edited by the medical officers of the New York State Lunatic Asylum. Numbers for January and April, 1863.

Among the principal contents of these two numbers is a history of the disputed validity of gifts in money made just before death by Sir George Simpson, formerly president of the Hudson's Bay Company. The case was tried in Canada.

It appears that during the two years preceding his death he had one or two premonitory attacks of disease of the brain, and upon the 1st of September, 1860, he was completely prostrated by an attack differently described by his attending physicians, as "a fit of epilepsy, threatening epilepsy," or "hæmorrhagic apoplexy, attended with epileptiform convulsions." He lived a week after that date, and died upon the 7th of September. He laboured during a large portion of this period under maniacal delirium. Upon the 3rd and 4th of September he signed several cheques, the amount of which, it was alleged, he intended as bequests to the payees. One of these, the Rev. John Flanagan, brought an action in the superior court at Montreal against Sir George's executors, to recover the amount of the cheque drawn to his order, alleging that the said cheque was a valid gift, made by Sir George Simpson during a lucid interval. Payment was resisted on the ground that no such lucid interval existed when the cheque was drawn, and that at no time after the attack of September the 1st was Sir George of sound mind and memory. Judgment was in favour of the plaintiff, the defendants having, in the judge's opinion, failed to prove any fraud, suggestion, or improper influence, or any unsoundness of mind at the time of signing the check.

The editor of the American journal comments severely on the evidence given by the medical men called on behalf of the plaintiff, and believes that few physicians conversant with cerebral and mental disease, who heard or read the evidence given in Sir G. Simpson's case, could fail to recognise in both the physical and mental symptoms a form of disease pre-eminently fatal and not consistent with lucidity of interval. "There are few familiar with cerebral diseases who will hold that the mere reasonableness or benevolence of an act performed by a person suspected of insanity is a sufficient negative of mental unsoundness. No fact, too, is better known to the whole specialty than the concomitance of a spirit of enlarged benevolence with the most fatal forms of insanity." And, "it may well be doubted whether a decision which holds that a man in the last stages of fatal disease of the brain, accompanied by persistent delusions, and who exhibits the delirium of active insanity, is *compos*

mentis at those intervals when he is able for a short time to speak rationally, is in accordance with the law of any civilised country upon the earth."

Dr. Kellogg, of the Utica Asylum, New York, has made a study of the psychology of Shakespeare's fools and clowns, and published his thoughts in the form of contributions to the 'American Journal of Insanity.' These papers will be read with pleasure and interest by students of our great poet.

Dr. Parigot, the well-known former physician of Gheel, and the great advocate of the cottage-system of treatment for the insane, has within the last two or three years migrated to the United States, where he tells us, in his paper on 'The Gheel Question from an American point of View,' he feels himself at liberty to fulfil his duty towards the insane by preaching asylum reform, untrammelled by stereotyped abuses and the envy, hatred, and malice of those interested in the ancient systems of asylum construction and management. In the following remark he expresses what we regret to admit is the truth generally, "that institutions for the insane, although making progress as regards material comfort and utility, are not yet what they ought to be—*hospitals for the cure.*" To this statement he adds, "A colony like Gheel, if established on therapeutical principles and design, might accomplish this object."

Before leaving for America, Dr. Parigot, who was already well acquainted with the asylums of Germany, France, and Belgium, determined to visit those of England, with the object of comparing the English non-restraint practice with the "free-air system" of Gheel. And Dr. Parigot evidently went about with his eyes open, as the following acute and amusing observations indicate:—"To a stranger unacquainted with British institutions there are facts which, by their peculiarity, may reveal to him some secret conditions of their mechanism. For instance, he may sometimes infer, and judge from the tone, manner, and importance of a porter, the character, good taste, and judgment of the board of directors (of an asylum), and further of the bye-laws enacted by them, whether they be liberal or narrow-minded. Sometimes a well-nourished voice, that bellows from the porter's lodge, 'What do you want?' foretells the sort of power which speaks through him. If admitted, you will find on your way all sorts of warning and exhortation, such as 'By order of the committee—not to do this or that.' The concealed *deus ex machinâ* is felt everywhere, but the charitable spirit seems indeed absent. There also the medical power and action are limited and inefficient. In such institutions we may be sure to find the physician but a tool, dependent upon caprice, ignorance, and vanity."

In Dr. Parigot's opinion, the superintendent should be a member of the Committee of Management, and take part in its deliberations and voting. He repeats a formerly expressed conviction, "that

music and the ball-room may serve as an adjuvant in some cases of convalescence, but it remains to be seen whether the moral effect is not greater on public opinion than on the patients." Again, he says, "Cells, and especially the kind proposed by the celebrated Guislain, serve to *concentrate* mental irritation, whereas free air has the power of dissipating it."

By means of introductions kindly given him by Dr. W. A. F. Browne, Dr. Parigot was enabled to visit the lunatic ward of a workhouse, a private institution for the poor, one such for rich patients, and lastly, a village in which the peasants received and boarded poor lunatics considered harmless. "The poor or workhouse afforded proof of the unsuitableness of such a place for medical purposes," the private asylum for the poor or poorer middle class did not meet his views, and the establishment for rich patients he regarded as "the beautiful combination of some capitalist, whose principal object is to make money," and he everywhere found the "*ennui* which pervades such establishments." His visit, on the contrary, to the village, consisting of about 150 houses and cottages, ended with the impression "that a *Gheel*, a pure colony even, could be very easily instituted in Scotland." Near Retford, in England, the enterprising doctor, whilst stopped *en route* for a few hours, inquired of the cottagers around their willingness to receive insane boarders, and found people ready to do so at a reasonable price of ten or fifteen shillings a week, and he has not "the slightest doubt about the practicability of erecting the best possible *Gheel* in England, where the middling classes are necessitous and the lower in great misery."

We can commend the following remarks on Hanwell and Colney Hatch to the consideration of their committees; fortunately M. Parigot is beyond their jurisdiction. After saying that a feeling of oppression overtakes every visitor to such immense receptacles, he proceeds, "What can we say of Hanwell and Colney Hatch? we have no admiration of triumphal arches employed as entrances to charitable institutions; we cannot approve, in a gastronomic point of view, of gigantic apparatuses, armed with steam and gas to cook, boil, or roast. What a quantity of nutritive matter must be lost in such a wholesale way of preparing food! We can only admire the clever inventions to diminish manual work in washing, drying, ironing, &c. Will it be permitted to say that I experienced a feeling of pity and of disgust, thinking of the injury done to patients, when I read the reports of the committee of visitors to the magistrates of the county, and remarked their contests with the Commissioners in Lunacy and the physicians they have under their command? These reports contain the grossest errors on psychiatry, and show the proportion of nonsense the physicians must endure from gentlemen who may have been successful merchants or shopkeepers, but are the worst administrators to be found. Speaking of these difficulties, I

understood that they resulted—just as happens in Belgium—that gradually the really learned gentlemen belonging to these committees retire from them, and thus leave full play to those who find only a sort of pastime in their retirement from business. One question shows the fallacy of the system followed in such establishments. Can a staff of four or five medical officers, including the pharmaceutist, suffice for the treatment of 1200 to 1800 patients? . . . . . Considering the bulky population of Colney Hatch or Hanwell, the number of excited maniacs and agitated dements is considerable. Now, when you are witness to what takes place in the wards and yards of these unfortunates, the scene of confusion and excitement demonstrates at once the superiority of having them in the open air, far from any cause of excitement, and often employed usefully in agriculture. Even the stupid instruments of recreation and exercise offered to maniacs are an offence to good sense and charity." The rest of Dr. Parigot's paper is occupied with replies to the objections advanced by Dr. W. A. F. Browne against the system pursued at Gheel, and with remarks on the accounts and criticisms of the "free-air system," by Falret, Brierre de Boismont, and others. To those who are interested (and few indeed at the present day are not) in the system so ably advocated by Dr. Parigot, we recommend the perusal of this contribution as published in the January number of the 'American Journal of Insanity for 1863,' since the space at our command forbids an examination of his arguments. Our honoured late editor may also find his excellent essay 'On the Modes of Death prevalent among the Insane,' reproduced in this same journal.

The April number contains an essay on 'General Mental Therapeutics,' by Dr. Parigot, a 'Case of Moral Mania,' by Dr. Workman, a 'Case of General Paresis : post-mortem appearances,' and an article on 'Insanity and Intemperance,' by Dr. McFarland. Besides these, it reprints from our pages the translation of Dr. Salomon's essay, 'On the Pathological Elements of General Paresis.'

II. *English Psychological Literature.*

*Practical Notes on Diagnosis, Prognosis, and Treatment in Cases of Delirium Tremens.** By Thomas Laycock, M.D., F.R.S.E., Professor of the Practice of Medicine and of Clinical Medicine, and Lecturer on Medical Psychology and Mental Diseases in the University of Edinburgh.

('Edinburgh Medical Journal,' November, 1862.)

We are always glad to meet (even though elsewhere) with the writings of our distinguished honorary member, Professor Laycock, the only university professor in the realm who deems the study of mental disease worthy of his systematic teaching. In this and recent numbers of the 'Journal of Mental Science' Professor Laycock, and our readers, will find in the interesting original communications by Dr. Crichton Browne and Dr. McLeod practical evidence that the Edinburgh University teaching of psychology has already borne fruit of great promise. In this paper Dr. Laycock has made a most valuable contribution to practical medicine. Any effort to check the practice of masking the symptoms of disease by opium, and calling the plan medical treatment, must be of advantage, and when such protest comes from so distinguished a quarter, will command an attention which our warnings and admonitions fail to receive. Dr. Laycock introduces his present remarks on the treatment of delirium tremens, a disease allied to and complicated with mental disease, properly so called, with the following just comment on the heroic treatment of the disease by opium:—

The opiate treatment of delirium tremens.—"Within the year," writes Dr. Laycock, "we have had one practitioner recommending large doses of cayenne pepper in gin and water as a specific, others reviving the practice of giving large doses of digitalis, others praising the use of opium and brandy. Nay, one practitioner seems to think that five-grain doses of opium, administered as recommended by Dr. Elliotson, twenty-years ago,† to be much too small to be safe. The details of the treatment adopted by this gentleman appeared in the 'British Medical Journal' so lately as April 19th of this year; and since, so far as I know, they have not attracted any notice, I subjoin the substance, as a striking example of the influence of cate-

* An article in the 'British and Foreign Med.-Chir. Review,' for October, 1859, deserves special mention as a critical examination of the doctrines and practice current as to delirium tremens.

† "Exhibit opium in full and repeated doses. It is necessary to give from three to five grains, and to repeat these doses according to circumstances. In some cases it is necessary to give five grains every six or eight hours, and you must continue it till sleep is procured." ('Lectures on the Theory and Practice of Medicine,' p. 325.)

gorical and dogmatic expositions of treatment on practice. The writer observes in the first place—

'Several practitioners having of late brought before the profession their treatment of delirium tremens, I am induced to add my mite to the general information, and herewith send full particulars of a case just recovered, together with a short reference to eleven other cases with which I have met in my practice during the last six years. I must, however, premise the report, by stating that six of the earlier cases were treated by the usual plan, with doses of opium varying from three to five grains every four hours, not forgetting a fair allowance of the habitual stimulant; and I find that the result of these cases has been, two recovered, two died, and two become insane, remaining so to this day.'

"A proportion of 66 per cent. dying or becoming incurably mad, is certainly not an encouraging result. The writer, however, seems to be of opinion that the 'usual plan' failed because it was not energetic enough; for he adds—

'Five other cases were treated with large doses of opium, varying from ten to thirty grains. The last case, of which I enclose a report, was treated still more energetically, and, as will be seen from the perusal, a dose of 120 grains of powdered opium was given at once. Of these latter six cases all and every one recovered without a bad symptom.'

"The quantity of opium taken in this reported case 'during the eight days of treatment' amounts, the reporter affirms, 'to only a few grains short of two ounces.' It is to be observed, however, that after he had given his patient 320 grains of opium, 60 grains of Dover's powder, and 3 ounces of laudanum, with a liberal allowance of brandy and beer, between the morning of the 26th February and midnight of the 3rd of March (or less than six days), he had had so little success in his object of procuring sleep, that he reports as follows:

'On the morning of the 3rd I found him very excited. He had had no sleep. [On the preceding day 40 grains of opium had been taken at intervals of four hours from 8 a.m. to 4 p.m. or ʒij in eight hours.] The bowels were well relieved, the urine was free. At 5 p.m. he took a scruple of powdered opium, with an ounce of laudanum. At 9 p.m. and 12 p.m. this dose was repeated. At 3 a.m. on the 4th, he took a drachm (60 grains) of opium, which was repeated at 6 a.m., and at 10 a.m. At this date, seeing a report of some cases strongly urging the claims of digitalis, I gave him half an ounce of the tincture, and repeated the dose in four hours; the only result being the second dose lowered the pulse from 120 to 80. He passed a very excited night, and at 8 a.m. on the 5th, I gave him a cold shower-bath, and a dose of half a drachm of opium, with one grain of tartar emetic. At 12 a.m. he had two scruples of opium, with a grain of the emetic tartar. At 8 p.m., a drachm of opium, with two grains of tartar emetic. The shower-bath was repeated for two minutes. He was also dry cupped at the nape of the neck; and at 11 p.m. he took two drachms of opium, with two grains of tartar emetic. He slept after this dose for thirteen hours, awoke, took a cup of beef-tea with brandy in it, had the bowels well relieved, and went to sleep again. From this date he slept more or less for the next twenty-four hours, and at the end of that time was well.'

"Of this his history we may safely remark, that if opium was taken by the patient in the quantities stated, his recovery was certainly a much more striking fact than his death; but, be this as it may, the doses were given according to the canon. 'Opium, to be of service,' the reporter concludes, 'must be given to produce *sound* sleep; and if twenty grains be not sufficient, why not give forty grains?' Now, a careful diagnosis and prognosis (and these are necessarily at the foundation of the expectant method of treatment), would have equally convinced this energetic practitioner that within a less period than he took to *cure*, as he thought, his patient, nature, with judicious assistance, would have worked her cure with equal success and much less risk."

The morbid condition and disorders designated Delirium Tremens. —"It is to be observed, *in limine*, that both in nosology and in practice, the term delirium tremens applies to a group of disorders, whereas, strictly and literally taken, it designates but one of the group. By it we thus understand an acute cerebral affection caused by intoxicating drinks, of which delirium and tremors are the prominent symptoms. Other acute cerebral affections are accompanied or manifested by delirium and tremors, but then they are differentiated from delirium tremens by the causation. Strictly, however, we ought not to include other acute cerebral affections caused by the habitual use of intoxicating drinks, which are not manifested by delirium and tremors, under the same term; but, then, in excluding these, we lose a practical advantage, for they resemble the typical form in all essential points. They have the same origin, run the same course, and are generably amenable to the same treatment. They are, in short, of the same genus, though not the same species." "What, then," continues Dr. Laycock, a little farther on, "are the cerebral affections—duration and cause apart—which are grouped under the term delirium tremens when caused by intoxicating drinks? They are known as hypochondriasis; as melancholia in its various forms, apprehensive, suspecting, aggressive, suicidal; as insane impulses—to kill, burn, or otherwise destroy, drink to excess (oinomania), and gratify insanely the appetites and instincts; as illusions, hallucinations, delusions, and delusive apprehensions; as wakeful and trembling delirium; and, finally, as mania. These may pass into each other, or be complicated with each other, as when melancholia passes into mania, or insane impulses to gratify instincts and appetites are complicated with hallucinations; or they may be complicated with motor neuroses, as tremors, spasmodic jerkings, convulsive fits, epilepsy; and, finally, may end either in death or become chronic, when the affection comes to be classed as some form of insanity. Any case of this kind, with these leading characters, as to cause, duration, symptoms, and treatment, might be designated methystic phrenesia or phrenesy; and each particular form, methystic hypo-

chondrias, methystic melancholia, methystic delirium, and the like, according to the predominant mode of mental disturbance."

Prognosis.—Our limits do not admit of our reproducing here Dr. Laycock's section on the prognosis of delirium tremens or methystic phrenesia, as we are now to call it.

Medicinal treatment.—Dr. Laycock herein remarks:—"Since a case of delirium tremens tends, independently of active remedies, to a favorable termination in from four to fourteen days (the cases I have treated have averaged six days' duration), the great indication of medicinal treatment is to favour this tendency, in *expectation* of early recovery. It is favoured by preventing as well as by helping. The natural impulse to interfere by the aid of narcotics and stimulants, or by mechanical means of restraint, has to be checked. The effects of medicinal agents or drugs used to this end cannot be satisfactorily determined in many cases, because we cannot say, when calm and sleep come on, how much is due to the drug, how much to the diet and regimen, and how much to nature; so that all experience upon this point is somewhat doubtful. It is certain, however, that drugs have and do exercise an influence over the intensity of the symptoms, although they may not either cause sleep or shorten the duration of the disease."

Alcoholic stimulants.—"These are available in all asthenic forms of delirium, however caused. They have been hitherto administered in the methystic form, chiefly on the theory that the sudden withholding of the habitual stimulant is the exciting cause of the delirium. The depression of the nervous system may be partly due to the want of the accustomed stimulus; but all experience shows that it is still more commonly due to morbid causes of a more general character, such as induce a feverish cold, a fit of indigestion, of the gout, or the like. Without such concauses, abstinence from habitual stimulants will not excite delirium tremens. . . . . The indications for the administration of alcoholic or habitual stimulants must be drawn from the then condition of the patient, just as in other diseases in which remedies of this class are useful. When food has not been taken for several days, and the hallucinations are of a frightful or distressing kind, and especially when the pulse is very quick and feeble, the first sound of the heart heard indistinctly, the tongue coated, œdematous, and flat, or indented at the edges, wine and brandy may be administered medicinally with advantage. Sometimes this state of prostration is due to the combined influence of drinks and of opium or its salts, or to opium alone."

Opium and salts of Morphia.—"The influence of these drugs is very various," says Dr. Laycock, "in one class of cases having the most beneficial effect, in another increasing greatly the excitement and delirium. The like difference in effect is seen when given in

cases of melancholia and mania, for which they have been freely prescribed. In some of these, as in some cases of delirium tremens, very large, and, under ordinary circumstances, poisonous doses have little effect. This tolerance of opium in certain forms of delirium tremens has probably led to its heroic administration in cases generally. A question has arisen, whether, in those thus treated which terminate fatally, the death is due to the drug or the disease.

"My own conclusions," says Dr. Laycock, "on this point are, that the combination of alcoholic drinks with opium tends to render the patient more tolerant of the drug; that in some drunkards its operation is so much delayed, that when given in repeated doses there is a cumulative effect produced; that it is never a wholly safe practice to administer it for the express purpose of procuring sleep, nor as a stimulant in more than the ordinary doses; and that it is always prudent to watch the effect of the remedy on the pupils in exciting contraction. How far various other states of the encephalon may antagonise the drug, and for how long, we never perhaps can say, but that there are such states variously induced is one of the most certain things in physic. We have it in cases of both mania and melancholia, in certain kinds of neuralgia, in traumatic tetanus; and it is believed that it may be induced by henbane, belladonna, and other drugs. And it is to be remembered that the antagonising state may be so transient as to leave the brain exposed to the full action of the poison before it is eliminated; nay, by its action on other viscera may delay the elimination. I humbly think that all the facts are in favour of the conclusion, that in a case like that detailed by Dr. Watson,* the drug is lethal."

Dr. Laycock has some judicious remarks on the use, in the treatment of delirium tremens, of camphor and henbane; of tartar emetic; of emetics and purgatives, and stomachics; of digitalis and chloroform. The recent discussion on the use of digitalis in this disease gives interest to the following:—

Digitalis.—"There is evidence of the calming effect of digitalis, but it is of the vaguest kind. There is no indication of the class of cases in which it may be safely prescribed, nor are we clearly informed whether in the cases reported there was not renal or cardiac disease, or the complication of drunkenness or of narcotization. I have seen it tried in one case, in which, in consultation with a medical friend, it was resolved to try a half-ounce dose of the tinc-

* Commenting on a fatal case in his own practice, Dr. Watson says, "The manner of dying was just such as opium will produce, but then death by coma is also frequently the termination of delirium tremens. Effusion at length is apt to take place into the ventricles or into the meshes of the pia mater, and stupor comes on and the patient sinks. But in this instance, I was certain that his death had nothing to do with the opium he had taken, for this reason, that so long a space of time had elapsed—nine hours—between his taking the opium and the coming on of the comatose symptoms."

ture. The patient had had a drinking bout, and suddenly became aggressive and destructive, tearing, pulling down and burning, and striking and throwing things at the attendants. There was no loquacity; the patient rarely spoke, but sat in bed, rolling up the bedclothes, tearing off his clothing, and throwing food and drink in the faces of those who offered it. This he did with his dose of tincture of digitalis, after drinking one half of it. The case was one in which the expectant treatment was thereupon tried with entire success, reason being restored and convalescence established within the week."

The following fact is worthy of record:—

"*Mental hypnotics*" are singularly successful in those cases in which there is a morbid apprehension as to sleepless nights, and a hypochondriacal anxiety for sleep. It is often the morbid feeling alone which prevents sleep; this is proved by the circumstance, as repeatedly witnessed in my practice, that any simple remedy administered to the patient so as to impress him with the conviction that it will cause sleep, is followed by sleep; and sometimes, when convalescence is approaching, by as prolonged a sleep as if a powerful narcotic had been taken. In one case of this kind the long sleep which followed upon a placebo excited alarm."

Dr. Laycock, in our opinion, omits any reference to the most powerful adjuvant to rational practice in the treatment of delirium tremens; viz., *the use of the wet sheet by packing*, which is alike a sedative to the nervous system, procuring sleep, and an eliminative, through the increased action of the skin and kidneys, of the alcoholic poison. We should be glad to learn that this simple agent had met with a fair trial in the wards of the Edinburgh Infirmary, so rich in cases of delirium tremens.

Cases of Syphilitic Insanity and Epilepsy.

By James F. Duncan, M.D., M.R.I.A.

(From the 'Dublin Quarterly Journal of Medical Science,' February, 1863.)

Dr. James Duncan, a member of this Association, in this suggestive essay, reminds us how recent our knowledge is of the diseased states of the nervous system consequent on the presence in the blood of the venereal poison.

Dr. Todd, in his 'Clinical Medicine' (Lecture xlix, 2nd edit.), drew the attention of the profession to head symptoms depending on syphilitic disease, the dura mater, and periostitis. It is to the late Dr. Todd (says Dr. Duncan) and to Dr. Thomas Read, of Belfast, that we are principally indebted for bringing the subject, in its

extended relations, prominently before the profession. The former, in a clinical lecture, published in 1851, noticed not only epilepsy and paralysis, as resulting from syphilis, but also a contracted and rigid condition of the flexor muscles of the forearm, accompanied with numbness, which yielded to treatment of a specific nature, after having resisted other remedies. And Dr. Read, whose interesting paper appeared in the February number (1852) of the 'Dublin Quarterly Journal,' further notices the occurrence of insanity, in addition to other forms of nervous disorder.

Since that period numerous essays on the subject, by different authors, have appeared in the journals. Professor M'Dowell published a case in the 'Dublin Hospital Gazette,' in April, 1854; Dr. Chapin, an American writer, details a number of cases in the 'American Journal of Insanity' for January, 1859, in which he traces mental disease to a syphilitic origin; and Messrs. Hutchinson and Jackson, of London, have published a very instructive series of papers in the 'Medical Times and Gazette' for 1861, in which they give the particulars of several cases illustrative of the protean forms of nervous disease originating in this source.

Dr. Duncan thus speculates on the pathological bearings of the subject: "It is not," he says, "I think, too much to say that our knowledge of this important subject is as yet quite in its infancy. What may be the precise nature of the lesion, in these cases, is altogether unknown; whether it be the same in all cases, or whether it may vary; whether it be due to the mechanical pressure of an internal node, producing irritation and inflammation of the arachnoid and subjacent nervous matter, or to some peculiar deposit, corresponding to what takes place from the same cause in other organs, or to some alteration in the nutrition of the part depending upon some change in the arteries of the brain. These are questions which seem likely to occupy pathologists for a considerable time, and to furnish a wide and interesting field for future research. Nor are the mental phenomena observable in these cases a less interesting study to those practitioners who make the phases of disordered intellect their special care. Does the form of insanity which occurs under these circumstances exhibit a uniform character? If not, how does it vary, and is there anything, in the particular aspect of each case, to account for the diversity? Can we predicate with any certainty the nature of the predisposing cause from the phase which the insanity assumes; are melancholia and delirium equally the results of the syphilitic cachexia? Does it produce the tendency to suicide? Does it alter the moral character of the man, making him who was open, affectionate, and generous, reserved, suspicious, and estranged? Does it lead to the idea of plots and secret conspiracy; or of notions of exalted rank, unbounded wealth, and superhuman power? These, and a multitude of other questions equally interesting to the medical

psychologist, must be left unanswered until we have a greater collection of accurately observed facts to draw conclusions from, which shall be deserving of notice."

We quote one of the three cases here related by Dr. Duncan.

"Case II.—C. D—, aged forty-two, admitted into Farnham House, November, 1861. Contracted syphilis sixteen years ago, which was treated, as far as can be ascertained, by mercury, given unsteadily, and probably without proper precautions. He was supposed to be cured. Subsequently he married respectably in life, without any ill effect, but had no family. His wife, to whom he was much attached, died a twelvemonth previous to his admission. His father died in January, 1861, leaving him heir to his landed property and sole executor to his will. This arrangement was made under the impression that he was a first-rate man of business, and that, from his living on the spot, he would be better able to fulfil the duties of the will than either of his brothers. He very soon, however, began to exhibit unmistakable evidences of insanity, particularly in the random and extravagant way in which he acted—purchasing cargoes of goods totally unconnected with his business, which was that of a miller; buying worthless horses, at a large price, which he did not want, and selling other valuable animals at a dead loss. His conduct in Liverpool was so obviously that of a lunatic, that a friend, seeing the state he was in, had him placed in a private asylum near that town, about the month of June, 1861. He was transferred to Ireland under the idea that he was labouring under softening of the brain, and not likely to recover. At the time of his admission his state was as follows:—He was a large, athletic-looking man, of a slightly florid aspect, with a pinkish-yellow tinge in his complexion, unpolished in his manners, talking a great deal very freely, and in rather a loud tone of voice, but exhibiting no disposition to violence; amiable in his temper, with a large appetite, and disposed to eat rather fast. He had an ugly-looking boil on the right cheek, and an eruption of herpes both on the wrists and chin; on the right temporal bone a faint appearance of a node was to be detected, which was tender on pressure. His conversation partook largely of the character attributed by phrenologists to the organ of wonder. He was constantly boasting of his property and prospects. Of a horse that he bought for £50, that was fired for spavins at two years old, but which otherwise would have been worth £100—that he has trotted him five miles in fifteen minutes—that on one occasion he beat him as hard as he could to make him break his trot, but never succeeded; and that he would bet he would trot twenty miles in one hour, and never break out of his pace. That he intended to study for the bar, and would certainly become Lord Chancellor. That he fully expected to be married to Sir James Graham's daughter,

but out of respect to his memory, then only recently dead, he would put it off for three months, &c. Taking into account the fact that a node could be detected on the side of the head, and the possibility that either he had contracted a fresh infection, or that the old poison, not properly eradicated, had been lighted into fresh activity by dissipation and excitement, I determined to try the effect of a mild mercurial course. He was accordingly put upon a combination of Plummer's pill, quinine, and opium, at night—with sarsaparilla and aqua calcis, in the morning. This was continued for six weeks without any action on the system, but with a very decided improvement in his appearance and mental condition. He no longer talked in the foolish, extravagant manner he had done; all his delusions disappeared; his general demeanour became quieter, and his tone more natural. The herpetic eruption, though not entirely eradicated, faded away; and the node lost its prominence, and no longer gave him pain when touched. Satisfied with this improvement, I thought it better to lay aside the treatment, and resort to other remedies which would be free from the objections to which a protracted use of mercury was liable; I am not certain that I acted wisely in this course, for he remains to some extent in an unsatisfactory condition still. He is indolent in his habits—fond of reading, particularly novels, but unwilling to go out or take exercise; he is somewhat bloated in look, with a hepatic tinge of complexion, and is not as attentive to his dress and personal appearance as I am sure he would be were he perfectly recovered. His delusions are all gone, and his mental powers are fair enough, but the cutaneous eruptions, which were never entirely removed, have again become troublesome. I have, therefore, thought it advisable to resume the former treatment, and push it to a greater extent."

On the Use of Belladonna in the Treatment of Epilepsy. By Dr. Ramskill, Physician to the Hospital for Epilepsy and Paralysis.

(From a Clinical Lecture, 'Medical Times and Gazette,' Nov. 22, 1862.)

We give the following summary of Dr. Ramskill's views on the treatment of epilepsy by belladonna:

"Concerning the treatment by, and action of, belladonna, I will give you, in a short compass, the results of my experience in its use. First, you must not always, nor even usually, look for immediate and palpable beneficial results. The number of fits at first may not lessen in equal times; very frequently the reverse obtains; and you may expect, for three or four weeks after commencing it, even in the most

appropriate cases, a complaint that the patient gets worse; but, after six or eight weeks, if any amelioration occur, it will be decided and progressive. At first, the dose should be very small, and gradually augmented until the pupil shows signs of its action, and the patient complains of both alteration in sight and dryness of throat. Having obtained this result, and maintained it for some weeks, the dose may be gradually diminished; but its effects on the eye and throat are not to be so diminished as to become imperceptible to the patient, but only so far lessened as to cease causing absolute discomfort. The other toxic effects of belladonna are wholly uncalled for. Patients vary greatly, both as to susceptibility in the action of the drug and in other respects. The annoyance as to dry throat and disturbed vision, which, at the expiration of a month, may be said to be unendurable, will now and then cease, the dose being the same, or even slightly increased; but I may remark, these cases always improve most rapidly. I prefer to give the drug in an eighth-of-a-grain dose three times, or only twice, daily, for week; then a quarter of a grain for fourteen days; a third for the next fourteen days, at which time its physiological action will in most cases be manifest. I think it wise to halt at this dose for two months or three months, slightly increasing the dose if the patient shows diminished susceptibility to its influence, decreasing it if the reverse happens, and then gradually dropping it to the quantity first administered. I have given as much as four grains for a dose, but very rarely. I think it imperative to say, that I have never been able to give in epilepsy the large doses which Dr. Fuller has succeeded in administering in other diseases of a convulsive character. In this remark I am supported by the authority of my colleague, Dr. Brown-Séquard, who has arrived at the same conclusion. One objection to the use of belladonna, when you cannot see your patient at regular intervals, arises from its uncertainty of strength and corresponding difference of action. To those who wish to use a preparation of uniform strength, having similar and, in some cases, improved properties of belladonna, the salts of atropia are now easily procurable. The best of these is the valerianate of atropia; the commencing dose, a hundred-and-twentieth of a grain. Hitherto, I have preferred belladonna, having had a strong desire to find what it could, and, if possible, what it could not, accomplish in the treatment of epilepsy. It is right to say there are different methods of administering belladonna. Trousseau gives a centigramme of the extract and an equal quantity of the powder of belladonna for the first month, in the evening of each day. He gives it at this time because of the frequent nocturnal character of epilepsy, and partly because of the disagreeable effect on the sight and throat during its early administration. During the second month he gives two such pills at the same time, and during the third month three pills. If, at the end of six or nine months, the

frequency of the fits is decreased, he increases the dose. He asserts that, of 120 patients, he has cured twenty. A most important question now arises—Do we know anything of the nature of the action of belladonna beyond the empirical results obtained in treatment? If a drop of solution of belladonna or atropine be dropped on the foot of a frog properly prepared, and fixed on the field of a microscope, the blood-vessels will be seen to contract, and they will remain in this condition for a considerable time. For comparing the action of opium, a solution of the latter, similarly prepared, was applied to another part, and the vessels were immediately dilated. Now, belladonna, internally administered in medicinal doses, causes, first, dilatation of pupil, with dimness of vision; secondly, dryness of throat and difficulty of swallowing; thirdly, increased tone of involuntary muscle; fourthly, it relaxes the bowels, and cures incontinence of urine, arising from weak sphincter vesicæ.

"As dilatation of pupil is one of the earliest phenomena, let us see if we can account for it.

"We can now understand the nature of the action of belladonna in producing dilatation of the pupil; and from its effect on the iris we can deduce a strong probability of the nature of its action in epilepsy. It is a stimulant to the sympathetic, the motor nerve of the blood-vessels, and it is only on this supposition we can account for the other physiological effects of the drug.

"I would add, although experience shows belladonna is one of the most powerful contractors of the blood-vessels of the spinal cord and its membranes, it has a comparatively feeble action on those of the brain. I speak of its administration in medicine—not in poisonous or fatal doses. Hence arises its extraordinary adaptability in epilepsy, where we have dilatations of vessels or turgescence in the medulla and its neighbourhood; of its still more marked efficacy in inflammation, and congestion of the spinal cord and its membranes; as well as of its comparative inutility (administered alone) in those cases of morbid activity of brain, connected, as we think, with more or less congestion of gray matter, in some forms of incipient insanity, associated with sleeplessness and suicidal tendency, as well as in some other cerebral diseases."

Hydrocyanic Acid in the treatment of Insanity. By Kenneth McLeod, M.D. Edin., Assistant Medical Officer of the Durham Lunatic Asylum, Sedgefield.

('Medical Times and Gazette,' March 14, 21, and 28, 1863.)

Dr. McLeod publishes in the 'Medical Times' a series of papers on the employment of hydrocyanic acid in the treatment of insanity,

with the detail of eight cases out of forty thus treated. Dr. McLeod thus states his views of this mode of treatment:

"I. The feature or symptom which has in every case indicated the administration of the drug as a reputed calmative, is excitement—the manifested excess of cerebral activity which almost invariably accompanies, or assists in constituting, most forms of acute insanity, however caused or conditioned.

"This increase of manifested energy may consist in an excessive activity of any or all of the representative faculties, gesture, feature, voice, or an intensified action of the brain itself, resulting in a morbid rapidity of ideation.

"A simple increase of the evolution of nerve force, causing a more rapid rate of brain action and greater intensity of representation in the form of muscular acts, when excited by sufficient motive, and devoted to any end or a rational end, is a phenomenon of sound psychological action, and is manifested as emotion, passion, &c.; but when it exists in excess, without an adequate motive or any motive at all, and is not, consequently, devoted to any rational end or any end at all, it constitutes a pathological fact of the same sort, as every other pathological action or phenomenon characterised by excessive activity in a particular direction. Beyond recognising this excessive and sakeless cerebral vigour, or hypernoia (ὑπερνοῦς), as it may be appropriately termed, as a simple, ascertained pathological fact, we cannot go; and, admitting it as such, we instinctively look for its conditions and causes, and, in the way of treatment, strive either to remove the cause or introduce new causes—the knowledge of the causes and conditions of the pathological manifestation, as well as the causes and conditions which will remove it, being matter for investigation.

"The *hypernoia* may coexist with more or less mental derangement. It may be an utter delirium, in which reason and design are totally wanting, or may exist along with incoherence and delusions of all sorts and degrees, and with one or several active propensities, erotic, destructive, dirty, malevolent, homicidal, suicidal, &c. It forms the element of acuteness in many different forms of insanity, is the main object of the exhibition of medicines and plans of remedial treatment, morphia, antimony, warm bath, douche, emetic, purge, &c. Its degree measures alike the gravity of the disease and the success of treatment; its abatement is a token of amelioration, and removal a triumph; the treatment of the faculty disorganization or *paranoia* (παράνοῦς) being subsequently accomplished mainly by tonic, dietetic, and moral means.

"The particular forms of insanity in which I have employed this remedy are—

		Cases.
1.	Mania, acute	13
2.	„ chronic	2
3.	„ chronic, acute paroxysms	2
4.	„ menstrual	2
5.	„ puerperal	2
6.	„ recurrent	1
7.	„ epileptic	2
8.	„ epileptic, with menstrual excitement	2
9.	„ with hemiplegia	2
10.	„ with general paralysis	5
11.	„ with chronic hydrocephalus	1
12.	Melancholia, acute	3
13.	„ chronic, with acute paroxysms	3
		40

"II. The *effect* in every case has been very manifest. It has been almost purely psychal, consisting in a very remarkable, sudden, or gradual cessation of hypernoetic manifestations, with or without the induction of sleep. While its repeated exhibition has never failed to have some calmative effect, this has varied, according to the circumstances of the case, and has occurred in all degrees, from the gradual, slight, and temporary, to the immediate, absolute, and permanent.

"1. In cases of mania and melancholia of great severity and long duration, with organic disease of the brain and body, its calmative action has been more slowly produced, with more difficulty maintained, more evanescent and futile.

"2. In recent cases of mania and melancholia, where no grave structural change exists, and the morbid condition has not become so stereotyped by constant repetition of similar changes, its exhibition has been followed by an immediate and sustained change for the better.

"3. In the violent, paroxysmal mania of epilepsy and general paresis, in menstrual mania, and acute melancholic paroxysms, a single administration, or a few full doses at short intervals, have effectually dispelled the paroxysm.

"The effect is thus of two sorts:—1. Immediate. In a few minutes, one to five generally, a patient who has just been shouting, chattering, dancing, swearing, thumping, &c., becomes settled and quiet, sits upon a seat, and perhaps falls into a sound sleep. And 2, gradual; the patient becoming, as the hypernoia is thus, from time to time, warded off, more rational, companionable, and useful. While changes in psychal manifestation are thus very obvious and striking, observed and appreciated by attendants, and confessed to

by patients themselves, who, on being questioned, admit the calmative action, and conferred power of self-control, concomitant physical phenomena are very obscure or wanting. Only in two cases have I observed a very decided change in the character of the pulse, which became slower, weaker, and, in one, slightly irregular; but this is probably owing to the difficulty of accurately observing it in such circumstances. In two other cases, in which a slight overdose was given, a semi-comatose condition was induced, with complete adynamia, partial ptosis, the accumulation of frothy saliva, pallor, slight affection of breathing and pulse, phenomena almost exactly resembling those immediately preceding an epileptic paroxysm. In a few cases the subjective sensations were described as—1. Slight transient vertigo. 2. Slight nausea and a peculiar constrictive feeling at the back of the throat. 3. An unwillingness and almost inability to energise in any way, and sometimes a desire to recline. These feelings were experienced in a few minutes after the dose was taken.

"The result of administration in the forty cases in which I have noted the effect may be represented as follows:

"1. Slight or well-marked temporary amelioration, without any decided effect on the cause of the disease. This result I have observed in 10 cases—1 of puerperal mania, in which the dose was probably insufficient; 1 of melancholia, in which the treatment was altered; 1 of menstrual mania; 3 of acute mania of long standing and great severity, ending in exhaustion and death, and resisting every mode and plan of treatment; 2 in recent mania, the effect being sustained and cure completed by other means; 1 in acute mania, when its administration was not sustained; and 1 in an acute paroxysm of chronic mania.

"Even in these cases the effect has been most beneficial, the patient becoming very much more manageable, giving over violence, noise, excitement, stripping, restlessness, &c., and becoming more amenable to moral and dietetic management.

"2. A more decided and permanent effect, the disease being still stationary or progressive. Of this class I have noted 19—5 general paralytics, in whom, while the morbid excitement has been vastly abated or expelled, the disease has progressed to its fatal termination; 5 chronic maniacs, in whom an intercurrent acute paroxysm was effectually dispelled; 3 melancholics, in whom acute manifestations were permanently removed; 1 case of acute dementia, in which excessive hypernoia was immediately arrested; 2 epileptics, in whom a paroxysm of excitement was summarily dismissed; 2 cases of epilepsy with menstrual excitement, in which the contrast of duration with former attack was most striking; 1 case of hysterical mania, in which the disease oscillated from an extreme of hypernoia to an extreme of hyponoia; 1 case of puerperal mania, in which rest and

sleep were induced after other measures had signally failed; 1 case of mania with hemiplegia, in which an intercurrent excitement was disposed of; and 1 case of mania with chronic hydrocephalus, where a change in conduct and demeanour was very evident.

"In all the cases the benefit conferred has been simply obtained, satisfactorily established, and duly appreciated, by the attendants and patient.

"3. Cases in which the drug has been a factor, and a very main one, in rapid restoration to reason. The cases of this class have been 8 in number—6 of acute mania, and 2 of acute melancholia. I shall append some of the most interesting cases of each class.

"III. The preparation which I have employed in every case has been Scheele's dilute acid, which I have found remarkably uniform and convenient.

"The dose has varied from ℥ij to ℥vj. Beyond that, disagreeable effects are apt to occur; ℥v is the most convenient dose, and if the effect is not promptly established, a repetition every quarter of an hour effectually secures it. The effect is rather evanescent, and has been observed in some cases to disappear within an hour; but if a slight degree of hypernoia recurs, a subsequent administration is apt to have a more potent effect, in consequence of a prior. The interval may vary according to the nature and exigencies of the case, and the effect produced. Short at first, until an effect is produced (5′ to 15′), it may be prolonged after the excitement has disappeared (to one or two hours). It may, in many cases, be left, within limits, to the discretion of an intelligent attendant.

"The only modes of administration I have employed have been mixture and subcutaneous injection. The simplest and best menstruum is water, and ℥v may be easily and safely introduced beneath the skin, combined with ℥xxx of water, by means of Wood's syringe, when the patient resists all other means. Of its application to the extensive pulmonary mucous membrane, by means of pulverization and inhalation, I have no experience; but I should anticipate interesting and important results from such a method of administering it, and other medicines, in insanity.

"IV. The advantages of the drug, in comparison with other calmatives and hypnotics, are—1. The rapidity, certainty, and simplicity of its effects. 2. It manageability and freedom from any cumulative property. 3. The absence of any disagreeable, concomitant, or consequent physical disturbance, which most other analogous modes of remedial treatment possess. 4. Its small bulk, want of colour, and miscibility. 5. Its want of repulsive smell and taste—a very great virtue with the insane, who are very apt to rebel against medicines. 6. Its not impairing appetite and digestion, but rather improving both.

"On the whole, I should recommend and urge the adoption of the

drug in every case of insanity with hypernoia, as an empirical antagonist to that pathological phenomenon, combining or exhibiting it simultaneously with any other remedy or plan of treatment which an ascertained pathological condition may demand. Simply as a 'quietener,' it has its merits, proving an invaluable auxiliary to the moral management of a ward generally, or the patient in particular. Very often I have heard the attendants express their sense of the great value of 'the medicine,' as completely altering the character of their gallery and the conduct of their patients—benefiting the latter, and assisting themselves in the performance of their duties. But in acute cases of mania and melancholia, and in maniacal and melancholic paroxysms, I attach a much higher value to it, and should more strongly advise its trial, as, from the experience I have had, I feel convinced of its potency and efficacy. I have no doubt that it has the power promptly of staying cases running on to chronic insanity on the one hand, or exhaustion and death on the other."

On the Cerebro-spinal Origin and the Diagnosis of the Protrusion of the Eyeballs termed Anæmic. By Thomas Laycock, M.D., &c., Professor of the Practice of Medicine and of Clinical Medicine, and Lecturer on Medical Psychology and Mental Diseases, in the University of Edinburgh.

(*Read before the Medico-Chirurgical Society of Edinburgh, January 7th*, 1863.)

('Edinburgh Medical Journal,' February, 1863.)

During the last few years, says Dr. Laycock, the attention of the profession has been directed to a disease in which there is more or less of a general debility resembling anæmia, considerable and varied nervous disorder, greatly increased activity of the heart and of the arteries of the head and neck, a vascular enlargement of the thyroid gland resembling bronchocele, and staring eyes, with protrusion of the eyeballs, giving a peculiar expression to the face. This latter appearance, known as exophthalmos, exophthalmia, and proptosis, has attracted especial attention.

Dr. Laycock, after dwelling on the nervous origin of this condition, as opposed to Dr. Begbie's* theory of its causation by anæmia, gives the following classification of the various conditions under which exophthalmos occurs:

"1. *Neuralgic and Hysterical.*—In this group there are neuralgic affections of different degrees of intensity. Sudden spasms or pains

* "Anæmia and its consequences: Enlargement of the Thyroid and Eyeballs;" in 'Contributions to Practical Medicine,' p. 116.

in the precordial region may accompany the palpitation, or orbital pains may complicate the exophthalmos. Or there may be the most striking hyperæsthesia of the skin generally and of the special senses.

"2. *Paroxysmal.*—The exophthalmos and bronchocele may be developed paroxysmally to a considerable extent, but subside so much in the intervals as hardly to be recognisable, or this may be the case as to the exophthalmos only.

"3. *Orbital and Facial.*—The nervous symptoms, and especially the palpitations, may be less marked, but myopia, weakness of vision, and orbital and frontal neuralgia, accompany the exophthalmos. In these cases there may or may not be bronchocele.

"4. *Cardiac and Cephalic.*—The symptoms referable to the head and heart may be strikingly predominant, but the exophthalmos and bronchocele be little marked, especially in the earlier stages.

"5. *Thyroideal and Cervical.*—Bronchocele, with pulsating thrills in the carotid arteries and the vessels of the thyroid, may be strikingly marked, but no urgent cardiac symptoms or exophthalmos.

"6. *Complicated Cases.* — Complications may either precede or follow the local affections. (*a*) There may be uterine disorder. (*b*) The anæmic condition may be associated with hæmorrhages, especially meningeal, gastric, intestinal, and uterine. (*c*) Rheumatism and rheumatic affections may coincide. (*d*) Diathetic degenerations, chiefly atheroma of the arteries involved, as the aorta and ophthalmic and thyroideal arteries, and structural diseases of the thyroid, heart, and pericardium. (*e*) Disease consecutive to these, especially dropsies and Bright's disease.

"*Causes of Exophthalmos.*—These may be investigated either by observation or experimental research, and here it will be useful to remember that protruded and staring eyes and their correlatives are by no means of uncommon occurrence. In cases of death from strangulation the eyes are seen staring and prominent. Under a powerful emotion of fear or terror, and even when severe bodily pain is felt, the eye stares. Then there are cerebro-mental diseases involving the emotions and the intellect, in which the same appearance is so common that the expression of the countenance in cases of exophthalmos is described by several writers as being wild and maniacal. As to all these various instances, it is a fair presumption that in each the same mechanism of the eyeball is influenced through the nervous system. There are other kinds of symptomatic exophthalmos which may arise from somewhat different conditions; as, for example, that which is so strikingly manifested in some cases of chronic mania complicated with epilepsy.* Sir A. Morrison

* *Note as to the state of the Eyes in Cerebral Mental Diseases.*—Three years ago, Dr. Rorie, superintendent of the Dundee Asylum, examined, at Dr. Laycock's request,

gives, in his 'Physiognomy of Mental Diseases,' an illustration of this kind (plate xi). It is the case of an epileptic, aged 60, subject for many years to periodical attacks of furious mania. In plate E of the Appendix there is a delineation of the staring eye, with insane fear, after Hogarth. A remarkable prominence of the eye is also observed in certain forms of mania with general paralysis, and this, according to my experience, may be seen even in persons predisposed to the disease. In none of these symptomatic forms of exophthalmos is there reason to think the eyeball is enlarged, any more than in the emotional exophthalmos. The symptom is due, therefore, to changes in the motor mechanism of the eyeball and eyelids occurring consecutively to changes in that part of the nervous system more particularly connected with the eye; and, consequently, the primary questions for solution are, what are the nerves, and what the nerve-centres, involved in the affection?"

Dr. Laycock draws the following interesting conclusions from his researches on the nature and cause of exophthalmos:

"*General Conclusions.*—It may be inferred from these facts—1. That the exophthalmos under consideration is specially due to disorder of the nervous system. 2. That it varies in character and diagnostic significance accordingly as it is associated or not with other phenomena involving the vascular system of the heart, and of the eyes, head, and neck—the carotideal as distinct from the vertebral system of capillaries. 3. That it is sometimes of spinal, sometimes of cranial origin; and that in either case its nature and seat may be diagnosed. 4. That it occurs under a variety of morbid conditions of the nervous system.

"If it might be permitted to theorise on the causes of symptomatic exophthalmos from these data, we might conclude that, when it occurs in strangulation, it is probably due to mechanical injury to the cervical sympathetic by the tightened cord or other violent means used; in the emotional form the condition is probably like that when the sympathetic is galvanized, the face being pale and the eye staring; in certain morbid cerebral conditions, such as

the eyes of patients under his care, in respect to their prominence, state of pupil, and other matters. Of each sex, 86 were examined; of the females, 26 had prominent and 4 very prominent eyes, together, nearly 35 per cent.; of the males, 11 had prominent and 6 very prominent eyes; showing the considerable excess of 15 per cent. amongst the females. It is required to know, however, what is the natural proportion, absolute and relative, before we can determine how far these states amongst the insane are morbid. Changes in the pupils were also observed by Dr. Rorie, and he found that there was a difference in the two eyes. Of 7 females, the left pupil was more dilated than the right in 5, and of 8 males 6; or, in other words, the left was more dilated than the right in the proportion of 11 in 15. But then he found also that the same difference could be observed in persons apparently healthy. One only in 172 patients had sunken or retracted eyes, and he was formerly subjected to paroxysms of rotatory movements, and one, an epileptic male, had the left eye more prominent than the right.

mania, with epilepsy and general paralysis, the lesion is probably in the first instance paralysis of the sympathetic, and subsequently of the fifth and seventh; and, finally, that in the class of cases under consideration, when the exophthalmos is symmetrical, it is spinal, the cervical and upper dorsal region being the seat, together with the corresponding cervical and dorsal divisions of the sympathetic; but when unsymmetrical, it is due to disease of the trigeminal ganglion and branches of the fifth pair."

Dr. Leidesdorf on Hypochondriasis.

We noticed in the last number of the 'Journal of Mental Science,' April, 1863, the receipt of Dr. Leidesdorf's work, 'Pathologie und Therapie der psychischen Krankheiten,' and we spoke favorably of its contents. In illustration of Dr. Leidesdorf's style, we append the following translation of the section on "Hypochondriasis," as ably rendered in the April number of the 'Medical Critic and Psychological Journal.'

"Romberg designates hypochondriacs 'virtuosos on the sensitive nerves,' though this virtuososhiip they are only able to exercise in a painful manner. Their feelings refer wholly to their health, the condition of which lays claim to all their attention, and by which morbid feelings are produced in the organism either through vividly intense conceptions, or sensations occurring in the organism are interpreted erroneously.

"These morbid sensations, which may be produced centrally by conceptions, the hypochondriac may, to a certain extent, transfer wherever he will, as according to the idea he adopts he turns his attention to this or that part of the body.

"Even, however, in the cases where an actual sensation, arising peripherically, does not produce a corresponding conception, the cause of this imperfect perception must be transferred to the brain. From these considerations, as well as that hypochondriasis may be produced by the perusal of medical writings, through intercourse with hypochondriacs, through fear and anxiety during epidemics, or after an individual has exposed himself to contagious diseases, it follows that hypochondriasis may arise from peripherical or central causes, may depend upon a morbid condition of the brain, and that even in those cases where, with the most careful investigation, no organic disease can be proved, we are not justified in holding the sufferings of the hypochondriac as imaginary, his complaints as groundless and petulant.

"The excited morbid feeling, the different hallucinations of sensation, are not products simply of the imagination, because one free from hypochondriasis is not generally capable of producing

by the power of his will and imagination similarly intense symptoms.

"The fact that in the most hypochondriacal stomachic symptoms generally appear, weakens in no degree the above-expressed opinion. We consider, only from what we know, that the first disorders therein referred to are of such a nature that they are produced under the influence of the nervous system. These symptoms are generally a feeling of pressure and fulness in the stomach, combined with the chemical anomalies of flatulence and heartburn, and with this is associated deficient appetite, which sometimes alternates with voracity.

"Flatulency and constipation are generally symptoms, and increase the psychical condition. The raised diaphragm narrows the space of the thorax, the respiration is difficult, palpitation makes its appearance; with these are associated lightness of the head and headache, and even the muscular movements are tremulous. That there is no want of abnormal sensations is easily imagined. These extend regularly from the lower part of the abdomen to the thorax, and tend most frequently to that place to which the patient principally directs his attention.

"All the original symptoms that we observe in hypochondriacs point to the psychical origin of the disease, whose position can only be in the brain: it may always make its appearance along with some kind of pathological condition, or refer itself to disease of the brain as its starting-point.

"The frequently occurring diseases of the liver and spleen are in and by themselves never to be considered as a direct cause of hypochondriasis; whilst, however, the decidedly chronic affections of this kind interfere with the nutriment in general, and deteriorate the elaboration of the blood, the brain will be injured in its normal nutrient relations and its functions.

"All chronic diseases, generally the most painful and incurable, will easily produce a persistently depressed and mournful tendency; still that is not hypochondriasis, the characteristic of which is in no case to be sought for in its origin in diseases of the abdomen, as has been done without foundation, because the slightest or the most intense diseases and changes in the abdomen may take place without hypochondriacal symptoms.

"From whatever kind of disturbance of the digestive organs we may derive the origin of hypochondriasis, it only exists when the irresistible tendency prevails to call forth by mental concentration new abnormal sensations, and where false judgments and hallucinations relate exclusively to the health of the patient.

"The central influence may be long excited under such circumstances, concerning sensations in any part of the body; but the influence of the concentrated attention dwelling, however little, upon

the predominant condition, will at last appear very clearly. In reference to this I remember, amongst other similar cases, one enumerated by Chomel.

"A physician at Lyons had been present at the examination of several persons who died of hydrophobia, and was in consequence of this seized with the idea that the poison had inoculated him. All attempts at drinking produced cramp of the stomach and choking. He passed several days in desponding anxiety, until his friends succeeded in convincing him that his disease existed only in his imagination. The powerful action of an emotion points out clearly the influence of the brain upon the predominating condition; and it is not going too far to say, that under the influence of the hypochondriacal disposition the nutrient relations will after a time, and gradually, be destroyed, and that these disturbances may proceed to the most palpable structural changes. In particular, its particular mode of origin points to the psychical nature of the disease —to its position in the brain.

"It is the disposition of the patients which begins to change, without external motives; they become sensitive, peevish, disheartened; a mistrustful, irritable temper attacks them; an anxiety, proceeding to the highest degree, seizes them; painful sensations appear in the different regions of the sensitive nerves; and whilst the attention of the patient concentrates itself upon these sensations, he feels he himself causes them to terminate in very severe diseases, by which he is punished, and whose position and name may change as quickly as the sensations in which he believes to recognise them. When the hypochondriac is occupied with these sensations and the sensations corresponding to his depressed condition, he is at the same time occupied incessantly in abundant explanations of them, and seeks in every way to be free of them; and it is known how such patients seek advice not only from different physicians, but also in medical books wholly misunderstood by them.

"Thus is laid in this alone an important differential characteristic between hypochondriasis and melancholia. The hypochondriac seeks, above all, advice and help; he easily agrees with others, and has confidence, though wavering and of short duration. The melancholic seeks no help, except in plans, or in the consummation of suicide; every other he puts aside, and considers them as useless. In the hypochondriac is maintained, in spite of the depressed condition of the mind, in spite of the abnormal sensations and perceptions connected with these, still presence of mind and a certain proportion of self-control with it. For, setting aside the ideas concerning his organism, the hypochondriac applies himself in his usual way to business, and fulfils his duties.

"Only in the highest grades of hypochondriasis an actual loss of intelligence shows itself, in which the patient becomes nearly incapable of every mental activity. These advanced stages we frequently see passing into true melancholia and melancholic fatuity, in which generally appear to exist delusions widely extended and ramifying—that they are under secret influences, that they are magnetised, &c.

"The course of hypochondriasis is generally chronic, being accompanied with remissions and intermissions; still, there are cases which take a more rapid course, and we generally see such instances arise during epidemic diseases under the influence of fear. The prognosis is the more favorable the more recent the disease, the freer the mind, the more sociable the patients, the less they are reduced, and so long as no organic disease has appeared, which, in another way, may prove dangerous or incurable.

"The treatment of hypochondriasis demands before everything great patience and foresight on the part of the physician. We dare neither yield too much to the complaints of the patient, who would frequently be encouraged by this to make new ones, nor still less may he declare his sufferings as perfectly unimportant, by which we would alienate the confidence of the patient. A great part of that about which he complains he indeed actually feels. 'The sensations of the patient,' says Romberg, 'are indeed imagined, but imagined by the mind as existing in the body. As to the sensation, it makes no difference whether the irritation exists at peripherical or central terminations of the nerve-fibre, whether it is produced through mental concentration, or through a mechanical, chemical, or organic cause.'

"We will not, therefore, be able to remedy his sufferings by an uncharitable judgment. By yielding to a certain extent to his complaints, as well as by an indispensably careful examination of his entire organism, we will very soon gain his confidence, and an opportunity will not be long wanting to obtain a certain mental superiority, which we must strive to maintain by firmness. Under such circumstances, it will be less difficult to act upon the judgment of the hypochondriac, not by direct contradiction, but because we give him a proof that in spite of fear, and of his mental and bodily depression, he may be able to act, may even become quite well. With this fundamental dogma in the treatment of hypochondriasis is to be ranked a second; the attention shall be turned aside from his bodily condition, and shall be led into a state artfully awakened and hitherto unknown to him. To this end recommend themselves travelling, exercise, driving, riding, swimming, gymnastics, cold and warm baths, sea-bathing, and mineral baths; I have also given, when not contra-indicated, emetics with good result.

"How much that is best and most judicious, psychical derivation

may effect in a particular case, must be deferred to the judgment of the physician, and a hint of the indication suffices here.

"The existing and discovered disturbance and change in the organs forms another not less important point of attack for therapeutics. But the manifold troublesome sensations of these demand an amelioration which we may attempt by morphia, or in strong feelings of anxiety or palpitation by digitalis—even by quinine; in many cases also by the administration of cold, it may be by the drinking of cold water or by the sucking of pieces of ice. The diseases of the stomach we seek to remedy in pyrosis by magnesia or soda; excessive flatulency in the stomach and bowels by the use of ethereal oils, aromatics, by severer remedies, and by inunction of the balsam vitæ Hoffmanni. We treat the obstinate constipation of hypochondriacs by the use of clysters, jalap, aloes, rhubarb, senna, or these combined, in contradistinction to the habit of drinking mineral waters. Very few find the purgative salts a useful medicine, and in particular we avoid strong evacuants, which generally weaken the patient and injure his timid mind still more.

"That in weak, anæmic individuals, quinine, iron, sea-baths, &c., are indicated, hardly requires to be mentioned.

"It is equally to be understood that during the whole course of treatment, we have to attend to the normal action of all the functions—digestion, the evacuations, the secretion of the skin, and particularly sleep. In a word, we keep in view the powers of the constitution.

"The efficacy of specific means acting directly upon the nervous system is in general very unsatisfactory, and we should never forget that the administration of a narcotic has frequently been followed by an unfavorable action.

"We must, therefore, in the administration of these, be considerate and cautious. Patients who, in consequence of their own experiments, or at the advice of others, have employed many physicians, or undergone frequent treatment, we leave a certain time without medicine, and only prescribe under necessity, to satisfy their habit and demands, a harmless remedy. If there occurs, during the course of hypochondriasis, the development of any organic disease, the treatment of such an affection must be treated according to its nature and site."—*Pathologie und Therapie der psychischen Krankheiten von Dr. Maximilian Leidesdorf. Die Hypochondrie,* pp. 35—41.

3. *Excerpta from Asylums Reports,* 1863.

(Continued from the April Number.)

1. *Dr. Bucknill's Retirement from the Devon Asylum.*

"During the last year several changes have taken place in the officers of the establishment. Dr. Bucknill having been appointed one of the Medical Visitors of Chancery Lunatics, resigned his office of superintendent on the 24th September. We have recorded in our minutes 'our high sense of his long services, for eighteen years, and of his constant efforts to promote the welfare of the asylum; of the uniform assistance which, from the first opening of the asylum, we have derived from his judgment and advice; and of the benefits which the patients have always received from his professional skill and constant attention to their welfare.' This we have much pleasure in thus publicly reporting to the court. We have elected Dr. George Symes Saunders to supply his place, and from the experience we have had of his abilities and character during the time he held the situation of medical assistant, we have every reason to think that he will prove a valuable officer."—*Seventeenth Annual Report of the Visitors of the Devon Lunatic Asylum,* 1863.

2. *The Roman Bath (Hot-air) in the Treatment of Insanity.*

"A hot-air (Turkish) bath has been recently constructed by converting a drying closet, with an adjoining room little used, into suitable chambers for the purpose. This was effected at a comparatively small outlay, and the whole of the labour was done by our own artisans, with the assistance of the patients. The plan is similar to that adopted by Dr. Robertson at the Sussex Asylum, where a bath has been erected, and its employment has been found a valuable remedial agent in the treatment of insanity. Since the completion of our bath it has been in constant use, and a number of patients of both sexes have employed it regularly. A few cases of melancholia, accompanied with the harsh, dry skin so often observed in this form of mental disease, have derived very decided benefit from its use, but the experience obtained from its employment is too limited to give any very decided opinion at present as to the results which may be expected from its general use in the various phases of mental

disorder. Although a valuable addition to other modes of treatment, it is doubtful how far it can supersede them."—*Dr. G. S. Saunders, Seventeenth Annual Report of the Medical Superintendent of the Devon Lunatic Asylum*, 1863.

3. *The proposed Lunatic Wards in Union Houses.*

"With regard to the second section of the Lunacy Amendment Act, 1862, I do not consider that the provision made for the removal of chronic lunatics to union houses will go far to relieve county asylums of their redundant population.

"On this important question I am aware that different opinions exist among the rate-payers of the county, and of late I have been frequently asked whether there are not now in this asylum several patients who are quiet, and who might be removed to the union workhouse. I have no difficulty in giving my opinion on this important question, as I had an opportunity in the institution over which I was medical superintendent, previous to my appointment here, of practically testing the effects of such a course. Several chronic and so-called incurable cases were removed to the poor-house, and in almost every case where death did not terminate their sufferings the patients were sent back to the asylum either excitable and dangerous or fatuous, and in their habits, which had been formerly improved by the moral treatment of the asylum, again dirty and depraved. In an economical point of view, also, I do not consider that there is in reality any advantage to the rate-payer. The proper treatment of the insane demands many requisites which cannot be dispensed with. In the first place, regular apartments must be furnished with all the necessaries of lunatic life before any union can constitute a proper home for the insane. Their treatment will also entail a certain number of well-conducted and trustworthy servants, which cannot be dispensed with. Their proper sustenance demands a full and nourishing diet, for many lunatics in their management are tranquil under such treatment who under less generous living are excitable and dangerous.

"Wherever the insane are lodged, their care and maintenance, as a class, is inevitably expensive, and cannot be compared justly with the cost which, under necessary economy of a union, is found to be sufficient to maintain a sane pauper; and the voice of experience in this matter will tell that this cost is not to be avoided by deprivation of liberal care and treatment, because the cost of the increased destructiveness and disease which an imperfect management of the insane is sure to entail, would counterbalance a great proportion of the saving to be effected by the limitation of

comforts and negligent treatment."—*Dr. Campbell, Report of the Medical Superintendent of the Essex Lunatic Asylum, January Sessions,* 1863.

4. *The New Asylum for the County of Dorset at Herrison.*

"The Commissioners expressed themselves pleased to think there was reasonable ground for believing the new asylum would be ready to receive our patients this summer, and there seems very little doubt of it. It has been extraordinary to witness the great change which has taken place there since the present contractor, Mr. Roberts, entered on his duties. Materials, which were supposed to be perfectly impossible to obtain, rapidly appeared on the ground, and as quickly were artisans and labourers found to carry on the work. I cannot help mentioning that, ever since the present contractor has worked at Herrison, at my almost numberless visits I have invariably experienced the greatest respect from every one, and not a single oath or harsh word have I ever heard uttered by any workman employed at the building; the greatest harmony seems to pervade all classes. The great difficulty of obtaining the full supply of water necessary for so large a building and so many inmates has at last been surmounted; the boring has been carried to the depth of nearly 300 feet in addition to the previous digging of 200, making a total depth of nearly 500 feet, and a sufficient spring now appears to have been tapped.

"After the contractor and engineer have finished their work, there will still remain an immensity of labour in the furnishing and fitting up the interior, before the great majority of our patients can be removed. Many articles of furniture, such as bedsteads, tables, &c., have been already made and are ready for use, and a sufficient stock of clothes for both males and females is provided.

"The laying out the grounds, airing courts, &c., can be principally done after the asylum is inhabited, and this will provide our inmates with work for some considerable period, and be a means of saving a large sum of money."—*Mr. Symes, Report of the Medical Superintendent of the Dorset Lunatic Asylum, Forston, for the year* 1862.

5. *Utilization of Asylum Sewage.*

"The subject of the proper disposal of the sewage has engaged the close attention of successive meetings of the committee of visitors and of the house committee. The discharge of the sewage

into the neighbouring brook had led to complaints, the occasion for which, it was felt, should, if possible, be removed. A plan, which has been adopted elsewhere, for discharging the contents of the sewers on a part of the farm, to be laid down in grass, has been favorably entertained by the visitors. It has been proposed to pump up the liquid by a water-wheel, turned by a spring, conveniently situated within the limits of the farm. The execution of this plan has been suspended, but only for the present, in consequence of some doubt being entertained as to the sufficiency of the water power. In the mean time there is no resource but to carry out as sedulously as possible the filtration and deodorization of the sewage in the tanks already erected for this purpose."—*Dr. Thurnam, Twelfth Annual Report of the Medical Superintendent of the Wilts Lunatic Asylum, Devizes, for the year* 1862.

"The old absorbing-tank in the adjoining field having failed to carry off the sewage from the asylum—the liquid having overflowed, and formed, in effect, a large open cesspool on the surface of the ground—has become a great nuisance to the neighbourhood, and endangers the health of the asylum. The superintendent, acting under the instructions of the visitors, who had the subject under their consideration, took great pains to ascertain what is being done with sewage in the county asylums and other large institutions in different parts of the country, and also to make himself acquainted with the views of practical men on the subject. He also visited the Wellington College, and inspected the sewage-works successfully carried out there, on the plan of the late Prince Consort, by Mr. Menzies, Deputy Surveyor of Woods and Forests. The results of these inquiries were embodied in a special report to the visitors. Mr. Menzies subsequently visited the asylum, and submitted an interesting and almost exhaustive report, pointing out the measures required to meet the difficulty; and supplied detailed plans and specifications of the filtering-tank, which forms the basis of his method. These having been approved at the last quarterly meeting, the sluice-cocks and valves have been obtained, and the work can now be proceeded with at any time. The only objectionable circumstance now left in connection with the sewage is that the limited extent of the estate in the direction of the main drain prevents the placing of the filtering tank so far off from the building as is desirable."—*Dr. Palmer, Tenth Annual Report of the Lincolnshire Lunatic Asylum, Bracebridge,* 1863.

6. *Asylum Treatment of Epilepsy.*

"With this malady (epilepsy) every form and grade of mental alienation is associated, from the gay mania and exalted delusions of the general paralytic downwards to the intellectual inanity of the idiot or solitary.

"Epileptics (apart from peculiar proneness to what have been called vicious habits and propensities) require constant and unremitting observation, on account of their liability to injuries by falling during the paroxysms, and tendency in the stages of delirious excitement to beat themselves against the walls or furniture.

"The curability of epilepsy is again asserted, as it has been in an intermittent way, since the times of Celsus and Galen. The writer of this report has little hope or expectation that a specific remedy for this hitherto intractable disease will be discovered, remembering the eulogiums formerly passed on digitalis, oil of turpentine, and nitrate of silver, and lately, on the cotelydon umbilicus and phosphorus.

"The tincture of sumbul root, recommended with much modesty and candour by Dr. Boyd, of the Somerset Asylum, has been given in several cases without benefit. In many hospitals for the insane, in the south of France especially, the concentrated juice of the galium mollugo, or heath-bed straw, a common British plant, is a favorite and highly commended remedy.

"The superintendent hopes to give this specific (as it is asserted to be) a trial during the summer."—*Dr. H. O. Stevens, Second Annual Report of the Medical Superintendent of the City and County of Bristol Lunatic Asylum,* 1863.

7. *Opening of the Cumberland and Westmoreland Asylum at Garlands.*

Dr. W. P. Kirkman (since translated to the Kent Asylum) presented his first report to the visitors of the Cumberland Asylum at the January sessions, 1863. Dr. Kirkman passes the following opinion on the building:

"Generally speaking, the building is well adapted for most of the purposes required. It would almost have been impossible, however, to avoid deficiencies and errors at first, which betray themselves in process of time. A serious item is the inadequate amount of day accommodation; in consequence of which one apartment on each side, constructed as a dormitory for four persons, has already been adopted as a day-room. Such features as this, of course, tend to

become aggravated by the increasing number of inmates, and at some early period will demand a remedy. Analogous also is the narrowness of the corridors, which, although different from the day-rooms, in that the patients do not pass so long a consecutive time in them, yet by want of space for free motion often cause a congestion in the passage of the patients to and fro, and so occasion probability of quarrelling. I am happy in being able to commend the building as well ventilated, both from internal space and means for air-currents without sensible draughts. The average cubic space per patient is 456 and 475 feet by day, and 500 and 616 by night, respectively, in the associated dormitories and single sleeping-apartments. The decision of the committee, in selecting so healthy a site, on an elevated position, will make its wisdom felt throughout the whole future of the asylum.

"The soil is for the most part light, suitable for barley. There is also a fair breadth of heavy land, fit for oats and wheat; and an extent of pasturage just adapted for cows, which we ought to have, and the want of which is daily felt."

8. *Dr. Wing's Excursion to Llandudno.*

In June, 1862, Dr. Wing removed thirty-five of the private patients of the Northampton Asylum to lodgings in Llandudno, in North Wales, for change of air. "This trip was undertaken with the unanimous approbation of the committee of management, and received also the unqualified approval of the Commissioners in Lunacy.* All returned home without a single accident of the most

* "Office of Commissioners in Lunacy,
"19, Whitehall Place, S.W.;
"*4th June*, 1862.

"Sir,—The Commissioners in Lunacy direct me to thank you for the letter in which you inform them that you have obtained at Llandudno, in North Wales, comfortable lodging accommodation for thirty-five patients belonging to the Northampton Lunatic Hospital, the governors of that institution having humanely resolved to give these poor persons the benefit of sea-air and a change of scene for a short period. The Commissioners observe the very proper precautions you have taken to prevent any possible irregularity or eccentricity on the part of any of the patients, by providing fifteen attendants to wait upon them during their stay at Llandudno, and they cannot regard as at all serious or likely to be persisted in such threatened opposition on the part of the Town Commissioners of Llandudno as you refer to in your letter. So long as the patients conduct themselves with propriety no pretence can possibly be urged for excluding them from what they are as fully entitled to as any other persons, and to the unrestricted enjoyment of which their affliction gives them a special and additional claim. The Commissioners may remind you that a plan precisely similar to that which you have adopted was carried into effect by Dr. Bucknill a few years ago. He took from the Devon Asylum a party of forty-two patients (which he changed from time to time, always retaining that number) to Exmouth, and although some alarm was felt by the residents

trifling character, and without any circumstance whatever having occurred to cause a regret that the project had been set on foot and carried out; nor was the conduct of any such as to give reasonable ground of complaint to the most fastidious. When the scale upon which this expedition was arranged is considered, as also the distance of Northampton from the sea-board, and the many miles between that town and Llandudno, it deserves to be reckoned a great success, and an advance in the treatment of the insane."—*The Report of the Medical Superintendent of the Northampton General Lunatic Asylum, 31st December,* 1862.

when the proposal was first made, no subsequent inconvenience was experienced; no individual underwent the remotest annoyance of any description; and though the patients continued for several months to be taken out daily in parties for walks along the shore, they ceased in a few days to attract any attention, and their final departure was a subject of regret to the inhabitants.

"I am, Sir, your obedient servant,

"Henry E. Rawlins
(For the Secretary).

"To Dr. E. Wing."

PART IV.---NOTES, NEWS, CORRESPONDENCE, APPOINTMENTS, &c.

The Royal Hospital of Bethlehem; its Removal into the Country; Farther Progress of the Question.

(See 'Journal of Mental Science,' April, 1863, "Notes, and News.—'The Proposed Removal of Bethlehem Hospital into Surrey.'")

1. *The Meeting of the Governors on the 8th of May.*

At a meeting of the Court of Governors of Bethlehem Hospital, held on Friday, the 8th of May, the following resolution was carried by a majority of 50 to 5, in reference to the proposals of St. Thomas's:

"That this court is not at liberty to entertain the proposition for the rebuilding of Bethlehem Hospital by the Governors of St. Thomas's Hospital; nor can it entertain the proposition for the payment by them of £150,000 for the site and buildings of Bethlehem Hospital, subject to the approval of the Court of Chancery and the sanction of Parliament, and of the Court of Governors of St. Thomas's, as it is at variance with the unanimous resolution of this court, that no proposal for the exchange of sites can be entertained which is not based on an agreement that the whole of the cost of the removal of Bethlehem Hospital is to be borne by the Governors of St. Thomas's Hospital."

Dr. Webster moved that the offer of £150,000 made by the Governors of St. Thomas's Hospital be accepted; this motion was, however, rejected by a considerable majority.

"Some of the arguments advanced for maintaining Bethlehem Hospital in its present position were curious. For instance, it was stated that looking in the plate-glass windows of the shops in Newington Causeway had a most beneficial effect on the patients during their perambulations. But even the advantages derived from this were exceeded by their feeding the ducks in St. James's Park. When such arguments as these are mainly relied upon by a majority of the Governors, it is useless to adduce facts to prove the advantages of removal. The recoveries in Bethlehem Hospital have decreased six per cent. during the last twenty years, even though restraint has been abandoned and a more humane and scientific mode of treatment has been adopted. What is the cause of this decrease?" —*Lancet*, May 16.

It seems sad that the fortunes of this great and ancient charity should thus at a most critical time be placed in peril by the perversity* of the small city clique who now direct its counsels.

"The ostensible Governors," it has been well said, "among whom are men capable of large views and averse from jobbery, are remiss in their attendance at the meetings, and the real government falls practically into the hands of a board of officials, second-rate in capacity and local in their policy, who listen too readily to the counsels of resident officers, and overlook, perhaps unconsciously, the interests of the patients. Half a dozen gentlemen with enlightened notions of business would have settled the whole affair long ago, but the misfortune is that in these great public trusts the busy few have narrower prejudices than the apathetic many. In men of a certain temper and calibre the fact of possessing a piece of property which is worth much more to others than to themselves creates an inordinate sense of self-importance, and seems a conclusive reason for adopting a bullying tone towards any one who asks the price of it. This is what the Governors of Bethlehem have done, and the result is that they have diverted public attention from the shortcomings of St. Thomas's to their own shabbiness and sharp practice. They will probably end, too, by overreaching themselves, for, if they should

* "The General Court of St. Thomas's empowered the Grand Committee on the 21st of April to make two alternative proposals to the Governors of Bethlehem, and these proposals were duly communicated to the latter by the Grand Committee through their Secretary. To most unprejudiced persons they will appear fair, and even liberal. The Governors of St. Thomas's were prepared 'either to build for the Governors of Bethlehem a new hospital in conformity with the plans and estimates prepared by Mr. Currey, the surveyor of this (St. Thomas's) Hospital, at a cost not exceeding £150,000, including the site; or to pay for the site and buildings of Bethlehem the sum of £150,000, subject to the approval of the Court of Chancery and the sanction of Parliament and this Court.' Unluckily, however, when this resolution was taken by the Grand Court of St. Thomas's the Governors of Bethlehem had already pledged themselves to a condition of sale which no prudent purchaser could accept. They had voted unanimously—that is, some 30 out of 200 Governors had voted unanimously—'that no proposal for the exchange of sites can be entertained which is not based on an agreement that the whole of the cost of the removal of Bethlehem Hospital is to be borne by the Governors of St. Thomas's Hospital.' That is to say, they demanded absolute discretion to buy an estate, erect an asylum of indefinite size, and indulge in any architectural freaks which might please their own taste, without risk to themselves, and at the sole cost of St. Thomas's. The latter was apparently to have no power of checking the items, but only the duty of paying the bill, to the exorbitance of which no limit was assigned. All that we know is that the Governors of Bethlehem intended it to be enormous, for they expressly informed the Grand Committee of St. Thomas's, by a letter dated May 16, that what they would consider as an equivalent for their present premises would probably amount to a great deal more than 'that which the Governors of St. Thomas's would feel themselves at liberty to give, or which would be permitted either by the Court of Chancery or by Parliament to be given, for a site for a new St. Thomas's Hospital.' They even declined any preliminary discussion of the subject by Committees to be appointed on both sides, and repelled with positive rudeness any overtures which might tend to bring about an amicable settlement."—*Times*, June 1.

lose this chance, they will be driven before long to seek another site for their asylum, and will find that purchasers with £150,000 in hand are not always forthcoming."

2. *Letters from Sir George Grey and the Commissioners in Lunacy.*

"The Royal Hospitals of Bridewell and Bethlehem.

"Whitehall; *June* 9.

"Sir,—I am directed by Secretary Sir George Grey to transmit to you, herewith, a copy of a letter which has been received from the Commissioners in Lunacy, stating their views in reference to the question of the purchase of Bethlehem Hospital by the Governors of St. Thomas's Hospital, and the removal of the former institution to a healthy and suitable locality in the neighbourhood of London; and I am to request that you will submit the same to the Governors of Bethlehem Hospital, with the expression of Sir George Grey's concurrence in the views of the Commissioners in Lunacy, and of his hope that the Governors will carefully consider the subject of the unfitness of the present site and buildings of Bethlehem Hospital for the purposes of the institution, and not allow the opportunity now offered of removing the hospital to a suitable locality to escape.

"I have the honour to be, Sir, your obedient servant,

"H. Waddington.

"To the President of the Bethlehem Hospital, &c."

"Office of Commissioners in Lunacy,
"19, Whitehall Place; *June* 3.

"Sir,—The Commissioners in Lunacy have watched with much interest the proceedings and discussions which have for some time past been before the public in reference to the question of the purchase of Bethlehem Hospital by the Governors of St. Thomas's, and the removal of the first-named institution to a healthy and suitable locality in the neighbourhood of London. It was the earnest hope of the Commissioners that the protracted negotiations which have so long occupied the attention of the promoters and well-wishers of both those important and wealthy charities would ere this have eventuated in an arrangement so desirable, and recommended by such obvious considerations of the great benefits which would thence be derived by the unfortunate objects of the respective institutions.

"It is, however, with Bethlehem Hospital and its insane inmates

that the Commissioners are specially concerned, and it is with the view, ere it be too late, of urging upon the Governors the expediency and duty of availing themselves of the present favorable opportunity to give the insane the advantages of pure air and cheerful scenery, so essential to health, mental and bodily, that the Commissioners are induced to address to Secretary Sir George Grey the present communication.

"It has for many years been the opinion of the Board that the site of Bethlehem Hospital, as respects its limited extent and situation, in the centre of a dense and rapidly increasing population, is most unsuited to the due medical care and treatment of the insane, for whose sole benefit the administration of its ample property and income is intrusted to the Governors. Outdoor exercise and recreation, and freedom from disturbance and observation, so indispensable to the proper treatment of insanity, especially in its earlier stages, require an ample extent of grounds and gardens within the boundaries of the institution. In all these respects Bethlehem Hospital is essentially defective, and the Commissioners are unwilling to believe that the Governors can have finally closed the door against the offer of an eligible site in the country, and within a convenient distance of London, of which they have it in their power now to avail themselves.

"The views above expressed have always been entertained by the Commissioners, and were embodied in a communication to Mr. Secretary Walpole as far back as November, 1858; wherein, with reference to a collateral question, the Commissioners adverted to the consistency of the opinion conveyed with the reasons they had 'given for suggesting the removal of Bethlehem Hospital from its present populous locality into the country.'

"The observations above made have been confined to the question of the site; a most important objection to Bethlehem Hospital, as a place for the treatment and cure of insanity, remains to be noticed, viz., the unfitness, according to modern opinions, of the building in respect to its construction and arrangements. The general aspect of the Hospital, externally and internally, notwithstanding the efforts made within the last few years to enliven the long corridors and day-rooms, cannot but exercise a depressing influence upon the inmates, whose means of outdoor exercise are so limited and inadequate. The Commissioners, in the case of asylums for pauper lunatics, would never sanction plans upon the principle of Bethlehem Hospital.

"The new Hospital, which the Commissioners still trust will be built in the country, will of course be constructed upon a plan embodying all the improvements suggested by modern experience and the advanced state of science.

"The large funds at the disposal of the Governors confer upon

them almost unprecedented means of improving the care and treatment of the insane, and, consequently, impose upon them, in an especial manner, the duty and responsibility of applying those funds in the manner best calculated to promote and extend the objects and benefits of the institution, which cannot be done upon the present site. The opportunity now offered to remove the Hospital to a suitable rural locality may never occur again.

"It will be for Sir George Grey to consider in what way effect can be best given to the views which the Commissioners have thus endeavoured to bring under especial notice, and in the greatness and importance of which they doubt not he will concur.

"I am, &c.,

"W. C. Spring Rice, Secretary.

"H. Waddington, Esq., Home Office."

3. *Deputation to the Earl of Shaftesbury.*

On the 16th June a deputation, representing various parishes of South London, waited upon the Earl of Shaftesbury, chairman of the Lunacy Commissioners, in reference to the site of St. Thomas's Hospital, at his lordship's residence, Grosvenor Square. Mr. Rendle (as the spokesman for the deputation) stated that the deputation represented eight parishes of the south of London, with a population of more than 500,000 people. The bodies represented believed that the time had come when Bethlehem should, for its own sake, be removed to some suitable larger site, near to but out of London. His lordship said the present building and its site were in every way unsuitable. With the same funds now at the disposal of the governors of Bethlehem, and a suitable position, double the number of patients might be accommodated. It was urged by the deputation that the president of Bethlehem, speaking at a meeting of St. Thomas's governors, had stated that he and the treasurer would throw no objection in the way of obtaining the Bethlehem site for St. Thomas's Hospital, but it turned out that the Bethlehem governors had offered absolutely impracticable, indeed, prohibitory terms. It seemed hard, when Bethlehem, a public institution supported by public money, would be so largely benefited by removal, and offered at the same time the best site for St. Thomas's Hospital, that these public sister institutions should practically refuse proposals which would be so much for the public benefit and their own. His lordship said the Lunacy Commissioners were strongly impressed with the necessity, for purposes of increased usefulness, of removing Bethlehem from its present to a better and larger site; that the Commissioners had addressed a letter to the Home Secretary, Sir

George Grey, upon the subject; and that Sir George Grey had approved and sanctioned the letter referred to. He further said that there were 200 or 250 governors of Bethlehem, but that it rarely happened that more than thirty or forty attended. In a question of this importance, it was monstrous that the body of governors, holding not a private, but a public trust, should leave it some thirty or forty of their members. As to the site now occupied by Bethlehem being suitable for St. Thomas's Hospital, there could be no doubt about it. The idea of sending poor people with broken limbs and severe diseases by railway or otherwise to a hospital out of town, or at a distance, was monstrous; but the site for St. Thomas's Hospital was not what he, or the Lunacy Commissioners, were concerned with. They considered the present site of Bethlehem insufficient, and in every way unsuitable, and they were very desirous that it should be removed. Bethlehem was entirely a public institution; it was a public trust, and it was not in any way a question of private interests. He would advise that petitions should be forwarded to both Houses of Parliament. He would present one to the House of Lords, and speak upon it. The deputation, thanking his lordship for his courtesy, shortly after retired.—*Times*, June 17th.

Dr. Conolly on Bethlehem Hospital.

"I trust the Commissioners in Lunacy will permit me to address them on a subject which has no doubt already attracted their attention, but on which an expression of their opinion would at this moment be as valuable as it appears to me to be urgently required—that of the removal of Bethlehem Hospital.

"When offering any observations to those who have had such large experience in every matter relating to lunacy, it seems hardly necessary to allude to the advantages of a country situation for lunatic asylums; they are numerous and unquestionable, and obvious to all who know anything of the insane, and who have ever reflected on the requirements of hospitals for their protection and cure. These objects can only be secured by various appliances, directed generally to the improvement of the bodily as well as of the mental health of those unhappily afflicted with mental disorder. Medicines, unaided by auxiliary means, are often powerless in such forms of disease; but the auxiliaries to amendment and relief are almost unbounded in extent and efficacy. Good food, cleanliness, tranquillity, good air, free exercise out of doors, cheerful mental recreations, agreeable objects, pleasant walks, various employments within doors and without, but especially in farms and gardens, are all acknowledged in all asylums powerfully to contribute to the recovery of the

curable patients, and to the comfort and happiness of all. Without these, even kindness, patience, and humane attention are ineffectual. For some of these important aids the present Hospital of Bethlehem is manifestly and confessedly not adapted. Nothing that is practicable is neglected, but the application of some of these aids is impossible.

"It is therefore most earnestly to be desired that the Governors of that great charity may, at this particular time, be influenced by the same enlightened views which led them about fifty years ago to transfer the patients from the old and dreadful Bedlam of Moorfields to Southwark. That change was followed by a marked increase in the number of recoveries. It was a change from an inconvenient building, into a part of the town then becoming crowded and confined, to a situation then comparatively secluded and rural. A greater necessity has now arisen for removing the lunatic patients from St. George's Fields, a locality that has in its turn become populous and noisy, and so surrounded as to banish all idea of retirement, to some well-selected cheerful spot out of town, where sufficient space might be obtained for securing the advantages now wanting for the prevention of future encroachment, and for the sanitary improvements required by the advance of medical and general science.

"There are other and not inconsiderable advantages which might be obtained by the removal of Bethlehem Hospital. Some of its benefits might be greatly extended, and other benefits might be superadded. Among all the charities for the relief of suffering and privation, it is remarkable that there is yet no adequate provision, in any English asylum or institution, for the insane of the middle classes. To a certain extent, relief is afforded at Bethlehem, but with restrictions which exclude a large majority of those for whom its benefit is most needed, and would be most valuable. It is on the middle classes of society that the calamities incidental to madness fall the most severely; they depend for existence on the continued power of being industrious; if the mind fails, that power is lost, and all the evils of poverty gradually surround them. The Commissioners in Lunacy know how great a variety of positions and occupations is comprehended as belonging to what is termed this middle; not only those of tradesmen, and clerks, and teachers of all descriptions, but artists, and authors, and officers in every branch of public service, and lawyers, and medical men, and clergymen. When insanity occurs in persons of any of these descriptions, before they have had time or opportunities of providing against misfortune, their fate is truly miserable. With many sacrifices their poor friends strive to support them for a time. If the attack is of short duration, the difficulties it has occasioned are retrieved by great exertion; but if the malady continues, destitution and ruin are the inevitable consequences. The expense of one guinea per week, which is that of

what are called hospitals for the insane, exceeds their whole income, if, indeed, they have any income or resource remaining; the county asylums cannot admit them, and from Bethlehem they are excluded by the regulations. One regulation alone shuts the gates of the charity on cases which, perhaps, of all others, most pitiably require charitable assistance—the cases of the form of insanity termed general paralysis, a malady which falls almost exclusively on men in the active period of life, between thirty and fifty-five years, and from its apparently slight appearance disqualifies them from all reasonable exertion, and consigns them to helplessness for life. The Commissioners know too well the wretchedness brought on this class of patients to make it necessary to dwell upon it.

For the relief of these most distressing cases, and of many forms of chronic insanity, and for the more extended relief even of recent cases among those who are poor but not paupers, a great opportunity seems now to present itself to the Governors of Bethlehem, and if it passes by unheeded, no such opportunity will occur again. The misery and distress, for which a successful appeal may happily now be made to them, may, but for their charitable regard, continue to exist, and extend for another century. If the present state of the funds of the charity constitute a difficulty, it is now that a plain statement of the pressing want of additional aid for real and poignant affliction would assuredly be generously considered and responded to by the rich men of London. To this most desirable end the support and authority of the Commissioners in Lunacy would, I believe, very powerfully contribute.

A new Bethlehem, judiciously situated and planned, might be a model, a school of instruction, and a benefit for ever. We should then possess a public asylum in which the intentions of the charitable founders, and the exertions of humane and scientific physicians, would not be frustrated; and where, above all, the amplest possible means would be furnished, and their application perpetuated, for the relief of the most terrible of all forms of human misfortune. — *Extract from a letter from Dr. Conolly to the Commissioners in Lunacy, Seventeenth Annual Report,* 1863.

4. *The necessity of the Removal of Bethlehem into the Country.*

We endeavoured in our last number to urge the advantages to the patients which would follow from the transfer of this great charity into the country, and which in the letter of the Commissioners in Lunacy to Sir George Grey is so ably argued. In a previous number of this Journal ('Journal of Mental Science,' July, 1857) Dr. Bucknill discussed this same question with his wonted ability in

a notice of the Annual Report of Bethlehem Hospital for 1856. We reprint an extract from the observations then made by Dr. Bucknill, as a contribution to the consideration of this important question:

"There are few alienist physicians who will admit that the moral resources of treatment can be carried out as effectually in London as in any other place. The most important resource of moral treatment is that of healthy occupation and employment. Turning to table 17, what do we find the returns of employment for the men confined in Bethlem Hospital? Exclusive of household work, that is, bed-making, &c., which can scarcely be permitted to count, and of reading, writing, &c., which partakes more of the character of recreation, we find only twenty-seven men employed, and of these only fifteen are employed in out-of-door work.

"There is, however, another moral influence efficient in the treatment of insanity, and with the power of which few men are more deeply impressed than Dr. Hood himself, namely, that of 'efforts to counteract the monotony of confinement and the irksomeness of restraint.' Dr. Hood reports that 'flowers, birds, and pictures, have, by the liberality of the governors, and the generosity of friends, been abundantly scattered throughout the wards. These trifles, as they appear on paper, have undoubtedly a genial influence on the mind and temper of the patient; the attention may often be arrested by the sight of a picture or the song of a bird, and the mind for a moment forget to prey upon itself.' If a few caged pigeons and captured linnets are more able to interest the patients at Bethlem, than to remind them of their own loss of liberty, what interest would not these patients derive from hearing the free songs of the lark and the blackbird, when he sings his best in the hawthorn tree.

"'O blackbird, sing me something well,'

may in vain be asked of the poor captive where there are

"'No smooth plots of fruitful ground,
Where he may warble, eat, and dwell.'

"But in the country, the music of God's free choristers may perhaps touch the heart even of a poor lunatic; while in the wards of a town-girt mad-house the most elaborate thrill of the most accomplished bullfinch may strike upon the ear of the half-reasoning, half-sympathising inmates, like the cuckoo note of Sterne's starling, 'I can't get out; I can't get out.'

"If 'birds, flowers, and pictures,' influence beneficially and genially the mind and temper of the patient in the corridors of the hospital in Lambeth Marsh, what rich and fruitful influences might not be expected from the garden and the field, from the rich meadow and the cheerful hill-side, from the domestic animals with whom even madmen form friendships, and from the free creatures who afford him delight. If a picture, a mere 'shadow limping behind the substance,' can give pleasure to the mind distraught, how much more may be expected from an hourly intimacy with the bounteous and beautiful forms of nature. Nor do we rest upon surmise and the force of Dr. Hood's arguments, carried to their legitimate conclusions. It is known that insane persons derive the utmost pleasure and benefit from freedom and country air. We are happy to see that although Dr. Hood defends the present situation of Bethlehem, he does so on principles which leave us reasonable grounds to hope that he will yet entertain different opinions, and become an equally earnest advocate for its removal into the country. We are assured that in the mean time he will employ the reflected influences of country life, and with an earnestness and skill which will leave the want of the reality to be as little regretted as possible."

Professor Hughes Bennett on the Pathology of Insanity.

"With regard to the relation existing between mind and brain, two views are contended for:—one, that the brain originates; the other, that it is only the instrument of thought. The discussion is metaphysical rather than physiological, because the phenomena observed in either case are the same, and these depend upon the structure and quality of the organ itself. In this respect the brain is exactly similar to a nerve or muscle. It possesses properties and functions which it is our duty to study. Why it does so we are ignorant, and are content to regard them as ultimate facts in our science. In the same way, therefore, that contractility is a property of muscle, sensibility of nerve, growth of tissue, and secretion of gland, so we regard thought as a property of the brain. But to avoid metaphysical subtleties, we are quite willing to say that it furnishes the conditions necessary for the manifestation of mind.

"From the various facts now known, I think it may be concluded that the cortical substance of the cerebral lobes furnishes those conditions which are necessary for thought, including all mental operations, sensation and volition. I do not think that in the present state of science we are warranted in proceeding further, for the same facts entirely negative all those theories which have been advanced having for their object a localization of the different faculties into which the mind has been arbitrarily divided. Some have maintained that volition is seated in one place, memory in a second, sensation in a third, and so on; but we have no sufficiently extended series of facts to establish any of these or of similar propositions.

"There can be no doubt that the relation between the molecular, nuclear, and cell elements of the hemispherical ganglion, as the instrument of mind, must be most important; and yet I am not acquainted with any one who, having first qualified himself for the task by a prolonged and careful study of histology, has investigated the brain in cases of insanity. Psychologists content themselves with repeating well-known clinical observations, with the ordinary morbid anatomy or density of the brain, and with the metaphysical speculations which have been pushed as far as, if not further than, human intellect can carry them. Need we feel surprised that the true pathology of insanity is unknown? What we desiderate is a careful scrutiny of the organ. Hitherto the difficulties of such an investigation have been insurmountable, in consequence of our imperfect methods of research. But let any one possessing a competent knowledge of histology and the use of our best microscopes, with the opportunities our large asylums offer, only now dedicate himself to

the task, and he may be assured that while extending the bounds of science he will certainly obtain an amount of fame and honour that few can hope to arrive at. The molecules on which muscular contractility depends are, as we have seen, visible molecules, and so I believe are those in the hemispherical ganglion, so essentially connected with the functions of the brain."—*Lectures on Molecular Physiology, Pathology, and Therapeutics. Lecture IV. Lancet,* April 25th, 1863.

M. Renaudin on the English County Asylums for the Insane.

('Annales Médico-Psychologiques,' March, 1863.)

M. Renaudin, in a criticism in the March number of the 'Annales Médico-Psychologiques' of a paper which appeared in this Journal, in October, 1861 ("Five Cardinal Questions on Administrative Psychiatry," by J. Mundy, M.D.), has stated some curious opinions on our asylums, about which we desire to say a word or two. Before doing so, however, we would, without wishing to touch the Gheel controversy, notice the uncourteous tone, so unusual in the pages of the journal in which he writes, in which M. Renaudin speaks of our associate, Dr. Mundy. To those like ourselves familiar, through his long residence in England, with Dr. Mundy's high tone of thought, the remark, that "l'œuvre du docteur Mundy emprunte bien ses principales formes au charlatanisme," carries its own refutation with it. Moreover, Dr. Bucknill was not in the habit, we beg to inform M. Renaudin, of allowing papers of such a character to appear in the pages of this Journal. We can also assure him that he is in error in thinking that Dr. Mundy's foreign travels and observation are as limited as he admits his own to be. "Les contrées de l'Europe que je n'ai pas plus visité que lui" are of very different extent. Like most of his countrymen, M. Renaudin has apparently confined his travels to his native land, and his study of mental disease has been limited evidently by the several asylums to which circumstances have, we believe, led him from time to time to change his sphere of action—travels that can hardly be placed against Dr. Mundy's years of European study of asylum life.

M. Moreau (de Tours), an authority M. Renaudin must acknowledge as rather better than his own, writes of Dr. Mundy in a very different tone. "Parmi ceux," he says, "qui se sont montrés le plus sympathiques, nous devons distinguer M. le docteur baron de Mundy qui, plein d'un généreux enthousiasme pour le système qu'avec le docteur Bulkens il nomme le *patronage familial,* paraît

s'être fait le missionnaire de l'idée de colonisation." ('Annales Méd.-Psych.,' 1862.)

Another distinguished French author, M. Delasiauve, has also borne testimony to Dr. Mundy's opportunities of study, and to their result. In the 'Journal de Médecine Mentale,' M. Delasiauve says, in speaking of Dr. Mundy's writings on the Gheel question, "Nous avons sous les yeux une note brève, mais dialectiquement érudite, qui démontre par $a + b$ son défaut d'appropriation. Elle a pour auteur le docteur Mundy (de Vienne), homme de connaissances variées et profondes, que nous avons eu l'honneur de voir à Paris, et qui s'étant donné la mission d'approfondir notre science spéciale, a parcouru dans cette intention plusieurs contrées de l'Europe. Son séjour à Gheel s'est prolongé deux mois. Les résultats qu'il y a constatés l'ont rempli d'enthousiasme." And in the face of this testimony stands M. Renaudin's foolish assertion, "il faut que l'auteur n'ait jamais vu la France." Further, the limited travels of M. Renaudin, and his entire ignorance of the English language, have led him, as we said above, into some odd misstatements and views on the condition of the English county asylums. Thus, M. Renaudin seems to think the existing arrangements for the care of the insane in France more complete than those of England. "Luxe d'un côté, misère de l'autre, voilà le tableau qu'on nous trace des conditions de l'assistance dans ces pays." But not only do the English asylums thus contrast with the uniform luxury of those of France (witness the Bicêtre), but the French physicians, M. Renaudin tells us, "renoncent à tous les moyens de contrainte et sont allés beaucoup plus loin que le docteur Conolly dans l'extension du véritable no-restraint. L'aliéné en France est anjourd'hui plus libre qu'en Angleterre et quelque vicieuse que soit la construction d'un asile, nous voyons la solicitude du directeur médecin rendre la coercition inutile, même en l'absence de toute distribution méthodique." This is news to us, as doubtless also to Dr. Mundy, for whose information M. Renaudin states this novel view of the absence of "coercition" in the French asylums, and of the great liberty its inmates enjoy. Unfortunately, this bright picture is not founded on fact; indeed, it is simply a most impudent fiction.

Then as to our personal position as superintendent of an English county asylum, M. Renaudin again brings his imagination into play when he here contrasts it with that of France. "Leur position," he says, "en France est plus indépendante, plus honorable, et bien au-dessus de celle des médecins Anglais, mieux payés sans doute mais entourés de moins de consideration. Pendant qu'en France les directeurs médecins sont fonctionnaires publiques et jouissent des prérogatives attachées à ce titre, le médecins Anglais sont de simples employés, soumis au même titre que la lingère et le cuisinier

a l'autorité d'un comité." And again, further on, M. Renaudin thus states the contrast in our limited jurisdiction: "Tandis qu'en Angleterre les médecins n'ont aucune action sur les differents sciences en France le directeur médecin jouit d'une autorité réelle, est responsible de tous ses actes et offre des garantis qu'on chercherait en vain dans l'irresponsabilité anonyme des comités d'Angleterre."

What could the distinguished members of the "Comité de Rédaction" of the 'Annales Médico-Psychologiques' have been about when they allowed M. Renaudin thus to disport his ignorance and Celtic prejudices in the civilised world?

Dr. Erlenmeyer on the Non-restraint System.

Our esteemed colleague, Dr. Erlenmeyer, has not had the wisdom to profit by the advice we gave him in the last number of this Journal, personally to investigate the facts of the non-restraint system as practised by English physicians before venturing again to recommend to the notice of the profession his own antiquated methods of treatment in mania and melancholia, to which we had occasion to refer when noticing his prize essay on the treatment of insanity in its early stages.

In the April number of the 'Correspondenz Blatt,' in his notice to correspondents, Dr. Erlenmeyer observes, in reply to his correspondent Dr. A. in S.: "Your system of entire non-restraint in the refusal of every patient likely to require restraint is the only practicable method. All other systems of non-restraint are founded in deception, error, or even vulgar imposture, with the view of gaining over the public. It is, as Neumann, to the ire of the Editor of the 'Journal of Mental Science,' says, merely an *English swindle*. A strait-jacket or a restraint chair are a thousand times more humane than the abominations of the non-restraint system in that establishment where devilish wickedness reigns" (wo teuflische Bosheit das Regiment führt).

We cannot, of course, guess the name of this establishment, regarding which Dr. Erlenmeyer and his correspondent Dr. A. in S. thus discourse. "Wo teuflische Bosheit das Regiment führt" are awkward quarters, even when conducted on non-restraint principles. But be that as it may, we really must again protest against Dr. Erlenmeyer's presumption in thus passing editorial judgment on the non-restraint system, which he has never once seen in practice, and the theory of which he evidently does not understand.

It is either a fact that we, at Hayward's Heath, treat (as in every other public asylum in England) 500 lunatics of every description—

we having no choice or power of selection—without any means of restraint, without strait-waistcoats or strong chairs or other means of coercion, with a rare case of seclusion, and with no penal discipline, or if not a fact, our assertion, which we boldly repeat, is certainly an English swindle.

The first German writer on psychology, Dr. Griesingen, confirms our statements of the entire success of the non-restraint system; and Dr. Mundy, of Moravia, who has repeatedly inspected at all hours the asylum at Hayward's Heath, is fully prepared to endorse the same. Dr. Erlenmeyer's editorial denial, unsupported by any evidence of the facts or personal investigation, is, against such witnesses, worthless.

The English county asylums are open to the profession. Why does Dr. Erlenmeyer not come and examine the question for himself, and thus either keep his practice up to the knowledge of the day, and behind which we accuse him of falling in his use of strait-waistcoats, padded manacles, leg-locks, strong chairs, and such like abominations, or else convict us before the scientific world, by fact of his own observation, of gross imposture and swindle?

A week's visit to Hayward's Heath, to which we renew to Dr. Erlenmeyer our invitation, would settle so simple a matter of fact. At the same time we readily understand how, in the absence of this personal study of the question, any one like Dr. Erlenmeyer, practically acquainted only with the noise, disorder, and coercion which reign in the German asylums, should listen incredulously to the story which reaches him over the sea of the perfect quiet, order, and confidence which pervade the English county asylums. It is, we can conceive, hard for him, in the absence of a careful personal inspection, fully to realise our wonderful advance on the standard of treatment of the German lunatic asylums.

The Naval Lunatic Hospital, Great Yarmouth, Norfolk.

The insane patients belonging to the navy have just been transferred from the crowded wards allotted to them at Haslar to the hospital at Yarmouth. The asylum at Yarmouth is to be under the superintendence of Dr. Rae, Deputy Inspector-general of Naval Hospitals, a member of this Association.

The Yarmouth Hospital was occupied by the lunatics of the army (now, to the disgrace of the department, farmed out in the licensed house at Bow) from 1846 to the outbreak of the Crimean war, when the Lords of the Admiralty took possession of the hospital for the use of the wounded from the Baltic fleet, who, however, as history tells us, did not turn up.

The Yarmouth hospital is in many respects well adapted for the

care and treatment of the naval lunatics. The sea view for the wards is unrivalled, the site is open and healthy, and the vicinity of the town offers many means of cheap amusement and instruction for the patients.

The buildings require considerable alterations and additions to fit them for the modern requirements of lunacy treatment. We feel sure that everything necessary herein will be sanctioned by the distinguished Director-general of the Naval Medical Department (Sir John Lidell), who takes the greatest personal interest in the welfare of the insane sailors.

Scotch Superstitions in Lunacy.

Dr. Mitchell, Deputy Commissioner for Lunacy in Scotland, in a paper published in the fourth volume of 'The Proceedings of the Antiquarian Society of Scotland,' "On Various Superstitions in the North-west Highlands and Islands of Scotland, especially in relation to Lunacy," has collected some curious and recent instances of Highland faith in the healing powers of some "holy wells" attached to ancient shrines, gifted like

> "Saint Fillan's blessed well,
> Whose springs can frenzied dreams dispel,
> And the crazed brain restore."

Our limits confine us to one extract from Dr. Mitchell's paper:

"In our own day (he says), belief in the healing virtues of the well on Inch Maree is general over all Ross-shire, but more especially over the western district. The lunatic is taken there without consideration of consent. As he nears the island, he is suddenly jerked out of the boat into the loch; a rope having been made fast to him, by this he is drawn into the boat again, to be a second, third, or fourth time unexpectedly thrown overboard during the boat's course round the island. He is then landed, made to drink of the waters, and an offering is attached to the tree. Sometimes a second and third circumnavigation of the islands is thought necessary, with a repetition of the immersions, and of the visit to the well. There is an unwillingness to tell a stranger of the particular cases in which this superstitious practice had been tried, but several came to my knowledge. About seven years ago, a furious madman was brought to the island from a neigbouring parish. A rope was passed round his waist; and with a couple of men at one end in advance, and a couple at the other behind—like a furious bull to the slaughter-house—he was marched to the loch side, and placed in a boat, which pulled once round the island, the patient being jerked into the water at intervals. He was then landed, drank of the water, attached his offering to the tree, and, as I was told, in a state of happy tranquillity went home. 'In matters of superstition among the ignorant, one shadow of success prevails against a hundred manifest contradictions.'*

"The last case of which I have heard came from a parish in the East of Ross, and was less happy in its issue. It was that of a young woman, who is now in one of our asylums. This happened about three years ago.

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* Le Clerc.

Another case was reported in the 'Inverness Courier' of 4th November, 1852, and is quoted at length by Dr. Rees, in his paper on "Saint Maelrubha," already referred to. (See 'Proc. Soc. Ant. Scot.,' vol. iii, p. 288.)*

TEMPLE OF ST. MOLONAH.†

Near the Butt of the Lewis there is a small, unpretending ruin, whose architecture shows it to be of considerable antiquity. It is called by the people the Teampull-mor, and also the Temple of St. Molonah, or St. Mulvay.‡ Lunatics are brought from many parts of the north-west of Scotland to this ruin.§ By this, however, I do not mean that it is a yearly occurrence, or that it is a frequency in any way to be compared with that which once held good at St. Fillan's, when, as has been affirmed, two hundred insane persons were carried thither annually.‖ The patient walks seven times round the temple, is sprinkled with water from St. Ronan's Well, which is close at hand, is then bound and deposited for the night on the site of the altar. If he sleeps, it is believed that a cure will follow; if not, the powers are unpropitious, and his friends take him home, believing it to be the will of Heaven that he shall remain as he is. The water was formerly brought from the well in an old stone cup, which was left in the keeping of a family regarded as the descendants of the clerk of the temple. One man, who had been taken there, and whom I saw, had the good fortune to sleep, and was cured; he afterwards married, and had a family. Seven years ago he again became insane, and I found him labouring under dementia. I heard of several others, in our own day, who had been sent to St. Molonah—some from the mainland of Scotland—but no happy issue was reported.

MELISTA.

There is an island called Melista, separated by a narrow sea-way from the coast of Uig, without any permanent population, but to which, in former times, people resorted for the two or three summer months to look after the cows, which they transported to it for the sake of pasturage. Tradition says of this island that no one was ever born on it who was not from birth insane, or who did not become so before death. In the last generation three persons had the misfortune, for the first time, to see the light of day on this unlucky spot, and all three were mad.¶ Of one of them, who is remembered by the name of Wild Murdoch, many strange stories are told, It is said that his friends used to tie a rope round his body, make it fast to the stern of the boat, and then pull out to sea, taking the wretched man in tow. The story goes that he was so buoyant that he could not sink; that they "tried to press him down into the

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* In reference to this notice, I may mention that, some fifteen or twenty years back, a farmer from Letter Ewe is said to have brought a mad dog to the well on the island. It drank of the waters, and was cured; but the desecrating act is said to have driven virtue for a time from the well.

† In Gaelic, Maolonfhadh.

‡ St. Malochus.

§ A Lewis gentleman, reading this paper in manuscript, writes on the margin, "I know two persons who were brought to the temple. The result was favorable, but one has had a return of the malady. It is said that a visit to the church has no efficacy for a return of the disease."

‖ Heron's 'Journey,' i, p. 282.

¶ This was asserted to me over and over again, but I think it improbable that this small island was the birthplace of all the three.

water;" that he could swim with a stone fastened to him; that when carried to the rocky holms of Melista or Greinan, round which the open Atlantic surges, and left there alone, he took to the water and swam ashore; and that, when bound hand and foot, and left in a kiln, by a miracle of strength he broke his bonds and escaped. It was thus they are said to have treated him during his fits of maniacal excitement; and there are many still alive who saw it all, and gave a helping hand. Not single was this poor man's misfortune. To his insanity was added the calamity of living among an unenlightened people, a thousand years removed from the kindly doctrines of the good Pinel. The further story of Wild Murdoch will astonish no one; he murdered his sister, was taken south, and died in an asylum, or, as the people say and believe, in the cell of a gloomy prison, under which the sea-wave came and went for ever.

I am not here detailing what happened in the middle ages. It is of the nineteenth century—of what living men saw—that I write.

Retirement of the Medical Superintendents of the Gloucester and Salop and Montgomery Asylums.

Two members of this Association, who have for many years held office as Medical Superintendents of the Gloucester and Salop and Montgomery County Asylums, have, during the past quarter, retired (with pensions) under the provisions of the 12th section of the Lunacy Amendment Act, 1862.

Dr. Williams was elected Superintendent of the Gloucester County Asylum in September, 1846, and he during his long period of service commanded the esteem and respect of the visitors of the asylum and of the Commissioners in Lunacy, and the Gloucester Asylum—although, from no annual report being published, it is less known than many others—has always stood deservedly high in the opinion of qualified judges.

Moreover, Dr. Williams was for many years actively connected with this Association, having been elected joint-secretary with Dr. Hitch in 1847, and in 1851, general secretary, which office he held until 1855.

Dr. Williams took an active part in arranging the important meeting of the Association held in London in 1851 during the first Great Exhibition. This influential meeting met by adjournment for three successive days (July 17, 18, 19), visiting the Colney Hatch, the Idiot Asylum at Highgate, the Surrey County Asylum, and the Royal Hospital of Bethlehem.

We grieve to state that Dr. Williams's resignation is owing to continued ill health, the result of a serious accident occurring to him three years ago in the discharge of his professional duties.

The 'Gloucestershire Chronicle' (June 6), in recording Dr. Williams's retirement, says that "the proximate cause of Dr. Williams's retirement is an injury which he received three years ago during the dis-

charge of his duties; he was bitten in a finger of the right hand by a violent patient, and though amputation has been resorted to, the wound has never healed, and has been attended with constant suffering. On the 30th of April last, therefore, Dr. Williams informed the visiting-magistrates that, acting on the advice of the eminent men whom he had consulted, he desired to retire from his office, in the hope that his health might be benefited by rest. The visiting magistrates, it is scarcely necessary to say, were much grieved by the communication, though they were compelled to admit the necessity of the step. They expressed a high appreciation of Dr. Williams's industry, skill, and patience; and they attributed to his unremitting attention and incessant watchfulness the leading position which the institution has attained, being, in fact, second to none in the estimation of the public authorities. The visiting-magistrates laid special stress on the labours of Dr. Williams in superintending what they properly described as the entire reorganization of the establishment, to carry out the more advanced views of the medical schools in the treatment of the insane; and they expressed in the most significant manner their desire that, should Dr. Williams cease to be the superintendent, he would accept the office of consulting-physician to the institution, that the visiting-magistrates might still have the benefit of his advice, without entailing great labour upon him."

Mr. Toller, medical superintendent of St. Luke's Hospital, has been appointed to the charge of the Gloucester Asylum.

Dr. Oliver was appointed to the Salop and Montgomery Asylum in 1845. In former years Dr. Oliver took an active part at the meetings of the Association. In 1857 he published in the 'Lancet' some observations which attracted much attention on the administration of opium in the treatment of mental disease.

Dr. Oliver, we are informed, is so seriously ill as to be quite unable to attend to business of any kind whatever.

[Since this notice was written, we regret to learn of the death, on the 26th of May, of Dr. Oliver. The superintendence of the asylum has been conferred on the assistant medical officer, Mr. Bayley.]

The late Dr. Luther V. Bell.

Dr. Luther Bell, late president of the Association of Superintendents of North American Institutions for the Insane, died in February, 1862, in the ranks of the Federal army. A discourse on his life and character was read to the American Association at their annual meeting in Providence, R. I., on the 10th of June, 1862, by Dr. Ray, an honorary member of our English Association.

Dr. Luther Bell was a leading member of the American Association, and during his travels in Europe in 1844 became acquainted with our English asylums of that date.

"In 1856," says Dr. Ray, "after a service of nearly twenty years, he retired from the McLean asylum, and thenceforth resided in the neighbouring town of Charlestown, under the shadow of Bunker Hill, where the first object that greeted his opening eyes in the morning light was the scene of his best labours, of his highest enjoyments, and of his deepest sorrows. Within the few previous years his home had been made desolate by the death of his wife and three children, one of them, his eldest son, then in college; and now the care of his four remaining children became the favorite object of his life. The state of his health, which had been weakened by repeated attacks of pneumonia and hæmoptysis, from which, more than once, his recovery was regarded as impossible, seemed to forbid any arduous exertions. Much of his time was given to consultations with other physicians, to attendance on trials as an expert, and much of it to politics."

The civil war now raging in America interrupted the quiet evening of his days; and Dr. Luther Bell, infirm in health, and with anxious domestic cares, was yet moved by the demon of war to go forth and aid President Lincoln's insane and hopeless attempt to force on the Southern Confederacy the mob rule of the North by aid of foreign hirelings and ex-attorney-generals.

Dr. Bell was appointed in June, 1861, surgeon to the 11th regiment of Massachusett's Volunteers, and shared with that distinguished corps the glories of Bull's Run. He then accompanied the no less famous General Hooker to Maryland, and there, in February, 1862, he died of rheumatic fever and pericarditis. Dr. Bell managed during his few months of campaigning to imbibe the cruel thoughts which, alas! spring up in every civil war.

"Were I (he writes) at home, I would go resolutely for the present executive, as the highest duty, and for the support of those means and men that went most fully for a vigorous prosecution of this war, until, if necessary, South Carolina and a dozen more like her should be blotted from the map of the Union, as states, and, with the private estates within their borders, re-divided by the surveyor's chain and compass, and distributed to new settlers."

Fancy any sane man writing such wickedness. In the shades of the spirit-land Dr. Bell has long since learnt to judge wiser and gentler judgments.

We gladly turn from this part of Dr. Bell's history to view him as a superintendent of a hospital for the insane.

"In assuming this office," says Dr. Ray, "he aimed for the best and highest results which it was capable of affording. Never had any man higher notions of the worth and dignity of his calling, of

its power of exercising the noblest faculties, of its fitness for elevating and strengthening the character. He was not one of those who are contented with that respectable measure of success which ensures their continuance in office. He felt that the field of effort on which he had entered was ready, not only to yield the obvious and ordinary fruits that might be expected, but to reward the loftiest ambition and the most earnest purpose. To his view it was as broad as the immense range of medical and mental science can make it, and as inexhaustible as the wants of suffering humanity."

His continuous efforts were directed to render the asylum under his charge a pleasant, attractive home for his patients.

"Whatever," continues his biographer, "was calculated to produce a pleasing impression on the mind, to turn the thoughts from that morbid introspection in which the insane so much indulge, to maintain the normal tastes and aptitudes, to excite a healthy interest in the outward world, and bring into play emotions and thoughts that had been stifled by disease, he regarded as worthy of a place in a hospital for the insane. With the aid of generous benefactors, ready to heed his suggestions, he had the satisfaction of knowing, when he quitted the scene of his principal labours, that it was furnished with appliances of this nature to a degree altogether unequalled in this part of the country."

Appointments.

J. Bayley, M.R.C.S.E., has been elected Medical Superintendent of the Salop and Montgomery Lunatic Asylum, Bicton, near Shrewsbury, *vice* Oliver, M.R.C.P.L., deceased.

William Bone, M.D. Univ. St. And., M.R.C.S. Eng., L.S.A. Lond., has been appointed Assistant Medical Officer for the Female Department of the Middlesex County Lunatic Asylum, Colney Hatch, *vice* Mr. John Vivian Faull, M.R.C.S. Eng., L.S.A. Lond., resigned.

T. S. Clouston, M.D. Edin., Senior Medical Officer at the Royal Asylum, Morningside, Edinburgh, has been appointed Resident Physician and Superintendent to the Cumberland and Westmoreland Lunatic Asylum, Garlands, near Carlisle, *vice* W. P. Kirkman, appointed Medical Officer and Superintendent of the Kent County Lunatic Asylum, Barmingheath.

J. R. M'Lintock, M.B., has been appointed Resident Medical Assistant to Murray's Royal Institution for the Insane, Perth, *vice* W. Carmichael Macintosh, M.D., appointed Medical Superintendent of the Perth County Lunatic Asylum, Murthley.

E. Toller, M.R.C.S.E., Resident Medical Superintendent of St. Luke's Hospital, London, has been elected Medical Superintendent

of the Gloucester County Lunatic Asylum, Wotton, near Gloucester, *vice* W. W. Williams, M.D., resigned.

W. W. Williams, M.D., has been appointed Consulting Physician to the Gloucester County Lunatic Asylum, on resigning as Medical Superintendent.

Death.

On the 26th May, at Bicton Heath, Shrewsbury, Richard Oliver, Esq., M.D., aged 63.

Notice to Correspondents.

English books for review, pamphlets, exchange journals, &c., to be sent either by book-post to Dr. Robertson, Hayward's Heath, Sussex; or to the care of the publishers of the Journal, Messrs. Churchill and Sons, New Burlington Street. French and German publications may be forwarded to Dr. Robertson, by foreign book-post, or to Messrs. Williams and Norgate, Henrietta Street, Covent Garden, to the care of their German and French agents, Mr. Hartmann, Leipzig; M. Borrari, 9, Rue de St. Pères, Paris.

Dr. D. Wolf, M.S., Provincial Hospital for the Insane, Halifax, Nova Scotia, is desirous of receiving copies of the Annual Reports of the Asylums and Hospitals for the Insane in Great Britain. They may either be forwarded direct, or to care of Messrs. Smith and Son, 186, Strand, London.

POSTSCRIPT.

The Royal Hospital of Bethlehem; the Earl of Shaftesbury's Speech in the House of Lords, June 26th, 1863.

The chairman of the Lunacy Commission has taken up the question of Bethlehem Hospital, and with the full sanction of the Government moved for returns which will lead to a reform of that corporation such as they little dreamt of, when in their ignorant apathy they let pass the splendid offer of £150,000 for their dismal prison in the Lambeth marshes.

"I bring this question before your lordships," said Lord Shaftesbury in his speech, "because the property is public property, and the governors of the hospital are public functionaries. In doing so I wish to point out the necessity for taking immediate steps to effect the removal of Bethlehem Hospital to some place better adapted for the care and treatment of lunatic patients. Of late years great progress has been made in the system of treatment, and it is found that a cheerful situation, open space, plenty of means of air and exercise, are absolutely required. For a large class of those patients cultivation of the ground by the plough or spade husbandry, and for others in a more elevated condition of life pleasant walks, and the means of practising horticulture and the cultivation of plants, are of primary importance. *For these purposes it is impossible to find a worse situation than the one occupied by Bethlehem Hospital, and, although with the enormous revenues which are attached to the institution, it ought to be the model, not only in England, but in Europe, it certainly is far from being a model, whether in site, construction, or treatment.*

"*Earl Granville.*—I do not rise for the purpose of answering anything which the noble earl has stated. There can be no objection whatever to the production of the papers for which he has moved, and I should have passed the matter over in silence if it were not that it might then be supposed that my cordial sympathy was not with the object which he has in view. The statement made by the noble earl, I must say, is consistent with humanity, economy, and good sense, and shows, I must say, that the governors of the hospital are acting in defiance of any argument that can be addressed to them. I cannot help thinking it is very much in favour of all that has been urged by the noble earl, that of the governors of the hospital who belong to your lordships' house not one has attempted to controvert the statement which he has made. (Hear.) The only way of influencing them seems to be by the exercise of public opinion, and from the personal experience of the noble earl, and his official position in connection with this subject, nothing is more likely to produce a wholesome effect on that public opinion, and thus react upon the governors of the hospital, than the speech which he has ddressed to your lordships."—*Times,* June 27th.

Lord Shaftesbury thus meets the arguments which have been used to defend the refusal of the offer of purchase made by the governors of St. Thomas's:

"Again, it is said that the charity ought not to be put to any expense in removing the hospital. I demur to that argument to begin with. The hospital was founded with public money, for public purposes; and if the public think it would be beneficial for the hospital to be removed into the country, the public has a right to decide that it shall be removed. But, so far from any expense being incurred, I am prepared to show that, so far from being losers, the governors of Bethlehem would, to a certain extent, be gainers if they accepted the offer of £150,000 which has been made to them. I am not here to say that they are bound to accept it, though undoubtedly it is a large sum, and it is an opportunity, perhaps, which will not occur again, for it is not always that a rich body like the governors of St. Thomas's Hospital are looking about for a site. It is a magnificent sum, and for it the governors would be able to build a magnificent asylum for at least 500 patients on the new principle, and would be left with from £10,000 to £20,000 in hand. The Manchester hospital, with 52 acres of land and accommodation for 100 patients, cost £30,208, and the Stafford Asylum, with 30 acres of land and accommodation for 140 patients, cost £39,926. For a sum of £70,000 you can purchase an estate of 82 acres. The offer made to the governors of Bethlehem by St. Thomas's Hospital is £150,000. Taking, as a basis of calculation, what has been done elsewhere, you might construct an asylum capable of accommodating 480 patients for £150,000, and have a sum of £10,000 in hand."

And again:

"If Bethlehem were removed to the country, it might be made the means of alleviating the sufferings of a large number of the lower and middle class insane. I think the public have a right to ask from the governors of Bethlehem the full benefit of the magnificent revenue in their possession. They have a revenue amounting to within a few pounds of £20,000 a year, and they have property in London which is sure to increase in value; yet in the hospital there are seldom more than 200 patients, besides the criminal lunatics, and for a period of years the average number has not exceeded 240. I believe that, with these funds, the governors ought to be able to maintain 480 or 500 patients, and if they adopted the system of admitting persons whose friends would pay a certain sum towards their maintenance, the number might be increased to 600. Under these circumstances I cannot see on what grounds the governors can refuse to accept the offer of St. Thomas's Hospital, which is one such as may never be made to them again. On this question, however, they seemed totally opposed to the representations which had been made, and offered no valid argument in support of the course they were taking."

The following were the returns ordered on this motion by the House of Lords:—1. The annual amount of the revenues during the last ten years administered by the authorities of Bethlehem Hospital. 2. Total amount of money received by the hospital from parliamentary grants. 3. Average number of patients in the hospital in each year for ten years, apart from the criminal patients. 4. The total number of governors of the hospital. 5. Number of special meetings since January, 1863, in reference to the removal of Bethlehem Hospital, and number of governors present on each occasion. 6. The questions proposed, and the divisions taken.

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PART I.—ORIGINAL ARTICLES.

A Rational and Practical Classification of Insanity.

By David Skae, M.D., F.R.C.S.E., Resident Physician of the Royal Edinburgh Asylum, Morningside; President of the Association of Medical Officers of Asylums and Hospitals for the Insane.

(*The Address read from the Chair at the Annual Meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane, held at the Royal College of Physicians, July* 9, 1863.)

I thank you most heartily and sincerely for the very high honour you have conferred upon me in electing me as your President for the ensuing year. I confess that I feel myself very undeserving of this distinction, and very unequal, I fear, to discharge the duties attached to the office in a manner becoming its dignity and importance. The head and front of my ill desert has been my irregular attendance, or rather my regular absence from the meetings of the Association; and it was, therefore, with feelings of surprise, as well as gratification, that I heard of my election at your last annual meeting, where, as usual, I was absent. That I should have been elected in those circumstances, I cannot but regard simply as a compliment to Scotland, and to its metropolitan asylum, of which I have the fortune to be the chief. I thank you, therefore, most cordially, not only for myself, but for old Scotland and its *modern Athens*, as some of your poets have called her, or rather, I should say, for the town which we ourselves call by the more endearing name of Auld Reekie.

I think it is due to you and to myself to take this opportunity of explaining that my absence from your annual meetings has not been from any want of interest in the great objects of this Association—the advancement of psychological science and of the art of treating insanity—but has arisen from the fact that I am always engaged during the summer session, when your annual meetings take place,

in conducting a course of lectures and clinical instruction upon insanity in the Edinburgh Medical School, and at the asylum under my care. I have this year, under the pressure which the honour you have conferred upon me has exercised, left my usual course of lectures in a somewhat unfinished and hurried state, trusting that the circumstances would sufficiently excuse me to the gentlemen who did me the honour to attend my lectures.

I have spent no little time in reflecting upon what theme I should specially address you. With a view to help me in my choice of a subject, I have perused the learned and eloquent addresses of my predecessors in office. This, however, only tended to increase my perplexity, for I found that they had exhausted, in the most able and complete manner, almost every subject proper for such an occasion.

At one time I thought of directing your attention to the medico-legal relations of insanity with a special reference to the opprobrium which has so often been thrown upon medical witnesses for the unseemly differences and contradictions displayed by them in our courts of law, in questions as to the existence of imbecility and insanity.

I have a strong conviction that these differences and contradictions are entirely due to the *lawyers*, and the very imperfect and erroneous *legal* definitions of idiocy and insanity, and not to the *doctors*. And I think we ought, both as individuals and as an association, to use all our energies and influence to bring about a revision of the legal distinctions regarding insanity, so as to get their distinctions and definitions in conformity with ours, or, more correctly speaking, in conformity with nature and facts;—with those descriptions and distinctions which we have derived from the careful study of mental disease. Let the legal responsibility, or legal capacities of each class so recognised, be at the same time fixed and determined by law, and then—and then only—will the greater part of the difficulties and discrepancies of medical testimony entirely disappear. This subject is, however, too extended to be brought within the limits of an address, and I shall reserve what suggestions I have to offer in regard to it for some early contribution to our Journal.

Some remarks made in the very eloquent address of Dr. Lalor, on the connection between medical and mental science, determined me to bring before this Association a subject which has long occupied my thoughts,—"The study of *the relations of mind and matter*," he said, was "to the resident physician of a lunatic asylum, *the beginning and end of his mission*." If so, I cannot better fulfil my mission as your president than by addressing you on the subject of my thoughts, viz., the *classification* of the various forms of insanity on a rational and practical basis. I am encouraged to adopt this difficult and very extensive subject by another remark of Dr. Lalor's,—

that, although compelled by the magnitude of the subject to do little more than to suggest, as it were, "a *skeleton theme*, full of interest to all, it is yet so familiar that each one of you can endow it with the flesh and blood of your own conceptions, clothed in the language of your own ideas."

The classification which I have suggested may be summed up in the following table:

Idiocy, } Intellectual.
Imbecility, } Moral.
Epileptic Mania.
Mania of Masturbation.
„ Pubescence.
Satyriasis.
Nymphomania.
Hysterical Mania.
Amenorrheal Mania.
Sexual Mania.
Mania of Pregnancy.
„ Lactation.
„ Childbearing (Puerperal).
„ Critical Period (Climacteric Mania).
Ovario-Mania (Utero-Mania).
Senile Mania.
Phthisical Mania.
Metastatic Mania.
Traumatic Mania.
Sun-stroke Mania.
Syphilitic Mania.
Delirium Tremens.
Dipsomania.
General Paralysis of the Insane.
Idiopathic Mania, { Sthenic. / Asthenic.

The subject is one, too, which appears at present to interest us all, for we have a communication in the last number of our Journal upon it, by my very learned friend, Professor Laycock, and a very excellent paper by our esteemed *confrère*, Dr. Sankey, in the same number, in which the subject of classification is very fully reviewed, with a special reference to melancholia. These papers enable me to spare you, were that required, any review of present or past systems in use, and the various methods proposed by different writers, of which none have yet found their way into general practice. I proceed, therefore, at once to my own notions on the subject.

I think I cannot present the subject to you, from my point of

view, in a more intelligible form than by laying down my ideas synthetically as I myself formed them, and my conclusions as they were successively arrived at.

From my own personal experience, then, and from what I have observed in the practical experience of others, of the many distinguished and talented young men, who have studied insanity under my care, it has always struck me that the moment they came into actual personal contact with the insane, all their preconceived notions of insanity, derived from our systematic works, were found to be vague, misty, and purely conventional descriptions of what they actually saw. Acute mania, instead of being the frightfully agonising picture drawn by Chiaruggi, was only presented to them in the transient and babbling excitement of a harmless and frightened, but dirty, mudifying, and destructive patient. The gradations between acute mania and mania, and chronic mania and dementia, with some degree of noise and distinctiveness, they found to be so gradual that it was very difficult, and, in fact, only a conventional matter, to say where the one began and the other ended. In *idiots* and *dements* they found every degree of mental impairment, from simple loss of memory and slight childishness to total fatuity and obliteration of all the mental faculties. Among the so-called *monomaniacs* they found very few who were *monomaniacs* at all; most of them were insane on several subjects, although presenting some more *salient* feature, such as the fear of poison, hanging, or eternal damnation, or the belief of exalted rank or enormous wealth or power. Many of them had no delusions at all, and gradually one began to discover that the *moral insanity* which was confined in our text-book to a few cases of homicidal and suicidal impulse ran through every variety of insanity as at present classified, so that we found acute mania and chronic mania and melancholia and monomania of self-esteem or pride, and of fear, all existing without any delusions. They all could be resolved into cases of moral insanity, out of cases of mania, monomania, &c., just as you come back in some tormenting paradox, or cat's-cradle, to the same thing from which you started.

Then the monomaniacs can with difficulty be distinguished from each other; what one calls monomania of fear, another tabulates as monomania of suspicion, another as monomania of unseen agency, and so forth; and many of them present so much general mental impairment, that the observer does not hesitate to refer them to the class of dementia. In fact, between the demented patients and those labouring under various forms of mania more or less chronic, and of monomania with more or less general mental impairment, the gradations are so slight, that I venture to say there are no two asylum reports published in the empire in which the same rules and distinctions are rigidly observed in tabulating the forms of insanity under treatment.

Lastly, the form of insanity varies within very short periods of time; what was a few days ago a case of mania, is now one of monomania or dementia, in any of their forms or degrees. Nay, the case which is sent to the asylum as violent and dangerous, may, from the very moment of admission, present none of the features ascribed to it.

I need not multiply illustrations of the imperfection of our present mode of classifying the varieties of insanity; they are too familiar to all of you, and all of you must have felt the perplexity too often of assigning to each case its distinctive name in your returns or statistical tables.

The next point which has struck me in my experience, both in respect to others and myself, whether as regards cases placed under our care, or cases in regard to which we are asked to give our opinion in consultation, is the mode in which we all very soon come to look at any new case. We do not ask ourselves, nor do we seek to determine by the questions we put to the patient or his friends, what the nosological name of his particular form of insanity is. What we are solicitous to know is the natural history of the disease before us, and its cause. Is it a *congenital* disease? is it one associated with *epilepsy*, caused by *masturbation*, by parturition, or protracted lactation, or some other debilitating cause, or by hard drinking? Is it a case of organic brain disease, of general paralysis? is it one connected with phthisis, with the critical period, or with the atheromatous vessels of the senile dement? Such are the kind of questions we seek to solve in order to form a diagnosis of the nature of the case, and in order to enable us to answer the anxious inquiries of friends as to its probable termination; and such instinctively and practically are the data upon which we classify the cases which are placed under our care in our own minds. Why, then, should we adopt another ground of classification in our tables and text-books? and why should we perpetuate a nomenclature so indefinite and conventional, and which has no other foundation upon which to rest than an imperfect, if not an obsolete, system of psychology? Were our physiology of the brain as perfect as that of the lungs—were we able to predicate what particular portion of the brain was affected in each case of insanity—I cannot see how our present mode of classifying the varieties of the disease (according to the character of the mental symptoms) would ever be one of practical utility. We do not classify the various diseases in which delirium is present by the character of the mental affection; we do not describe acute or violent delirium, or muttering delirium, or fugacious and wandering delirium, or coma, as *diseases;* we describe the diseases upon which they depend, of some of which we know as little as we do of insanity, but of which we know at least the natural history, the origin, course, and probable termination;

and we describe, accordingly, inflammatory fever, typhus and typhoid fevers, phthisis, uræmic poisoning, and the other diseases of which these different forms of delirium are only symptoms. Why should we proceed upon another principle in regard to insanity? Why should we attempt to group and classify the varieties of insanity by the *mental* symptoms, and not as we do in other diseases, by the *bodily diseases*, of which those mental perversions are but the signs?

I think I hear your answer—you say at once it is not possible. Insanity is a mental affection, brought on most frequently by mental or moral causes, and there exists no basis for such a mode of classification.

I do not deny that there are difficulties in the way, and I do not pretend that I shall be able to meet all those difficulties to your satisfaction, yet I trust I shall be able to show you that those difficulties are far fewer than we at present imagine, and that we may approximate at least to a more rational and practical mode of classification than that in present use.

I offer my suggestions with great deference to this audience, and only as hints or suggestions which may germinate into something more perfect, after they have had the advantage of your experience and reflection in discussing their merits, and adding, if possible, to what I have been unable to complete.

My proposition, then, is this,—that we ought to classify all the varieties of insanity, to use a botanical term, in their natural orders or families; or, to use a phrase more familiar to the physician's ear, that we should group them in accordance with the *natural history* of each.

Now I observe, in starting, that wherever we have a *very distinct* natural history of any form of insanity, we at present always refer it to its natural order, without reference to the character of the mental symptoms. All our epileptics are classified *as such*, whether they are demented, or monomaniacs, or subject to paroxysms of acute mania. It is insanity with epilepsy. *Puerperal mania* forms a distinct group, whether the patient is maniacal, suicidal, or melancholic. *General paralysis* affords another group, and none of us ever think of referring a general paralytic to any other group than that of the natural family to which he belongs, whether he is maniacal, a man of exalted wealth and rank, a melancholic, or a dement. Is it not possible to extend the same rational and practical method of classification to all the other varieties of insanity? I do think it can be done, at least to a very great extent; and I do think that this is, in the present state of our knowledge, the only rational and really practical basis of classification.

Permit me briefly to attempt an outline, a mere skeleton, which I must leave you to clothe as I go on with the illustrations

familiar to all of you, of what can be done in attempting to carry out this system of natural orders.

The first natural group is obviously *idiocy*, including imbecility under all its various forms and degrees, until we come down, or up, rather, to the mere mild Dundrearyism of an effete and degenerate race. To this class must be referred a large number of cases of *moral idiocy and imbecility*, many of which at present get mixed up by our present mode of classification among the insane, as monomaniacs of various kinds. Such are many cases familiar to all of you of congenital moral perversion, instinctive cruelty, and destructiveness and theft. Many of our most noted kleptomaniacs have had that tendency from childhood, and have been *moral imbeciles*. In fact, as far as I know, all of them have been so; and when we meet with kleptomania in cases of *insanity*, it is only as one of many other symptoms, as when we find it associated, as we often do, with general paralysis.

I would refer all those cases of insanity, which are but the development and aggravation of a congenital moral perversion, or want of balance, to the class of congenital moral imbeciles.

The *second* natural group appears to me to be the *epileptics*. Epilepsy is emphatically a disease of childhood, and when it is established at that period, it arrests the development of the brain, and is associated with idiocy and imbecility. In other cases we have it associated with maniacal paroxysms, monomania, or dementia, or total fatuity. All the cases, whatever the mental symptoms may be, or however they may vary, as they often do, during the progress of the disease, still they form a distinct natural family, of which the epileptic seizures are the most prominent symptoms, and the causes of that state of the nervous system which conditions the mental derangement with which each case is complicated.

The *third* natural family I would assign to the *masturbators*. Although I designate this family by the cause only which originates the insanity, yet I think it cannot be denied that that vice produces a group of symptoms which are quite characteristic, and easily recognised, and give to the cases a special natural history. The peculiar imbecility and shy habits of the very youthful victim, the suspicion, and fear, and dread, and suicidal impulses, and palpitations, and scared look, and feeble body of the older offenders, passing gradually into dementia or fatuity, with other characteristic features familiar to all of you, and which I do not stop to enlarge on, all combine to stamp and define this as a natural order or family.

Next to this I would place a form of insanity, which I think I have distinctly recognised and frequently seen, occurring at the period of pubescence, and apparently dependent upon the changes affecting the circulation and nervous system by the development of puberty. According to my experience, it most commonly manifests

itself in the form of acute mania, sometimes accompanied with a recurrence of epileptic fits where these have previously occurred during dentition or other causes affecting the child.

The next group is formed to our hand in the forms already recognised by us all under the names *satyriasis* and *nymphomania*.

Next comes a well-known group, but with protean lineaments, yet familiar to all of us, cases of *hysterical mania*. I need not weary you by an attempt to describe its varied features, from cases of singular moral perversion, living without food, giving birth to mice and toads, passing all sorts of curious things with the urine, up through the long and singular forms it presents, with varied sexual and erotic symptoms, until we find it presenting a truly maniacal aspect. You must know them all, and yet you recognise in all with readiness the *hysteria* which characterises every variety, and makes your prognosis and treatment so different from what in the absence of that significant mark, it would have been. This is certainly a well-marked natural order.

Closely allied to this group is another one of sympathetic mania, connected with amenorrhœa, or dysmenorrhœa, and familiar to all of us, very commonly assuming a recurrent or periodic form, frequently with maniacal attacks, not unfrequently passing, like other forms, into dementia or chronic mania.

Next to this I would place a form of insanity, occasionally met with both in the male and female sex, but more frequently, I think, in the latter, developed immediately after *marriage*, and, without doubt, connected with the effect produced upon the nervous system by sexual intercourse. I could offer you many illustrations of this order or family. I think I could succeed in describing a certain group of symptoms as peculiar to it and characteristic of it, but the limits of this address forbid me, and I leave it to your own experience, which, I doubt not, on reflection, will enable each of you to supply in your own minds illustrations of this form of insanity. (According to my experience it usually presents itself, I think, in the form of acute dementia.)

Next in order come those varieties of insanity in females which are connected with the puerperal state—the insanity of *pregnancy*, *puerperal mania*, and the insanity of *lactation*—three distinct groups.

The insanity of the *critical period* of life is a form very familiar to us; and I have no doubt you have recognised a critical period in the male sex as well as in the female, a period of life at which in many men great disturbance of the normal state of the feelings and emotions is experienced, in some instances amounting to an insanity of the same type as that generally met with in females at their critical period, namely, a monomania of fear, despondency, remorse, hopelessness, passing occasionally into dementia. This variety I would designate as *climacteric* insanity.

There is a form of insanity different from hysterical mania, or nymphomania, and which I think is commonly associated with *ovarian* disease, sometimes with uterine disease, and of which one of the most common symptoms is a *sexual hallucination*,—the belief that certain persons visit them and cohabit with them during the night, and other similar delusions. This form might be denominated utero-mania, or ovario-mania. It is, I think, *par excellence*, the insanity of old maids.

The next natural order is doubtless *senile insanity*, occasionally commencing in the form of *mania*, more frequently in the form of melancholia, but most frequently during its whole course presenting the well-known features of dementia in all its degrees, from simple impairment of the memory, down to total fatuity, and dependent, I believe, upon an atheromatous condition of the vessels of the brain, and the consequent changes which take place in the nutritive and reparative processes of the cerebral tissues. This form of insanity I hope to see fully described in an early number of the Journal by my friend Dr. Yellowlees.

We now come to those forms of insanity which are associated with, and doubtless produced by various diseases, or poisons.

First in order, and one of the most frequent, is *phthisical mania*, so well and so fully described by my friend and late assistant, Dr. Clouston (now the superintendent of the Carlisle Asylum), in the last number of our Journal, that I feel it unnecessary to say more regarding it than this, that its natural history can be well made out; the character of the mental symptoms is remarkably uniform, and its progress and termination are equally so.

Next to this I would place *metastatic mania*, including all those cases following the sudden suppression of an accustomed discharge or eruption, or erysipelas, &c.

Then come successively the insanity resulting from blows on the head, *traumatic mania*, and that resulting from *sun-stroke*, both perfectly capable of being described and defined by their *natural history*—presenting distinctive characteristics of a most marked kind, both as regards their progress, and the type of insanity which accompanies them.

We have a distinct form of insanity associated with syphilis—*syphilitic mania*. One or two cases very aptly illustrative of this form were recently published by my friend Dr. Duncan, of Dublin.

Again we have *delirium tremens*, and its allied disease, *dipsomania*, already referred by us to special natural orders.

And closely allied to these two forms we have a peculiar form of chronic insanity, brought on by alcoholization, which it would be easy to delineate; one of the most constant and persistent symptoms of which are the hallucinations of the organ of hearing, which are its almost invariable accompaniment; and not unfrequently halluci-

nations of the sense of touch, leading to a belief in mesmeric, electric, and other unseen agencies.

And, lastly, we have the *general paralysis of the insane*, in regard to which I need say nothing, beyond the statement that its natural history, including its symptomatology, progress, terminations, and pathology, are perhaps more complete than that of any other form of insanity.

Having thus given you some twenty-three natural groups or forms of insanity, the question naturally occurs, have you exhausted the subject? What are you to do with those cases of insanity which cannot be referred to any of those groups? My reply is a very simple one; I would class them all under the general term of *idiopathic insanity*, divisible into two very distinct varieties, namely, *sthenic* and *asthenic*. *Sthenic* when combined with distinct symptoms of vascular action—suffused eye, throbbing temples, and carotids, hard and full pulse, occurring in persons in robust health, and brought on most commonly by causes of a nature calculated to excite the emotions and passions. *Asthenic*, when combined with symptoms of *anæmia*, emaciation, feeble pulse, cold extremities, and so forth; and brought on by causes conducive to an anæmic condition—exhaustion and especially want of sleep, however induced, whether by grief, anxiety, over-tasked brain, poverty and starvation, or some debilitating disease, such as fever.

To these two varieties I think nearly all the other cases of insanity coming under our observation, and which are not referable to any of the groups already enumerated, may be properly allocated. And we have now twenty-five natural orders or families, each having its natural history, its special cause, and morbid condition, a certain class of symptoms more or less peculiar to each, its average duration and probable termination. In fact, each may be described as *a separate disease*, of which mental derangement is the most salient feature; and each may be described as *a disease* presenting a certain variety and kind of mental symptoms, varying in different cases, and varying at different times in the same case, but still varying within certain limits *only*, so as to give to each variety its own special psychological character, sufficiently marked and peculiar to make out a distinct physiognomy for each group.

Gentlemen, I submit this system of classification to you with great diffidence and deference. I by no means flatter myself it is a complete system. I offer it rather as the germs of thought, which may, through your means, and by our combined efforts, culminate in a better, a more definite, and at least a more practical method than the one in present use. The limits of this address have precluded me from doing more than offering you a mere outline of my system. I have barely sketched in the features of some of the less familiar groups, and have left the others to your own imagination,

confident that your experience would enable you to anticipate what, if time had permitted, I might have attempted to do, namely, to give to each group its psychological lineaments, by describing the symptoms of insanity, or the peculiar mental derangement characteristic of each.

I would strongly press upon you this view of the subject, one to which I have already referred, that this *is*, in fact, the stand point from which we all instinctively view a case of insanity when called upon as practical men to form a diagnosis or offer a prognosis upon any case submitted to us for the first time. We ask ourselves is this a case of congenital moral perversion, or intellectual deficiency? Is it one connected with masturbation, with pubescence, with hysteria, with phthisis, with drinking, with uterine disease, with brain disease? and so forth. If this is true, surely this is at least the *practical* basis upon which to form a classification of the insane; and if not the *most* scientific, it is certainly more so than the present poor, uncertain, and conventional one, or, perhaps, than any one which can be founded upon a physiological or psychological basis in our present very imperfect knowledge of the physiology of the brain. It has this especial merit at least, that it ever keeps before us the all important principle, that insanity is a disease of the *body*, whether it be of some remote organ sympathetically acting on the mind, or of the material organ of the mind itself.

On Private Asylums for the Insane. By J. W. Eastwood, M.D. Edin.

(*Read at the Annual Meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane, held at the Royal College of Physicians, July* 9, 1863.)

These establishments have scarcely received their due share of attention and discussion in the pages of the 'Journal of Mental Science.' To account for this, the principal reason is, no doubt, that medical practitioners feel themselves less at liberty to write about private houses and private cases than about those large public institutions which have become necessary in almost every county. This is not to be wondered at, for charitable and pauper institutions, where the poor themselves pay nothing except through the regular assessments, have always been considered peculiarly the places where more extended observations could be made than amongst private patients. However, as there is much that is

different in the management, and in the social, though not in the moral and medical treatment of the two classes of patients, the observations which I shall make will probably not be considered out of place.

It is not desirable to expose to the view of the public the details of a private house in such a manner as would be likely to hurt the feelings either of patients or their friends, and therefore it is necessary to be somewhat general in the remarks to be made. Another reason why some persons are prevented from writing the result of their experience is, that it would not be in good taste for a physician to write about his own establishment, where he is himself the proprietor, in the same manner as may the superintendent of a public asylum, with perfect propriety.

The want of accommodation for private patients, particularly of the middle classes, has been strikingly pointed out in an interesting paper by Dr. Robertson in the January number of the 'Asylum Journal.' From the report of the Commissioners in Lunacy, we find the following to be the number of private patients in England and Wales on the 1st of January, 1863:

County and Borough Asylums . .	259
Hospitals for the Insane . . .	1928
Metropolitan Licensed Houses . .	1448
Provincial Licensed Houses . .	1706
	5341

The number of private patients accommodated by the County and Borough Asylums is diminishing, for it is found that those institutions soon become filled with paupers, many of whom are drawn from the workhouses, and then the private patients are obliged to be removed. This ought to be the case, and ere long it is to be hoped that there will be *no* private cases in the county or borough asylums. The hospitals for the insane are not at all situated in proportion to the population, for there are extensive districts—several counties together—without any such provision for the middle classes. The remarks of Dr. Robertson apply therefore not only to Sussex, but to several other counties, where the accommodation is deficient. Of the private licensed houses, the metropolitan district has engrossed a very large share of the whole number in England and Wales, although the rates of payment are higher than in the country districts. In the provinces we find private houses placed not at all in any regular ratio to the population; and they seem to be grouped more particularly in or near certain cities, of which York, Bristol, Gloucester, and Norwich, are favorite places. Some whole counties have no provision whatever for private patients, either in hospitals or licensed houses. Such are, Berks, Bucks, and Herts,

Cambridge, Cornwall, Dorset, Hereford, and Monmouth, Leicester and Rutland, and the three northern counties of Northumberland, Cumberland, and Westmoreland. A few of these, however, receive private patients. Other counties have accommodation for very few patients; whilst, on the other hand, some have asylums out of all proportion to the population. Wilts contains more than one seventh of the total number of lunatics in licensed houses in England and Wales. Somerset has more than one ninth, and Gloucester and Durham have each one sixteenth.

I need say little in support of the objection against private patients being placed in county and borough asylums. Every medical superintendent is aware that it is very little calculated to soothe a nervous patient to be associated with paupers, and to wear their dress. The difficulty is how to accommodate that large number of persons of the middle classes who are above being admitted as paupers, and who are unable to bear the expenses of a higher class establishment. Dr. Robertson's plan may well be applied in other counties besides Sussex, and I see no reason why a larger number of private establishments should not exist. It may be thought that suitable accommodation cannot be given for the amount that would be paid at an asylum such as is proposed. Dr. Robertson thinks the average payments might be made at about twenty-four shillings per week, founded upon the average of a few hospitals. The following list contains all the hospitals mentioned by the Commissioners in their recently issued report, with the average weekly cost per head in each, for the year ending the 31st of December, 1862:

	£	*s.*	*d.*
St. Thomas's Hospital, Exeter	0	17	10
Liverpool Lunatic Hospital	0	18	4
Manchester Royal Lunatic Hospital	1	8	8½
Lincoln Lunatic Hospital	0	18	9
St. Luke's Hospital	0	10	11
Bethel Hospital, Norwich	0	10	3¾
Northampton General Lunatic Hospital	0	12	6
Nottingham Lunatic Hospital	1	3	4½
Warneford Lunatic Hospital, Oxford	1	0	3¾
Coton Hill Institution, Stafford	1	3	3¼
Bethlehem Hospital	1	0	10
Earlswood Asylum for Idiots	0	16	8
York Lunatic Hospital	0	17	0
The Retreat, York	1	0	0

It will be seen therefore that the average weekly cost of the whole of these hospitals amounts to 18*s.* 5*d.* per week, but in this rent is not included. It may be thought that private houses

cannot be supported for the patients to pay no more than Dr. Robertson's average. I have, however, no hesitation in saying that for an average of one guinea per week very respectable accommodation can be given, quite suitable for the class of persons for whom it is required. Moreover, I state this as a fact, and can say that it is already done. There is, therefore, room for the carrying out of Dr. Robertson's plan for Sussex, and for the establishment of some private asylums in various parts of England; and if the places were well chosen, they could scarcely fail in being successful. These remarks were written before the publication of the present report of the Commissioners in Lunacy. The subject has received further attention, and with reference to asylums for the middle classes, the Commissioners say, p. 15:—"So great is the want, indeed, of this kind of accommodation for the insane in England, and so poorly have the efforts of individuals to provide it in the ordinary way been seconded by the public, that attempts have even been made to supply the urgent necessity of forming joint-stock associations for the purpose, founded on the principle of a limited liability." If this want were supplied, not only would *all* the private patients in the pauper asylums be removed, but many who are at present admitted entirely or partially as paupers, would become private patients. I have known several instances where it was a disgrace to send persons to pauper asylums, whose friends could well afford to pay a moderate sum at a public hospital or a private house. This fact has been the subject of observation also on the part of the Commissioners, but as yet it seems to have been insufficiently attended to, and it is a matter which is within the control of the visiting magistrates. No remarks need be made respecting accommodation for higher class patients, for there will never be any difficulty in finding suitable houses for those who are able to pay liberally.

The *mode of life* of patients in licensed houses, especially in the smaller ones, closely resembles the "cottage system," so earnestly advocated by Dr. Mundy. Where a few patients only are associated together in one house, there is a greater amount of contact with sane persons in various ways; and this is altogether more like the home-life of the middle classes than where hundreds of persons are assembled together in the same building. It is difficult to provide suitable occupation for the men—a difficulty which exists in all establishments for private patients; but females can be more easily provided with employment. They will, in a few instances, assist in household work, and a large proportion spend some time in useful needlework for themselves or others. As the mode of life partakes greatly of the character of a private family, a considerable amount of liberty is enjoyed. I am of opinion, from experience, that this may be beneficially increased, even with safety

to the patients and to those around them. So many insane persons of the upper and middle classes are amenable to the discipline of a well-regulated private establishment, and are so fully aware of the necessity or propriety of their being placed there, that an attempt at escape would be very rare, even were more liberty given. Not a few patients may be safely trusted to take walks round the neighbourhood, unattended, either alone or in parties of two or three; and it is a rare thing for them to abuse the privilege granted to them, as it is understood to be during good behaviour. I should be glad to see this principle still further extended, of course always under the superintendence of the medical officer; and leave of absence granted for patients to visit their friends, or to make excursions to a distance. This would tend greatly to break the monotony of a residence in any place, and some patients may safely be trusted in this manner, for a limited time, who would not control themselves for a long period. At present the system of obtaining leave of absence is usually resorted to as a preliminary to being discharged, but it would be very desirable to make use of it simply for the purpose of giving an agreeable change to the patient. He would visit his friends with the expectation of returning, and not, as now, of remaining at home.

This plan has been acted upon by Dr. Williams to a considerable extent, at the Gloucester County Asylum, and has been followed in other places. It has also met with the warm approbation of the Commissioners. As far as yet tried it has been found to answer well. There is much more room for its application in private asylums, where, from the class of patients, a good effect is likely to be produced. It has been for some time past the custom for a few patients from private establishments to be taken to the sea-side to spend a few weeks, and with a very beneficial effect. The chief objection to this plan being carried out with any but first-class patients, is the great reluctance which the friends have to provide for any additional comfort, on the ground of expense. They too often think that when an unfortunate member of their family has been for several years insane, that there is no necessity to be at much outlay for his comfort and enjoyment. It is true that a patient thus becomes an unproductive member of society; but frequently he retains an acute sense of the loneliness of his situation, and is sensitive to the neglect of his family. Not having the opportunity of visiting his former friends, and seldom seeing them, he feels more fully that he is compelled to remain almost a prisoner, and shut out from the world. After a time the friends almost forget the existence of the poor patient, or wish to do so, and do not suppose that he possesses much feeling, whereas in some instances this neglect has been most acutely felt. If friends were aware how much pleasure and agreeable change

they could be the means of giving to their afflicted relatives by a small outlay, they would not be so unwilling to grant it.

The means of amusement of the insane depend partly upon the situation of the house. If near the metropolis or a large town, small parties can occasionally attend lectures, concerts, and other things; and thus there will be less necessity for amusements being provided within the establishment. This, however, only applies to those who are in a fit state to attend public places, and who can conduct themselves well. There will always be a certain number who, from the possession of peculiar delusions, or from not being able to conduct themselves well enough out of doors, would never have any amusement if it were not provided for them within. For this reason a general recreation room, even where the number of patients is not large, is quite indispensable. Here both sexes may be brought together for lectures, concerts, dancing, and other amusements. The mixing of the sexes has a beneficial effect, for it is manifestly contrary to the indications of nature for a number of persons to be living together, and having only rare opportunities of even seeing the opposite sex. There are many patients who feel this kind of seclusion very much, especially in those houses devoted only to one sex, and who greatly enjoy a mixed party even among themselves. An important object in private asylum life is to render that life as much like home as possible, and to enable those who are mentally afflicted to conduct themselves as much as they can like other members of society. The more this is done the more successful generally will be the treatment. Setting aside the really acute cases, which are subject to strictly medical treatment, the chronic ones will have their comfort greatly increased, and out of their number a larger proportion of recoveries will eventually be found. To show how far this may be accomplished, I shall give you the results of the carrying out of these views with the small number of fifty patients—a number, however, which is considerable for a strictly private establishment.

For the sake of convenience I have put down the names of fifty patients, twenty-five of each sex, which were under my care during the year 1862; and in a tabular form I can show who have attended to certain things which afford a fair test of the extent to which patients may be amenable to the ordinary rules of society. These are:

1. Family prayers daily, and a complete Sunday evening service, conducted by myself, with the assistance of a patient, a clergyman of the Church of England. The patients of both sexes are assembled, together with members of the family of the proprietor, visitors, attendants, and servants.

2. Attendance at the parish church, and sometimes at neighbouring churches.

3. Out-door walks or drives beyond the boundary of the establishment.

4. Lectures and amusements within doors in winter; and tea-parties and pic-nics out of doors in summer.

During the year 1862.	Prayers and Sunday evening service.	Church.	Out-door exercise.	Lectures, amusements, &c.
25 Male patients . .	22	11	21	15
25 Female patients .	25	12	19	19
50 Patients . . .	47	23	40	34
Per cent. . . .	94	46	80	68

This table may be regarded as a correct measure of the amount of order, discipline, and compliance with the requirements of social life, which may be met with in a well regulated establishment. Such a result as this, and even a more favorable one, cannot be obtained without the exercise of a moral influence, which a physician has less opportunity of exercising in a large pauper asylum than amongst a number of private patients whose position in life enables him to come into closer contact with them. The German psychologist, Feuchtersleben, thinks that when the medical officer is in close contact with his patients, they will not pay the same attention to his wishes as when he keeps himself at a greater distance from them. In this I think he is mistaken, for it is only necessary that the physician who has charge of the insane be equally firm and kind, and they will not take advantage of his familiarity with him.

The means of occupation for private patients is one of the most difficult things the physician has to contend with. In this respect it is easier to deal with pauper patients and those of the working classes, for they can be occupied in various ways. They cannot, however, be so well engaged in their leisure hours as the classes above them. Educated persons can take more pleasure in reading, writing, billiards, and amusements generally, than uneducated people. It is almost impossible to find actual employment for gentlemen, professional men, and many tradesmen. A few will spend some of their time in gardening and farm work, but their position prevents them from doing more than this. Amongst female patients the same difficulty exists, though not to an equal extent, for the needle is a resource for every class. Owing to these reasons the number of persons occupied in a private establishment affords no proper idea of the condition of its inmates, and I have not included this as a test in the table given.

It may be asked, if so many persons confined as lunatics are able to attend church, go out for walks, and take their part in social gatherings, are not some of them fit to be at liberty, to be taken care of by their friends, or to take care of themselves? The answer to this question is plainly this—that these unfortunate persons have been brought into this state mainly by the necessary discipline of an asylum, and by the efforts, often silently exercised, of the medical and other officers; and that were they amongst their friends, even supposing they were willing to take charge of them as being harmless, they would not be treated with proper judgment and kindness. The vagaries of an insane member of a family are not invariably attributed to disease; and it is at times difficult to convince the friends of a patient that he could act otherwise than he did. The physician can put aside feeling, and will not be annoyed at things which would otherwise be disagreeable, by thinking, as a patient remarked to me, that, after all, they proceeded from the fancies of an insane individual.

There is still a large amount of prejudice existing in this country against private asylums for the insane. This is probably owing, to some extent, to the fact that originally medical men were not the proprietors of licensed houses; and it could not be expected, therefore, that the same amount of philanthropy could be felt towards so interesting a class of persons, such as I am sure exists amongst the profession at the present day. We have yet to suffer for this state of things, although at the present time the cause no longer exists to any appreciable extent. In the published words of our secretary, Dr. Harrington Tuke, "Even if higher principles are thrown aside, professional training and the habit of his life raise the physician above the power of any motive prompting him to extinguish the light which it is his province to revive. Although the common lot forbids him to work without the reward of labour, the principle of *profit* is not the motive present while he exercises the divine art of healing."

I am addressing a number of gentlemen whose time and labour are given up to this interesting branch of our profession, and I think I can safely say that we all feel conscious that the welfare of our patients, whether in pauper or private asylums, is a motive of greater influence with us than the pecuniary benefit to be derived from them.

As one means of removing the still lingering and lately-roused prejudice against "mad-doctors," and their establishments, I would suggest to the proprietors and medical superintendents of licensed houses that they should give persons better opportunities of seeing them. It is, of course, far more desirable that a private asylum should be made almost public; but by means of invitations judiciously issued, not only by the proprietor or superintendent to his own

friends, but also to the friends of the patients, they may see something of the inner life that is led; they would then find that though lunatics are "shut up within the walls of an asylum," to use the current expression, yet that those walls contain persons who enjoy a fair amount of the pleasures and comforts of life, and are as happy as many of those who pity them; that they enjoy a considerable measure of liberty, which is being gradually extended, and which is capable of still further judicious extension.

Homicidal Insanity. By Henry Maudsley, M.D. Lond.

On considering the uncertain state of popular and scientific opinion with regard to homicidal insanity, it will appear that the confusion is due mainly to the influence of the method of studying mental phenomena, to the false foundation upon which psychology rests. The method is subjective, whereas it should rightly be objective. Each philosopher looks into his own consciousness, makes generalisations from what he thinks he finds there, and then, with these false visions of unseen realities, constructs the fabric of his system. As, however, the animal, the infant, the idiot, the uncultivated man of every clime and time, are none of them capable of introspective consciousness, it is obvious that a very large part of psychical nature is ignored by the subjective method. It is furthermore evident that a system which thus concerns itself with the most complex, with mind only at a certain degree of development, and neglects, instead of beginning with, the most simple, has no right whatsoever to the claim which it sometimes makes of being inductive. Accordingly it is found that the advances which in recent times psychology has made, have been actual appropriations from the physiologist. Beneke's psychology is in great part physiology clothed in psychological language; and Sir W. Hamilton borrowed from Beneke.*

Let us see how incompetent consciousness really is to supply the facts of a mental science, even granting that it were trustworthy to the extent of its competency.

* Appendix to Beneke's 'Lehrbuch der Psychologie als Naturwissenschaft,' 3rd edition, from which it appears, that Beneke, by letters, asked Sir W. Hamilton about a certain coincidence, but received no reply. The strange thing was, that in 1847 Sir W. Hamilton and Professor De Morgan were quarrelling as to which of them was the originator of the new theory of logic, when Beneke had put forth that theory in 1832, and more fully expounded it in his 'System of Logic' which, in 1843, he sent to Sir W. Hamilton.

1. It can give no account of the state of the savage or the infant mind. Inferences certainly have been made from the self-consciousness of the adult as to the mental phenomena of the child, and have been proved erroneous, inasmuch as they assigned to the child motives for its acts which it was clear it did not possess. It was the physiologist who, by a careful observation of the lower animals, "having entered firmly on the true road, and submitting his understanding to things," arrived at inductions which were found to explain many of the earliest mental phenomena of the child.

2. Consciousness reveals nothing whatever of the material conditions which unquestionably underlie every mental manifestation. Thus it not only takes no account of the constitution or temperament, ignoring individual psychology, but it ignores all those temporary modifications, through bodily states, of the general feeling of the individual by which his ideas of the relations of objects to himself and to one another are so greatly influenced.

3. Consciousness gives no account of that unconscious appropriation of external impressions which is continually taking place. The brain or mind constantly receives such impressions without consciousness, and appropriates them so that they become a permanent part of the mental stock, and influence the character of our habits of thought, feeling, and action. No man escapes or can escape the influence of his surroundings. Thus it is that the *ego* of which metaphysicians have made so much, is no deep and abiding fact, but a constantly changing phenomenon.

4. Everything which has existed with any completeness in consciousness, even after it has disappeared therefrom, is yet preserved in the mind or brain, and may reappear in consciousness at some future time. Not definite ideas only, but every impression which is made on the nervous system, feelings of pleasure or pain, and even its outward activities, thus leave behind them their residua, and become the foundation of acquired automatic acts, feelings and thoughts. Consciousness gives no account of the manner in which these are perpetuated and exist, although a fever, a poison in the blood, a blow on the head, or a dream, may at any time call into activity ideas which seemed for ever vanished. The individual will sometimes sing in his sleep who knows nothing of music when awake, or talk fluently in his dreams a language which he has heard when awake, though he does not understand a word of it.

5. Psychology has never succeeded in giving a satisfactory account of the reproduction of ideas, simply because consciousness reveals nothing whatever of the process. In the association of ideas, consciousness is not the power by which one idea calls up another; the activity is unconscious, and it is only when the idea is excited that we are conscious of it. Thought which has disappeared from consciousness in a crude and incomplete form, is sometimes found,

when it reappears, to have undergone a wonderful elaboration; and the best thoughts of a writer are certainly the unwilled thoughts which astonish himself. Miserably unsuccessful is thought when the thinker consciously wills to think. It is to an excellence of his brain, of which he knows nothing, that the genius is indebted for his superiority over other men.

6. The brain not only receives impressions from without unconsciously, registers impressions unconsciously, calls latent residua into activity again unconsciously, but it responds as an organ of organic life to the inner stimuli of the organism unconsciously. A constant activity in reply to organic stimuli prevails in cerebral regions which are not illuminated by consciousness, and this regular activity is of more consequence in determining the general tone of the individual disposition or feeling than that of which we are conscious. In insanity, when the morbid state of some organ produces a tone of feeling which becomes the basis of, or condenses into, a series of peculiar conceptions, this kind of activity is notably manifest in its effects. No marvel, then, that consciousness is utterly incompetent to explain the phenomena of insanity when this organic activity is so much increased.

7. The condition of the blood which supplies the material of its nutrition to nerve element, has a manifest effect upon the functions, both conscious and unconscious, of the brain. By the presence in the blood of some foreign matter, as, for example, alcohol, tracts of brain may be excited which lie outside the usual circle of the association of ideas, and thus ideas may be brought into activity which seemed to have disappeared for ever, and which the utmost tension of consciousness would fail to arouse. If the action of the poison be increased, then crowds of ideas flicker in and out of consciousness without any coherency, so that in place of the melody of thought, the music of the Æolian harp, it is the music of "sweet bells jangled, out of tune," which the wave of the unconscious blood-stimulus now calls forth.

These reflections prove that by far the greatest and most important part of mental activity is unconscious activity. The consideration of the nature of consciousness itself further shows that, so far from its being separable from the particular mental act, and a valid witness of it, it is in reality but an occasional condition of a mental act or modification which it may accompany in every variety of degree of intensity. Though, then, when it does testify, it truly testifies to the internal fact, the subjective modification, it is not at all trustworthy as regards the external cause or objective fact. It is a condition of the thought and not the uninterested witness of it, so that when the thought is morbid it is morbid and the lunatic believes in his delusion with a conviction which facts cannot affect. A fact which lies deeper than his conscious activity is man's uncon-

scious activity; beneath his nature as a psychical being lies his nature as an organic being.*

How then, it may fairly be asked, can a science of mind rest on introspective consciousness? Many systems of psychology have been so raised, and have with the shifting of their sandy foundations crumbled away. And the system which exists at the present day is giving up one after another the vague terms with which it occupied itself, and is grasping at the realities which physiological investigation makes known. It is to be regretted that it does not once for all appropriate the method of positive science and begin with the observation of particular instances. The unsound mind is really as much a fact in nature as the sound mind, and must, therefore, have its place in a true science of mind. As long as a single lunatic, idiot, or imbecile exists, whom a system of psychology does not include, that system is insufficient; and if the mental phenomena of the idiot or lunatic contradict its principles, then that system is unquestionably false. Of what advantage is it to establish by much discussion the freedom of the will, or other such meaningless concatenation of words, when the raging maniac or the moping idiot exist to give the lie to such vain ingenuity? What real meaning is there in saying, as Sir W. Hamilton says, that "man is conscious to himself of faculties not comprised within the chain of physical necessity," when a blow on the head, or the virus of a fever, or any such physical cause, in a moment lays low the highest faculties of the proudest metaphysician? On what foundation can mental science surely rest save on a careful induction from all available facts, whether they are called physiological or psychical?

The unconscious action of the mind, as admitted by psychology, is happily in excellent harmony with the physiological views of the functions of the nervous system. Though constituting one whole, the different parts of the nervous system notably act as independent centres; the spinal cord causes reflex action, the sensorial ganglia consensual action, and the cortical cells of the hemispheres ideational action, and all this without the co-operation of will. It is further clear that the involuntary actions of any one of these centres are co-ordinated for a definite purpose, so that the so-called aim or design of an act is not evidence of the existence of will or consciousness. This must be admitted, unless it is assumed with Pflüger that the spinal cord of the decapitated frog is possessed of consciousness. Now, as these centres may act independently when they are in a sound state, so also may they act independently when they are in an unsound state,—they may exhibit insane actions of a

* The unconscious action of the mind is most fully set forth by Beneke. Sir W. Hamilton, in his 'Lectures on Metaphysics,' plainly follows him in this matter; but Beneke's works have been most largely made use of by Morell in his last work on 'Mental Philosophy on the Inductive Method.'

desperate kind without the co-operation of consciousness or will. The irregular and violent action of the spinal cord and medulla oblongata is witnessed in the convulsions of epilepsy; a convulsive action of the ganglionic cells of the sensorial ganglia is displayed in the horrible fury which sometimes follows a succession of epileptic fits, and which is a true sensorial insanity; and insane ideational action—a convulsive action, so to speak, of the cells of the cortical layers of the hemispheres—is seen, amongst other instances, in the uncontrollable impulse or desire to kill, from which the homicidal maniac sometimes suffers. Though these reacting centres are in the healthy organism subordinated and co-ordinated into definite conscious activity or voluntary action, yet disease, by disturbing the harmony of relations, may cause them to exhibit in irregular form that independent activity which they undoubtedly possess. Psychologically, physiologically, and pathologically we are brought back to the same conclusion, namely, that the unconscious action of the organism is a deeper fact than its conscious action, that the real conditions of mental action must be investigated by observation in regions of which introspective consciousness gives no account.*

It is evident that medical science and law must come into collision in the matter of homicidal insanity because of the opposite methods on which they proceed. The former regards man as an object in nature, an organic being, and deals with him in accordance with the inductive method as an objective study; the latter looks upon him as a citizen, and deductively applies to him the principles of a subjective psychology. Medicine deals with matter, force, and necessity; law deals with mind, duty, and responsibility.† Thus, then, the man whom the law assumes, the citizen, is an abstract or ideal being having a certain knowledge of his responsibility, and a certain power of performing his duties. He represents, so to say, a constant quantity. It is quite natural that exceptions, such as must be made of palpable lunatics and idiots, should be admitted with great jealousy, for, in the first place, the exemption is opposed to the self-conservative instinct of humanity which the law represents, and, in the second place, it is established by observation of instances, which is the opposite method to that on which the recognition of culpability rests. It would plainly simplify practice much to deal with mind as an abstract and invariable quantity of which certain qualities might always be assumed, rather than as a concrete

* The independent action of different parts of the nervous centres has been elaborately expounded by Dr. Carpenter, in his 'Principles of Human Physiology;' but an admirable compact account of the different involuntary actions will be found in the article "Instinct," by H. Lötze, in Wagner's 'Handwörterbuch der Physiologie,' 1844. For suggestiveness, nothing equals the philosophical work of Müller; and the actual state of knowledge at the present time, may be best learned from Funke's very complete 'Lehrbuch der Physiologie.'

† 'Handbuch der gerichtlichen Medicin,' von Dr. L. Krahmer.

and variable force which may exist in different degrees of quality and quantity. As, however, that is impossible, and the law, admitting exceptions, must acknowledge observation, it should rightly leave to medical science the exposition of the conditions of a particular case. Instead of that, however, it jealously and inconsistently demands that the physician give his evidence with reference to a particular ill-grounded theory which it deductively applies as the test of culpability. And as facts, when they come into contact with the unsafe supports of the theory, make known its tottering insecurity, the representatives of the law are apt to try to make up by an exhibition of dogmatism for the logical instability of their position; they talk about the welfare of society being endangered if a lunatic is not hanged, as they once talked about the welfare of society being in danger if the sorcerer was not burned. Then again, common sense, which in a matter of science is pretty sure to represent common prejudice or ignorance, is invoked by them, as if common sense were applicable as a standard of measurement to that the essence of which is that it is not common sense, but insanity. It is truly remarkable how little in all times the law has been indebted to its representatives. Affected, seemingly, by the littleness of mind which the practice of law undoubtedly begets, its representatives have deemed it sufficient for all possible cases, and have thought themselves excellently well employed while they were putting new wine into old bottles; they would search in a statute of Elizabeth for regulations applicable to a steam-engine or a balloon, and would insist that science cannot reveal anything which the law has not contemplated. When we see the judge, whose wisdom age and office might well attest, thus irritably engaged in labouring to make the old garment cover the new fact, the reflection cannot but occur, that 'tis well for truth that man is mortal.

It must be confessed, however, that medical science has not acted altogether wisely in regard to homicidal insanity. Since Marc and Esquirol recorded their observations, and drew their conclusions, very little more has been done than to repeat their generalisations with a vagueness which did not attach to their conceptions. As the best argument to present to the law, if the law is wrong, will be the facts in their best ascertained relations, it will be my present attempt, not carefully to classify, but roughly to group the reported cases of homicidal insanity, so as to exhibit the relations of them as morbid states of the nervous system.

Pathological observations may then be arranged in several groups:

I. Instances sometimes occur in young children of blind destructive impulse, or even of persistent homicidal desire. Romberg met with a child six years old which suffered from attacks of blind destructive impulse in which it smashed to pieces whatever it could,

rushed with a knife into the street, and could scarce be restrained. In younger children of three or four years old, attacks of shrieking, stubbornness, rage, biting, and destructive propensities, which come on periodically, are sometimes met with. And if any one should think that these are instances of early depravity, what will he say to the case of a child raving mad immediately after birth? Crichton quotes such a case, in which a child, four days after birth, had so much strength in his legs and arms that four women could scarce hold him. The paroxysms of violence ended in an uncontrollable fit of laughter, or else the child tore to pieces everything near him which he could tear. When he began to have teeth he died. The case seems to be an example of sensorial insanity, and is not unlike those cases in which convulsions prove fatal to young children. The earliest acts of the newborn child are reflex, and these, when there is a morbid condition of nerve element, may become convulsions. To the reflex acts follow consensual or sensational acts, and these, when there is a morbid state of the sensory ganglia, became the tearing, biting, and unnatural laughter of the insane infant. In the animal, where the nervous centre of idea is but imperfectly developed, the insanity is also sensorial. These attacks of mania in young children are, in reality, frequently found to alternate with attacks of epilepsy and chorea, and with cataleptic states, while at other times epilepsy may coexist with the insanity; they represent, in fact, a condition of independent reacting centres analogous to that which in other centres is the condition of epilepsy.

But a child may be afflicted also at an early age with a persistent morbid homicidal desire. A well-known case is recorded by Esquirol in which a girl, aged eight, manifested a fixed desire to kill her mother-in-law who had always treated her kindly. The grandmother had, in the child's hearing, expressed her dissatisfaction with its father's second marriage, without foreseeing the effect which might be produced on a child then only three years old. To sensational respondence to external nature succeeds in the order of mental development ideational reaction; and when ideational activity is first beginning, it is not difficult to implant an idea which may long abide. Another case of a girl, aged seven years and a half, who made repeated attempts to injure and kill her mother, is related by Parent-Duchatelet; the morbid tension of the ganglionic cells had been brought about by the long-continued practice of self-abuse, a well recognised cause of disturbance at all ages.*

* With regard to insanity of children the following references may be made, 'Die Pathologie und Therapie der Psychischen Krankheiten,' by Dr. Griesinger; Dr. West, in the 'Journal für Kinderkrankheiten,' vol. 23; Morel's 'Traité des Maladies Mentales,' p. 101; Delasiauve, in the 'Annales Medico-Psychologiques,' vol. vii, p. 527; Esquirol's 'Traité des Mal. Ment.,' ii, p. 61; Durand Fardel's "Étude sur le suicide chez les Enfants," in the 'Annal. Med. Psych.,' for 1855;

II. It is well known that homicidal insanity may occur in connection with epilepsy. And as an attack of mania may precede the epileptic fit, or may take the place of it, as in what has been called masked epilepsy, or may succeed it, so also may an attack of the special form of homicidal mania. The symptoms which immediately precede the epileptic convulsions may be referable to a disturbance in any part of the nervous system; and, accordingly, the sensory ganglia may be affected, so that a vivid and dangerous hallucination precedes the fit. A shoemaker was subject to severe epileptic fits, and was often furious immediately after them; but in the interval he was sensible, amiable and industrious. One day he met the superintendent of the asylum, to whom he was much attached, and violently stabbed him to the heart. He had not had a fit for three weeks, but in the night following his desperate act he had a severe fit, and for some time afterwards the attacks were frequent and severe. The voices of the members of a secret society had told him that if he did not kill the superintendent he would be miserable all his life.

The disturbance of cerebral action which may take the place of an epileptic attack, the mania, that is, which is unquestionably sometimes vicarious of epilepsy, may take the form of homicidal mania. A peasant, aged twenty-seven, had suffered from his eighth year with epilepsy; but two years ago the character of his disease changed, and instead of epileptic attacks he was seized with an irresistible impulse to commit murder. He felt the approach of his attack sometimes for days beforehand, and then begged to be bound in order to prevent a crime. "When it seizes me, I must kill some one, were it only a child." Before the attack he complains of great weariness; he cannot sleep, feels depressed, and has slight convulsive movements in his limbs.

There is no need to illustrate the fact that homicidal insanity may follow epilepsy. The paroxysm of frenzy which then occurs, the wild fury and blind destructive impulse are seemingly maddened consensual movements; the senses are possessed with hallucinations; the patient sees blood and flames, and hears roaring noises or voices urging him to save himself, and his actions are the reactions of disordered sensory ganglia. Such actions in sensorial insanity may have an appearance of design as far as the destruction of an object is concerned, which is quite compatible with their reflex character; but there is no true consciousness, no will; the object has, perhaps, appeared as a devil in the midst of flames, and the whole nervous force has been absorbed in the fury of the convulsive action of the diseased sensory ganglia. When, in place of violent frenzy, delusions follow epilepsy, we see the result of an affection of the ideational reacting centres, the ganglionic cells of the cortical layers of the

'Irrsein bei Kindern,' by Dr. Beckham, 1863. Cases are recorded by Perfect, Haslam, Guislain, Rush, and Ideler.

hemispheres. The homicidal act may, under these circumstances, be dictated by the delusion, or it may be the passionate impulse springing up in a diseased mind to escape, by such act, from dangers which the delusion creates.

III. Cases of insanity are occasionally observed in which an attack of mania suddenly comes on and soon passes away, so that, although there is no epileptic fit, one can scarce avoid looking upon the attack as a sort of epilepsy. Now, this *mania transitoria* may take on the homicidal form. A shoemaker, who was of industrious and sober habits, gets up early one morning to go to work; in a short time his wife is struck with his incoherent talk and wild look. He seizes the knife which he uses in his work, and rushes upon his wife. She escapes, and the neighbours, who came in, with difficulty restrain him. His face is flushed, his pulse frequent and full, his body is covered with perspiration, and his look is wild. In the afternoon he became calm and went to sleep; and in the evening he was quite himself and remembered nothing of what had occurred. Dr. Hill reports the case of a madman who in an access of sudden fury cut the throat of his son, and wounded his wife in several places. He was conscious of his frightful disease, and had requested to be put into confinement; he felt the approach of his attack, and often endeavoured to avoid the fatal effects of them by binding himself. Another patient, after a little previous excitement, such as sometimes precedes an epileptic fit, suddenly sees himself surrounded by enemies, devils, and crocodiles, and, crying out for help, furiously attacks his nearest neighbour whom he mistakes for a ghost; after an hour he becomes calm, and has no further attack. A farmer, who has lived an indolent and intemperate life, is suddenly seized, while lying on the sofa, with the horrible idea of shedding the blood of his wife and children. "I struggled against the idea as long as I could; I shut my eyes, I tried to think of something else, but all in vain; the more I struggled the more powerful became the idea, until, not being able to restrain myself, I ordered them in a voice of thunder to leave the room. If they had refused, or made any opposition, I should certainly have killed them. No language can describe the violence of the frightful thought. Great God! how thankful I am that I am not stained with that crime!" His face was flushed, his eyes sparkled, his pulse was rapid and hard, and his breathing hurried. He willingly submitted to a certain restraint, and the morbid impulse soon disappeared under appropriate treatment. An industrious carpenter, who was rather given to drink, but who was kind to his family, one night, as he lay in bed, felt a strange anguish fall upon him, so that his whole body trembled, and it appeared as if some one said to him, "Thou must immediately kill thy child." As such a frightful thought had never before entered his head, he jumped out of bed, and with clasped hands paced up and down the

room, exclaiming, "Lord God! Lord Jesus! thou must immediately kill thy child!" He then lay down again, and, patting his sleeping child's cheek, said, "Sleep, my little dear, sleep." After he had lain three or four minutes, and the trembling and anguish had again fallen upon him, he heard repeated, in a commanding tone, the words, "Thou must immediately kill thy child!" He could no longer resist, but jumped out of bed, took an axe and struck the child over the head with it several times. When he saw the blood flow he came to himself, laid down the axe, and awakened his eldest daughter, saying, "Letty, get up and call your mother; I have killed little Charley with the axe." He fell into the deepest despair when he reflected on his crime, and could not comprehend how he had come to do the deed.

These three groups might be said to include the acute forms of homicidal insanity; and they seem to justify the conclusion that there exists in some individuals a particular character of nerve element, which might be described as a *neurosis spasmodica*, and which, on the occurrence of certain exciting causes, may manifest itself in (1) epilepsy, (2) sensorial insanity, and (3) mania transitoria, or ideational insanity. The last form may again be (*a*) general, or (*b*) partial, when it has the character of homicidal impulse. In accordance with the generalisation is the fact that causes which may in one person produce epilepsy may in another give rise to insanity.

IV. In insanity in which there has been a hereditary predisposition to the disease, homicidal mania is more likely to occur than where there has been no such taint. This is quite in accordance with the impulsive, or, so to say, instinctive character of the phenomena which characterise hereditary insanity; for what is the signification of hereditary predisposition to insanity? It really implies an innate disposition in the individual to act out of harmony with his relations as a social being; the acquired irregularity of the parent has become the natural infirmity of the offspring, as the acquired habit of the parent animal sometimes becomes the instinct of the offspring. If, then, it were required to indicate the peculiar characters of hereditary insanity, these might be said to be, first, the decided, extravagant, and unaccountable (*quoad* consciousness) nature of the morbid manifestation; and, secondly, an insanity of action without corresponding insanity of thought. Moral insanity, when it occurs as an independent disease, and not as the first stage of general paralysis, almost always occurs as the result of hereditary predisposition. In young children who have committed suicide in consequence of a morbid impulse, there has usually existed a hereditary taint. The hereditary madman, indeed, often gives the idea of a double being—appeal to his consciousness and he seems rational and nowise deranged; but leave him to his own devices, and his unconscious life appears to get the mastery and to impel him to extravagant or violent acts. An

old lady, more than seventy years old, for the most part lies back in an easy chair with eyes closed, and moaning as though in great affliction; she might seem incapable of any exertion; every now and then, however, she suddenly jumps up, without any warning, and rushes upon her daughter with the design of strangling her. When this paroxysm comes on two people can scarcely hold her; but as soon as it is over she sinks down utterly exhausted, and, panting, says, "There! there! I told you; you would not believe how bad I was." Her family is saturated with insanity. In a case of this kind the idea has so great a tension, struggles so for outward realisation, that it appears as an irresistible impulse of which the patient is scarce conscious; her body becomes an organic machine set in destructive motion by the morbid cause; but when the idea has not such a great tension it may abide in consciousness, and then the patient feels the horrible idea, struggles against it, and is miserably afflicted by it. The different relations are, indeed, expressed by the terms impulse and idea; and it is a simple question of the degree of morbid action as to whether the idea shall become uncontrollable. It is not necessary to illustrate further by cases such well recognised form of insanity.

It is desirable, however, plainly to set forth the fact that hereditary taint is a positive defect in the constitution of nerve element, and predisposes, therefore, to any of those forms of nervous disease in which degeneration of nerve element may display itself. In the recent trial of the boy Burton, who suffered from notable hereditary taint, the judge said that "Hatfield's case differed from the present, for there wounds had been received on the head, which were found to have injured the brain." If the judge's knowledge had been equal to his assurance, he would not have been ignorant that a hereditary predisposition to insanity is frequently as injurious to the brain as blows upon the head are. When a youth, like Burton, commits murder quite objectively with the design of being hanged, the act might well suggest inquiry into the hereditary antecedents, even when it is not given in evidence, as it was in his case, that the mother and brother were insane at the time; for it is certain that murder for the express purpose of being hanged is one form in which hereditary insanity displays itself. Indeed, so unaccountable are the impulses which are witnessed in insanity where hereditary taint exists, that those who have had practical experience of such cases are never surprised at any sudden extravagance of action displayed by them. The hereditary taint appears to generate the *neurosis spasmodica*, which, under certain conditions, declares itself in mental convulsion. It should not be forgotten, moreover, that any disorder of nerve element in the parent predisposes to that condition in the child; the epilepsy of one generation is the insanity of the next; and the insanity of the parent, again, the epilepsy of the

child; while it is sometimes observed in families in which the hereditary taint exists, that one member may be afflicted with insanity, another with epilepsy, or some other neurosis, and that another may commit suicide.*

V. Homicidal acts are sometimes committed by those who are insane without there being sufficient relation evident between the diseased ideas and the act. In that form of partial insanity which is designated monomania or hypemania, there is a condition of the whole mind which, when it occurs as the consequence of hereditary taint, or as the first stage of general paralysis, is described as moral insanity. In other words, the manifest disease of one part of the brain has given occasion to a condition of nerve element in the rest of it, such as prepares us for the appearance of unaccountable ideas and impulses. For example, the mother of two children became depressed, and then distrustful, fancying that she was persecuted by imaginary enemies; she was suicidal also, but was put under no restraint. One day, without seeming anywise different from usual, she took one of her children, and beat its head against the floor until it died; she would have done the same with the other child had she not been prevented. She was then sent to an asylum, where she tried to cut out her tongue, beat her head against the wall, and swallowed pieces of glass. After a time, however, she recovered, and could not understand how she had killed her child when she was so fond of it.

There is a relation evident between the delusion and the homicidal act when the melancholic patient kills one whom he believes to be his persecutor. Then there is a cry for his punishment, and he runs the danger of being hanged, as Fowkes recently was hanged. The action appears to be dictated by revenge, and the passion resembling that which may be aroused in a sane mind is assumed to have no greater force than the latter, and to be equally under control by the insane mind. Such is the false conclusion of a subjective psychology. The fact, however, is, that when a positive delusion exists in the mind, the rest of the mind is so far affected that unaccountable impulses spring up without being dictated by the delusion, and impulses which are in relation with the delusion acquire an irresistible force. There may be apparent in consciousness

* Though a distinct group has been made of the cases in which hereditary taint exists, it has only been done for the purpose of laying stress upon the importance of considering the hereditary antecedents in cases of homicidal insanity. In reality most of the cases in this group might be distributed through the other divisions. Still it is a question, whether it might not be desirable to make a distinct group of certain hereditary cases. Thus, there is now, and has been for some time, in the Sussex Asylum, a man in whom no one has been able to detect the slightest intellectual disturbance; Dr. Robertson can, in fact, find no insanity in him; and yet no one will undertake the responsibility of discharging him, because he made a murderous homicidal attack upon his sister before admission, and because he has a strong hereditary taint.

a motive for the act, but the act is utterly disproportionate to the motive; for the disease has, at the same time, increased the force of the impulse and diminished the power of volitional control. A farmer became melancholic and suspicious, at times getting attacks of despair in which he fancied that his children were lost for time and eternity. He believed that a neighbour corrupted his children and servants; but in all other regards he seemed quite rational. One day he took his gun and deliberately shot a servant whom he believed to be in league with his neighbour. He then went to the bedroom of his children, murdered his son, and left his daughter for dead. After that he gave himself up, saying that since he must die for the murder of the servant it was better that his children should be preserved from the seductions of the world and of his neighbour. At the end of a year he died in a state of very evident dementia—a condition which is the natural termination of homicidal insanity, when the halter does not cut short its course. It is an everyday experience again, that melancholy patients who are, for the most part, quiet and dull, and whose delirium seems confined to a certain circle of ideas, do now and then become fearfully excited in consequence of the sudden activity of a certain idea or series of ideas, though why those ideas should become so active passes comprehension.

In cases of dementia sudden and unaccountable impulses to violence are not unfrequently witnessed. An utterly demented patient, who usually muttered to himself, but never uttered an intelligible sentence, used every now and then to make a desperate attempt on the life of an attendant or another patient, so that all who came in contact with him had the greatest fear of him. It was precisely the same with a gentle, amiable, demented young lady, who was usually the favorite of every one. Another woman, who was quite demented, would sometimes, without apparent cause, begin stamping with her feet and shrieking fearfully, while her whole body was in a paroxysm of agitation. The seizure either issued in a murderous attack on some one, or continued for some minutes and then passed off.

The previous generalisation may then be extended so far as this, that the *neurosis spasmodica* may accompany chronic insanity, especially that partial form in which there are delusions of suspicion, so that insane acts of violence occur without recognisable relation to the morbid mental manifestation. The relation really does exist in the sphere of unconscious mental action, in the brain as an organ of organic life. We see, then, how just Esquirol was when he stated "moral alienation to be the proper characteristic of mental derangement," and how mistaken Lord Erskine was, as far as science was concerned, when he laid it down that "to deliver a lunatic from responsibility to criminal justice, the relation between the crime and the act should be apparent."

VI. The homicidal propensity may exist in a chronic form and itself constitute the disease. The exciting cause may then be any of those moral or physical causes which produce insanity. A woman becomes depressed and despondent in consequence of great mental anxiety, and applies for medical aid because of a strong and almost irresistible impulse to destroy her infant. The first cases of homicidal insanity described seem to have been of this kind. Ettmüller was the first to name it *melancholia sine delirio,* and he cited in illustration two observations of Platner, one of which refers to a mother who had often been tormented with the desire of killing her child.

A morbid state of some part of the organism may be the cause of a mental disturbance out of which the homicidal propensity springs. Irregularities of menstruation, as recognised causes of nervous disorder, may act on different parts of the nervous system in different persons, in one giving rise to hysterical convulsions or hysterical mania, in another to epilepsy, and in another to suicidal or homicidal impulse. A woman who was in the deepest despair because she was afflicted with the thought of murdering her children, and who frequently ran up and down stairs so as to endeavour to drive away the idea by motion and exhaustion, perfectly recovered on the return of her menses. "We have, amongst others," says Dagonet, "observed a patient who was seized at each menstrual period with violent impulses. Under the influence of this disposition she had killed her three children a short time before her arrival at Stephansfeld." Morbid impulses notably spring up during pregnancy.

As nothing is more exhausting to the nervous system than habits of self-abuse or of sexual excess, it is no wonder that the degeneration of nerve element thereby produced sometimes manifests itself in homicidal impulse. Lallemand relates cases of spermatorrhœa in which the patient was afflicted with a painful impulse to suicidal and homicidal acts. When epilepsy is produced by sexual excess no one doubts that it is a disease; when the same cause produces homicidal impulse clever theorists can see no disease.

In other cases the morbid idea may be suggested from without, and take complete possession of a feeble mind. A girl invites her friend to take coffee with her, and while the latter sleeps from weariness, she takes a knife and effectually kills her; whilst young she had witnessed an execution of a woman at Dresden, and had been much impressed with the gloomy pomp of the culprit's last procession to the scaffold. The idea of ending her life in that way never left her, but she struggled against it until another recent execution again acted upon her imagination. Her idea then became a resolution, and one of her best friends was the victim. After the trial of Henriette Cornier, which made such a sensation in France, Marc and Esquirol were both consulted by women who were tor-

mented with the impulse to kill their own children. Such facts are quite in accordance with physiological observation of idea as an independent cause of movement; in hypnotism and electro-biology the body of the individual operated upon becomes a machine governed by the idea which the operator suggests. He who would judge of insanity by the revelations of a subjective psychology, should rightly make his generalisations from his dreams. When he can explain his dreams by the principles of his psychology, then he may have some hope of applying these successfully to the phenomena of the unsound mind.

The case reported at length by Dr. Skae, in the Report of the Morningside Asylum for 1850, of a female who was tormented by "a simple abstract desire to kill, or rather, for it took a specific form, to strangle," without any disorder of her intellectual powers, and who "deplored, in piteous terms, the horrible propensity under which she laboured," may be referred to as an excellent example of persistent chronic homicidal impulse.

Because in this chronic form the morbid impulse is often resistible, it would be very unjust to argue that it might always be resisted. As a chronic disease may become acute, so the morbid idea may become irresistible; the question is as to the degree of disease, and the morbid activity which under conditions arises may, under certain conditions, become irresistible. Those who, arguing from the self-consciousness of a sound mind, maintain that the impulse might always be controlled, are logically bound, if they cared about being logical, to show that the madhouse is such a desirable haven, or the scaffold such an attractive outlook, as to furnish a motive strong enough to make murder the means of obtaining such joys. The conscious action of the sound mind is the correlate of the motive; what, then, on the supposition that she is of sound mind, is the motive of the wretched mother who kills her child which she loves tenderly? But if she is of unsound mind, then there is no necessity to show a motive; for the characteristic of unsoundness of mind is the loss of volitional control over the thoughts, in other words, the reflex involuntary action of the brain. The connection between cause and effect lies in the unconscious organic activity of the brain.

VII. The earliest actions of infancy we have seen to be reflex; to the reflex acts soon succeed sensational acts, and upon these follows ideational activity. Most of the actions of childhood may be observed to be prompted by ideas; and, at any rate, the course of development is through reflex, sensational, and ideational, up to volitional activity. Consequently some idiots, in whom there has been an early arrest of cerebral development, scarce exhibit more than reflex and sensational activity, while others, a little higher in the scale of life, are capable of a few ideas which prompt their actions.

An idiot sees a butcher stick a sheep, and forthwith goes and sticks a man after the same fashion. The passions which arise in connection with their simple ideas are uncontrollable because there is no will to control them; it is with them as it is with the animal in which cerebral development has been arrested short of the appearance of will in its true sense. It is evidently impossible to say what degree of stupidity shall render any one irresponsible for his acts; and cases difficult to decide upon must occur. But it is certain that there are some who with no notable intellectual deficiency are, from the want of a good education, or from the influences of a bad education and inheritance, genuine moral idiots. Though they may be brayed in the mortar of the severest penal justice, yet will not their vice depart from them. In estimating the responsibility of such, as criminals, the condition of their development should rightly be kept in mind. Pinel relates the case of an only son who was brought up by a weak-minded mother, who was indulgent to all his humours. The violence of his inclinations increased with his years, and as he had plenty of money, all impediments to the indulgence of his passions were removed. If he met with any resistance he became excited and furious, so that he made violent attacks upon the object of his anger, and was continually in quarrels. If it was an animal that he was enraged at, a dog, a horse, or a sheep, he immediately killed it; if he took part in any festival, he was sure to get into a scuffle. On the other hand, when calm he was perfectly rational; and he managed his large property with intelligence, and was benevolent to the poor. For a long time wounds, lawsuits, fines, were the results of his passions; but one day being enraged with a woman who had abused him he threw her into a well. After that he was shut up in the Bicêtre.

VIII. Lastly, those cases may be grouped together in which the homicidal act is done in consequence of a delusion. It may be that the individual believes that God wishes to try him as he tried Abraham, or that he has a commission to regenerate the world by the baptism of blood, or that he acts under some other delusion. The connection between the delusion and the act is sufficiently apparent to enable the law to admit him as irresponsible. Nevertheless, some of these homicidal maniacs, who act under a delusion, know well enough the difference between right and wrong, and can foresee the consequences of the act, so that, according to the legal test of responsibility, they should rightly be hanged. Few, indeed, are the insane, and far gone those few, who do not know the difference between right and wrong, and who are not able to foresee the consequences of their acts.

The physician who studies insanity as a disease finds, then, that he has mainly to do with the reflex action of the spinal cord, of the sensory ganglia, and of the ganglionic cells of the cerebral hemispheres, as

causes of the morbid phenomena. There may be a consciousness of the reflex actions of these different reacting centres, and yet an inability to resist them, as there is notably a consciousness of the reflex action of the spinal cord, with an inability to resist it. By an act of the will a person may prevent the involuntary movement of his limbs when the soles of his feet are tickled, but the strongest-minded mortal could not prevent spasms of his limbs on the application of a stimulus if the excitability of the cord were increased by a dose of strychnia. A similar condition of the ganglionic cells which minister to sensation or to idea may be brought about by physical causes, and an idea or impulse, of which there is consciousness, may then become uncontrollable. How, then, can the physician admit the legal test of responsibility? The responsibility of the individual *is not in relation to consciousness, but in relation to power of volitional control;* and when nerve-activity of a lower kind than will-action exists, that is, *pro tanto,* a diminution of volitional power. When the morbid idea or impulse becomes irresistible, for the time being there is no will—the idea does not undergo the upward transformation into will. The disappearance of the tension of idea is the necessary condition of the full reappearance of will; or, to sum the matter up in one proposition, the principle of the conservation of force is strictly true of every form of mental activity.

Those who have faith in human nature must needs regret the popular outburst of exultation which sometimes occurs when an unfortunate lunatic has the life strangled out of him; but those who with scientific calmness observe man in all his relations, who, regardless of the professions which he makes, study him as he actually exhibits himself, will be nowise surprised at this howling outbreak of the animal in him.* If man were the moral being which he professes to be, he would surely look on criminals even rather in sorrow than in anger, and in place of punishment would speak only of protection. At any rate, much malignant abuse by anonymous writers paid to excite popular passion might be spared if the criminal were allowed to pass in silence to his fate, until he who was without sin should cast the first stone. Although, however, man's aspirations are heavenwards, his actual relations are too plainly those of an animal amongst animals, so that it is not surprising that the combination of brutes to kill an offending brute, which is witnessed sometimes amongst the lower animals, should be exhibited also among mankind.†

* Witness the wild exultation of the 'Saturday Review,' when the lunatics Fowkes and Burton were sentenced to be hanged. A wild Indian flourishing his bloody scalping-knife could not have done better. The 'Times,' in order to excite popular passion, spoke of the brutality of this young man of 20 (Burton). He was a youth of 18.

† References to the following works, from which some cases have been selected

CLINICAL CASES.

I. *Cases illustrating the Action of Amenorrhœa as a Cause of Insanity.* By S. W. Duckworth Williams, M.D., L.R.C.P. Lond., House Surgeon to the Northampton General Lunatic Hospital.

General observations on the influence of defective menstruation on mental disease; statistical results; influence of the uterus on morbid mental manifestations; the history of six cases illustrating the action of amenorrhœa as a cause of insanity; remarks on the pathological condition involved in this sympathy between the cerebral and uterine functions.

In none of the systemic works on psychological medicine is there any but a very meager account of this apparently fertile physical cause of mental alienation; I hope I am, therefore, justified in directing attention to it, for in few cases can insanity be more clearly traced to a physical defect than in those where the uterine functions are abnormally suspended, and in few classes of cases, *cæteris paribus*, is the plan of a rational treatment more clearly indicated than in these.

That defective menstruation is a prolific source of insanity in women, may be inferred from the fact that M. Esquirol mentions 27 cases at the Salpêtrière, out of 132 of mania of both sexes, in which their malady could be traced to a physical lesion where this was the case; and out of 51 maniacal women, at his own private establishment, the alienation of 11 was thus assigned. In melancholia the number was not quite so high, being 26 in 165.

With reference to disordered menstruation as a cause of insanity, he says:—"Among women of all classes menstruation, either because it has been with difficulty established, or has been suppressed, or in consequence of its final suppression, is one of the most common causes of mania. It may with truth be said that this cause extends

may be made: 'De la Folie, cons. dans ses Rapports avec les Quest. Méd. Jud.,' par C. C. H. Mare; Esquirol's 'Mémoire sur la Monomanie Homicide;' Cazauvielh, 'De la Monomanie Homicide;' Dr. Ludwig Meyer, on "Mania Transitoria," in Virchow's 'Archives,' vol. viii, p. 192; 'Médecine Légale relative aux Aliénés,' par J. C. Hoffbauer, translated by Chambeyron; Brierre de Boismont, in the 'Annales Méd. Psych.,' vol. viii; various articles in the 'Annales d'Hygiène Publique;' the 'American Journal of Insanity,' and various English works, especially Dr. Prichard, 'On Insanity in relation to Jurisprudence.' But as the article only offers a brief summary of observations the references are not complete.

itself over the whole period during which females are in the most favorable condition for the development of mania."

So manifest a connection between cause and effect in insanity would not be likely to escape the unerring sagacity of so distinguished a psychologist as the late Dr. Pritchard, and in a brief notice of this subject in his 'Treatise on Insanity,' we find him writing—"Sudden suppressions of the catamenia are frequently followed by diseases of the nervous system of various kinds. Females exposed to cold, undergoing powerful excitements, experience a suppression of the catamenia, followed, in some instances immediately, by fits of epilepsy or hysteria, the attacks of which are so sudden as to illustrate the connection of cause and effect. In attacks of madness the catamenia are for the most part wholly or partially suppressed during the early periods, and in many cases it is not easy to say whether the suppression is the effect or the cause of the disease. There are instances, however, in which the circumstances sufficiently indicate the order of connection."

Dr. Hood, in his 'Statistics of Insanity,' pages 55 and 56, sets down 149 out of 697 women admitted into Bethlehem Hospital in whom the apparent or assigned cause of mental aberration was uterine disturbance; and further on, page 71, he writes:—"Amenorrhœa is very frequently one of the causes of insanity, particularly of dementia; certainly menstruation is often suppressed in insanity, and its reappearance is as frequently contemporaneous with recovery."

Dr. Tuke, it is true, considers* "that the relation of the uterine disorders to insanity is frequently very difficult to determine;" but he qualifies this assertion by confessing that, "although, however, often only an early symptom of the disease, when set down as a cause, there remain a large number of cases in which suppressed or irregular menstruation is the true cause of the attack;" and further on he says—"The proportion of admissions from uterine disorders appears to be about 5, or, taking female admissions only, 10 per cent.

These statistics and extracts would, therefore, seem to prove that the disorders of menstruation have been for years, and are also now recognised, *inter alia*, as probable physical causes of insanity, whilst the little attention given to them, and the brief notices that have seemed to suffice, would appear to prove a corresponding doubt as to their importance, which is, however, negatived and falsified by the statistics themselves, they going to prove the converse, and with the accustomed obstinacy of facts allowing of no denial.

When we come to consider what a marked influence the uterine functions exercise over the whole of woman's economy—how powerful they are for weal or woe, how readily the intellect, emotions, and passions sympathise with them, and what a prolific source of disease

* 'Manual of Psychological Medicine.'

they are—it would, indeed, be strange if insanity did not occupy the foremost rank amongst maladies incidental to their suppression.

It is necessarily very difficult to be sure how far the physical defect may be the origin of the mental aberration—how far, or whether at all, the material effect is occasioned by the hypothetic cause; but where we get insanity following close on a cessation of the menses, and departing when the uterus resumes its healthy action, and no moral, hereditary, or other physical cause apparent, we are certainly justified, *quæ cum ita sint*, in putting down the mental alienation to the uterine disturbance.

Apropos of this, M. Pinel relates the case of "a girl who, from the age of ten years, was in a state of incoherence, with suppression of the catamenia. One day, on rising from bed, she ran and embraced her mother, exclaiming, 'Mamma, I am well.' The catamenia had just flowed spontaneously, and her reason was immediately restored."

That the mind is often sympathetic of the uterus cannot be doubted, and every case-book teems with cases illustrative of this fact. That it is especially so at the menstrual period is also undoubtedly true; in fact, cases are recorded in which women were invariably insane during the flow of the catamenia, and many exhibit peculiarities which are not present at other times, are more subject to fits of hysteria, more easily affected by sudden shocks to the mind, and certainly less capable of bearing up against the depression and annoyance of physical ailments; indeed, in some women, *pro tempore*, the system seems to be completely unhinged, and very different from the normal standard of health. Every professional visitor to a lunatic asylum must have noticed how liable the female inmates are to periodic exacerbations of their malady, even where menstruation is healthy, and the insanity can be traced to other causes than those of uterine disorder. Dr. Bucknill, in the appendix to 'The Manual of Psychological Medicine,' gives an account of a very distressing case of this description.

If the uterus can so largely affect the economy when in the healthy performance of its function, it may justly be inferred that when those functions are suspended, or abnormally performed, the corresponding shock to the mind will be in proportion; and the inference goes far to disprove the assertions of psychologists of the metaphysical school, who "maintain that madness is a disease of the mind, in the strict sense of that expression."

It may be said, "granted this to be true, to prove the case, every girl or woman suffering from amenorrhœa should, *pari passu*, become insane;" but no, if such a proposition were to obtain, we should have to treat as nonsense all the other causes, hereditary included, of insanity; *e. g.* we have a family of six: the father died in a lunatic asylum a confirmed lunatic, so did the uncle and grandfather. One

or two, or even three of the six, without any apparent moral or physical cause, became insane, having, it is believed, inherited the disease. But why, as three succumbed to the hereditary curse, did not the other three? We cannot say; neither can we say why amenorrhœa is not always followed by insanity. A enters a room infected by smallpox with impunity; B, coming in immediately after, catches the disease—we know not why. At the best we reason—B has a stronger predisposition for the disease than A. So we may say a woman suffering from mania preceded by amenorrhœa has a stronger predisposition for, is mentally more susceptible of, insanity, than one who has only amenorrhœa without the sequence of the other.

The beneficial effect of emmenagogue medicines combined with iron, in these cases, is quite marked, and clearly points to the suppression of the menses as the true cause of the insanity. The pill of aloes and myrrh, combined with a steel mixture, is very convenient, and appears to be most efficacious, especially if given at the same time with a course of hot hip-baths, rendered more stimulant by a handful of mustard. These means failing, recourse may be had to the electro-galvanic current, or, *en dernier resort,* to leeches to the vulva. It is seldom, however, that the first plan of treatment is unsuccessful, if persevered with, and when successful in removing the physical cause, it generally follows that mental health is also restored; but occasionally the removal of the cause is not followed by a corresponding abatement of the effect. In such cases we may justly infer either that the true cause has been misunderstood, or else that the sympathetic irritation was so violent, or else so long continued, as to lead to organic disease.

We very rarely find that a patient suffering from mental aberration, attendant on amenorrhœa as a probable physical cause, recovers if the improvement does not commence very soon after the first return of the catamenia, even though "habit, the memory of the body," as John Hunter beautifully terms it, allows of, for the future, a proper and regular uterine action. This might be expected, and shows that the sympathetic irritation the brain has been subjected to has laid the foundation of abnormal organic changes. These will be again referred to and examined when dealing with the pathology of the subject under consideration.

I shall now proceed to relate a few cases that have come under my own observation, and which seem to me to prove the hypothesis started. I use the word "seem" advisedly, remembering the old French proverb, "Grande déraison de prétendre toujours avoir raison;" comforting myself, however, with the belief that "Nulla falsa doctrina est, quæ non permisceat aliquid veritatis."

Case 1.—S. R—, female, æt. 20 years, was admitted into the Gloucester

County Lunatic Asylum, on the 29th of July, 1861, in a state of mania of one month's duration, attendant on a total suppression of the catamenial discharge, and preceded by several months of religious exaltation. There was nothing peculiar about the case, which was treated in the usual way, with aperients, blisters, salines, with opiates, &c. As, however, she did not improve, but was becoming very pale and anæmic looking, and the catamenia was still in abeyance, the following prescription was ordered:

℞ Decoct. Aloes,
Mist. Ferri co., āā ʒss; bis die sumend.

At the same time she was to have a warm hip-bath, in which a handful of mustard had been thrown, every morning; this plan of treatment was persisted in for sixteen days, and then the aloes producing hypercatharsis, the medicine was omitted; but in two days afterwards healthy menstruation returned; from that time she began slowly but surely to mend, and was ultimately discharged recovered, menstruation being performed regularly up to the time of her leaving the asylum.

Case 2.—M. E. L—, æt. 18 years, was admitted into the Northampton General Lunatic Hospital, on July 7th, 1862, with the following history. Had always been a strong, healthy child. Menstruation commenced regularly at fifteen, but after a time became irregular, and had lately entirely ceased; since the commencement of this irregularity her general health had not been so robust, but it is within the last eight weeks that her mind has become affected. When admitted, she had the appearance of one suffering from leucocythemia, so characteristic was the pallor of her skin and the general anæmia. There was also a tendency to dropsical effusions of the extremities. Functional derangement of the stomach and intestines was evident, and the circulation was sluggish and feeble; but no organic disease could be detected in any of the thoracic organs or the abdominal viscera. Mentally, she was in a most distressing state of delusional lypemania, with suicidal impulse. Labouring under the impression that she was the victim of the most relentless cruelty on the part of her step-mother, she gave herself up to the blackest despair, from which it would be a relief to escape, even though that escape were effected at the expense of her mortal life. It was not safe to leave her for a moment, and the greatest care was necessary on the part of her attendants, as she was most furtile in her attempts at self-immolation. So she continued for some six weeks, during which she was treated in the ordinary way, when a slight amelioration in her condition took place, but no sign of a real advance toward recovery. About three months after admission, a new course of treatment was ordered, and the following medicine prescribed:

℞ Tinct. Ferri Sesquichlor., ʒij;
Tinct. Calumb., ʒiv;
Aquæ, ad ʒviij. M., ft. mist.; sumat ʒj bis die.

Pil. Aloes c. Myrrha, j, nocte maneque.

This plan was persistently carried out for some time, ultimately to be followed by the same results as in the previous case, viz., a healthy catamenial flow, and a re-establishment of mental health.

Case 3.—Mrs. R—, æt. 37 years, admitted into the Northampton General Lunatic Asylum, on November, 22nd, 1862, was the subject of a delusional monomania, secondary to an emotional aberration of about six weeks' duration. Her delusion, or more correctly speaking, hallucination, consisted in a belief that the devil was constantly on her back by day, and laying by her side at

night, to prevent her from sleeping. This insane idea was constantly present to her mind, engrossing all her thoughts, and supplying the never-failing source of her conversation, which was consequently of the gloomiest and most desponding nature. She appeared, however, to be in the enjoyment of the most robust health, and if her attention could be diverted from the hallucination mentioned above, she would converse rationally, and with, for a person in her humble station of life, marked intelligence. Her last child was weaned when six months old, about which time the menses ceased to flow regularly, and soon afterwards her husband noted that she became low and depressed in spirits, but without any defect in her intellect. After, however, about six weeks passed in this condition, the delusion about the devil began to creep out, and has tenaciously clung to her understanding ever since; for the last two months there has been a total cessation of the catamenial discharge, not attended, however, by any marked constitutional derangement. After admission, the following draught was prescribed:

℞ Liquor. Morph. Acet.,
Tinct. Hyoscy., āā ʒss;
Aquæ, ad. ʒj. M. ft. hst.; omni nocte sumend.

And it was ordered that she should attend all the bi-weekly lectures, balls, and entertainments, and, weather permitting, take a walk daily. After a time she began to sleep well, and the anodynic draught was gradually decreased in strength, and ultimately omitted. Still no signs of mental or physical improvement; and just a month after admission, it was ordered that she should take as follows:

℞ Tinct. Ferri S.-chlor., ʒij;
Inf. Quassiæ, ad. ʒviij. M., ft. mist., ʒj bis die.

Pil. Aloes c. Myrrha, j; nocte maneque.

The function of menstruation returned; she lost her delusion, and two months afterwards returned home, *mens sana et in corpore sano.*

Case 4.—Mrs. B—, æt. 37 years, admitted into the Northampton General Lunatic Asylum, on April 3rd, 1862, had for two years previously been confined in a private asylum in the West of England, owing to an attack of acute mania, which subsequently became chronic in its nature, and was attendant on a derangement of the menstrual function of the uterus. As she was noisy for the first night or two after admission, an opiate was prescribed. After having been in the asylum for about a month, it was noticed that she always became excited from about three to six in the afternoon; during the rest of the day she was quiet enough, would converse rationally, and being a person of education and of a naturally charming manner, make herself very agreeable, and occupied her lucid intervals in reading and drawing, and with music, &c.; but as surely as the evening came round, her eccentricities would display themselves, she would become flighty and silly, dance round the room, chattering incessantly and laughing immoderately, and seldom remaining quiet for a single moment: this would gradually wear off, and on the next morning she would be as quiet and as lady-like as ever. Two-grain doses of Quinine were prescribed, bis quotidie, with air, exercise, and recreation. During the second month the catamenia returned; the exacerbations of recurrent excitement gradually became less intense, and ultimately ceased, and her cure was finally effected by a trip to the sea-side in North Wales, with nearly forty others of the inmates of the Northampton General Lunatic Asylum.

Case 5.—S. F. W—, æt. 18 years, single, dressmaker, first menstruated between fifteen and sixteen. About two years ago she was frightened by a mad dog, and menstruation ceased. Soon afterwards, hearing that a young

girl in the neighbourhood was *exceinte*, she forthwith, without any ground for the delusion, fancied herself in the same condition. This delusion soon left her; but two months after, hearing of a suicide by hanging, she became subject to the painful illusion that the deed was being constantly performed before her eyes. Her uterine functions, however, becoming healthy again, this soon passed away, and she remained well for two years. About two months ago, the catamenia again ceased, and she began to suffer from intense headaches, with sickness, and was sent to the sea-side for change, but returned the worse for her trip, and with her mind again manifestly deluded, believing, amongst other insane ideas, that a black man had turned her into a snake, and wanted to sell her; fancied that people were serenading the house, &c., &c.

She quickly became worse, and ultimately passed into a state of apparently drivelling dementia; dirty in her habits and depraved in her appetite, she would lay all day crouched in a corner, moaning and crying without ceasing, answering no questions, refusing all food, and taking no notice of anything, in fact, all her faculties, moral and intellectual, appeared to be swiftly departing and her existence becoming merely organic. This condition continued for some months, during which she was blistered, and aperients, anodynes, and salines prescribed, usque ad nauseam. Ultimately, equal parts of Decoction of Aloes and Mist. Ferri co., were given, ʒj twice a day, with, as the liver appeared rather sluggish, an occasional dose of Dover's and grey powder. This was followed by an irregular and scanty return of the catamenia, but producing a relaxed state of the bowels, with but slight mental amelioration, was after a time omitted. Still no improvement, and her general health slowly becoming very bad; she was reduced to a skeleton, and could scarcely stand. Ordered port wine and cod-liver oil, with a nourishing diet; her general health became better, her mental state slightly improved. Ordered Pil. Al. c. Myrrh., j, nocte maneque, with daily hot hip-baths. A still further improvement; healthy menstruation; recovery.

Here are five cases, all alike in their chief characteristics: in each, the first symptoms of mental disorder were preceded by irregularity of the menstrual function. In each, the uterine disturbance was the only cause, either of a moral or physical nature present. In each, medicines referring more especially to the head symptoms were first prescribed and failed, and in each, emmenagogues combined with tonics were, *en dernier resort*, given, and ended in a return of the catamenia and ultimate re-establishment of the mental faculties in their pristine vigour. The next and last case corresponds exactly with the others in every respect but the one important exception, that the removal of the physical cause was not followed by loss of the mental effect.

Case 6.—Miss E—, æt. 19 years, was the younger of two sisters, daughters of respectable and wealthy parents. Her history, as it appears in the case-book, is as follows: Has been well brought up and received a fair education; always enjoyed good health. Catamenia began to flow at sixteen years of age, and continued to do so periodically and regularly up to eleven months ago, when it ceased without any apparent or assigned cause, and has not since re-appeared. Her mind is stated to have first become affected four months ago, and she soon became as she is at present. Her friends wanted to remove her to an asylum at once, but were persuaded to try what a change to the sea-side might do; however, after a fair trial, as no improvement became visible, she was ultimately removed to the asylum. On admission, she looked pale, thin, and anæmic, and her pulse was feeble and unfrequent; but the organs of the thorax and the abdominal viscera, as far as could be ascertained, were in a healthy state. Mentally, her condition was very unfavorable; she appeared to have no power to guide her reasoning faculties to anything like correct conclusions, and her intellectual powers were strangely perverted, so that to

every question addressed to her she answered by some senseless rigmarole or other, quite foreign to the sense of the query. The moral sense seemed also blunted, and she was at times rather familiarly amorous, and would, if not watched, remove her clothes; with all this, there was a manner flippant and childish in the extreme, and a general appearance of lurking imbecility in every movement; she would take no food unless fed, and it was necessary to dress and undress her; that is six months ago, and she is still in the same mental condition—not one jot better. Physically, she appears to be in excellent health, as, after persevering in an emmenagogue treatment for three months, she became regular in her uterine function and has since continued so.

Now, can a rational, although necessarily hypothetical pathology, be framed to account for this evident sympathy between the cerebral and uterine function? I think there can.

Dr. Bucknill writes: "The one physiological principle upon which we have to build a system of cerebral pathology is, that mental health is dependent upon the due nutrition, stimulation, and repose of the brain; that is, upon the condition of the exhaustion and reparation of its nerve-substance being maintained in a healthy and regular state, and that mental disease results from the interruption or disturbance of these conditions."

To particularise. The vital fluid, holding in solution certain matter requisite for the nutrition of the cerebral substance, is conveyed by the arterial system to the capillaries of the brain, and through them is brought into intimate contact with the vesicular neurine, to which it yields up part of the nutritive material. The growth, organic life, and decay of the component parts of this vesicular neurine represents, however, the origin of all our thoughts and voluntary actions, and the working of our intellect; collects, arranges, and assimilates all our feelings, sensations, and impressions for their ultimate conveyance by the tubular neurine, and in fine, represents the working of the mind under the influence of its hidden stimulant. Therefore no thoughts, however fleeting, can occur to us, no action be consummated, without a like havoc and destruction of cells composing the vesicular neurine. For this purpose it is necessary that nutritive material should be always at hand, ready to supply matter for the formation of new cells destined to take the place of those just destroyed. The healthy brain must therefore be in a state of constant transition and change, always losing substance, and always having it renovated as fast as lost; always ready to be destroyed at the promptings of its unknown and imperious stimulator, and always prepared with material at hand for restoration.

Granted the foregoing to be true, it necessarily follows that any increase or diminution of the blood, or of the substance peculiar to the nutrition of the vesicular neurine, or any substitution of foreign and heterogeneous matter for this material, must disarrange the nicely poised balance, causing either (1) hyperæmia, by which the

nutritive material would collect faster than it could be assimilated; or else (2) atrophy, by which the number or efficiency of the cells would be diminished from want of food requisite to their growth. In either case, the functions of the vesicular neurine must become deranged and give rise either (1) to exaltation,—maniacal, emotional, or intellectual, as the case may be,—owing to an undue stimulation caused by the irritation and excessive nutrition of an abnormal quantity of blood; or else (2) to dementia and imbecility, owing to a want of material sufficient for the formation and supply of a quantity of cells necessary for the developing of the mental stimulus.

In amenorrhœa, hæmorrhage vicarious of nutrition is of constant occurrence, and there is scarcely an external or internal part or organ from which instances have not been given of this vicarious hæmorrhage, congestion of the part selected being a necessary concomitant.

In cases of insanity complicated, like the ones noted above, with amenorrhœa, may not the hyperæmia of the brain be a congestion vicarious of the menstrual flux? It may seem ridiculous to talk of vicarious congestion of the brain, but why should it seem so? why should the brain not be occasionally selected as well as the eye, stomach, or air-passages, for this freak of nature? I know of no recorded case of insanity, with amenorrhœa as its apparent cause, in which there has been a vicarious hæmorrhage. What do the lately accorded cases show us? We find a female, previously in good physical and mental health, suffering from amenorrhœa; almost immediately after the first monthly irregularity symptoms of a disordered mind begin to show themselves,—the congestion that should have occurred to the uterus, having chosen the vesicular neurine for its seat? Presently emmenagogue medicines are prescribed. The blood is by these means drawn to the uterus, and the catamenia re-established, whilst the brain, being sympathetic of the uterus, is relieved of the undue quantity of formative matter, and returns to the healthy performance of its functions. If, then, it be allowed that the brain of females does occasionally take a turn with other organs in aiding nature to purge herself of *débris*, we have cerebral hyperæmia, a well-recognised pathological cause of insanity, so to speak, ready made.

Some writers of eminence upon the causation of insanity maintain, however, that simple passive congestion is not sufficient to produce a diseased action of the brain, unless the blood be vitiated; and Virchow writes: "It is necessary that particular conditions should obtain in the tissues (irritation), altering the nature of their attraction for the blood, or that particular matter should be present in the blood (specific substances) upon which definite parts of the tissue are able to exert a particular attraction." So in these cases under consideration, we have not only a hyperæmic condition of the

vascular system of the cerebral substance, but likewise a highly carbonized and vitiated state of the blood, caused by the stagnation of one of nature's chief processes for its (the blood's) purification; for, according to Dr. West, "all nations regarded the menstrual functions as a great depurative agent, a means supplemental to the lungs themselves for eliminating carbon from the system." And again, "Of all the various processes of development which at times go on in the system, none seem to make such great demands on the circulating fluid as those which concern the respiratory organs."

If, then, congestion of the brain, with an abnormal congesting fluid, be a pathological condition of insanity, and we get this state of things in amenorrhœa, owing to a vicarious congestion, we must necessarily have the concomitant — madness. Some able pathologists, however, go so far as to deny the existence of simple congestion as a cause of mental derangement, and affirm that at the best it is but a consequence of the disordered mind, a collateral phenomenon, brought about by the irritability of the nerve-cells, and in no ways accountable for its (the mind's) departure from a healthy standard. Granting this to be true, we must do away with the theory of vicarious congestion, and fall back upon the irritation of the blood, and its paucity of material requisite for the nutrition of the nerve-cells, as the probably true cause of the eccentricities in the cerebral functions; and this condition we have already seen does exist in amenorrhœa. But I think that the weight of evidence of writers is overwhelmingly in favour of congestion as the precursor, and not the after effect of insanity.

II. *A short Note on some cases of Pellagra (Erythème Pellagreux).*

By James De Wolff, M.D. Edin., Medical Superintendent of the Hospital for the Insane, Halifax, Nova Scotia.

Communicated by Dr. W. A. F. Browne, Commissioner in Lunacy for Scotland.

Early in the winter of 1862 one of the writer's patients, an elderly man, had a very considerable swelling of the fingers, first of one, then of both hands, slightly itching, but not hot nor painful; soft and yielding, but not pitting on pressure; glistening, and of a marked and deep-blue colour, which was made paler, but not removed, as often as pressed upon.

Shortly after this one of the female attendants (who alone of all the household had at the same time chilblains on her feet) had not only this blue swelling of the fingers, but slight bullæ on several, followed by small abrasions of the cuticle.

By degrees first one and then another of the patients, to the number of fifteen, had the same swelling, with slight differences in

appearance. In some few instances fissures extended across the knuckles, as in badly chapped hands. In one patient only, a stout young lad, the swelling was firm, and so extensive as to prevent closing of the hand. In this case no itching was complained of, but there was an evident uneasiness, and the patient, watching his opportunity, scarified the back of the fingers freely with a table knife. For some time the wounds thus made presented an unhealthy appearance, having everted edges and a serous exudation. Considerable swelling of the face, without discoloration, was noticed in this lad, but in none of the others.

The occurrence of this affection in about one tenth of the household led to inquiry as to its probable cause. It could neither be traced to any particular article of diet, nor to the want of nourishing food. Those who kept the season of Lent too rigidly were no more subject to it than those upon full diet. It was not owing to exposure, since those who carefully avoided the cold were no less affected than those who took daily out-door exercise. It was not caused by the soap used in washing, for this varied in the different wards; but it appeared to be aggravated by too frequent immersion of the hands in water. The young, the middle-aged, and the old, males as well as females, the robust and the feeble, private as well as pauper patients, the industrious and the sedentary—all appeared equally liable to it.

It differs from *pernio* in not being caused by cold, and from pellagra in coming on in winter and ceasing in spring. The colour was too deep and persistent to be mistaken for erysipelas, and too equally diffused, as well as too clearly localised, for purpura or scorbutus. Except a certain degree of lassitude, no constitutional symptoms presented themselves, nor could any general cause be ascertained to which this peculiar affection was attributable. The situation of the hospital is good, aspect cheerful, drainage satisfactory, ventilation attended to, temperature uniform. Several of the wards were crowded, but not all. The only cause the writer can surmise, with any probability, may have been a humid state of the air throughout the building, owing to the, perhaps, too frequent scrubbing of the floors; and yet, if owing to this, why was not the same effect produced in former years? The affection is believed to have been limited to the hospital.

Failing to ascertain the cause with any certainty, the treatment was chiefly local. A liberal use of a camphorated creasote wash appeared most beneficial. As the absence of any great variety in the vegetable food used during the winter might be supposed to have some influence, fruit was given freely—apples, oranges, and lime-juice; but whether with or without any beneficial result, it is difficult to say. The affection has gradually subsided, and scarce a vestige of it now remains.

[Until very recently the appearance of pellagra, or of an affection supposed to be identical with that prevalent in Italy, and so designated in the Hospital de St. Louis, Paris, was regarded as worthy of commemoration. Those, however, conversant with foreign psychological literature must be aware that various observers have described a condition peculiar to the insane confined in asylums, and regarded by them as a variety of pellagra, if not as the typical affection. It is characterised by emaciation, weakness, diarrhœa, and, in a more advanced stage, by an erythema of different colours, but generally red or dusky, which follows exposure, and covers the back of the hands, the arms, feet, neck; there being concomitantly an earthy or bronzed tinge of the skin, which is dry and rough. The eruptions may be vesicular, papular, squamous, or furunculoid. The extremities are occasionally œdematous, and present scorbutic patches. Remissions take place during winter. M. Billod, who had previously examined the true pellagra in its native haunts, and contributed much to our information upon the subject, was the first observer who traced a connection between that disease and the special cachexia of the insane. Since the publication of his paper, 'Ann. Medico-Psych., 1859,' cases have been recorded as occurring in the asylums of Mareville, Fains, &c., and have been described in the 'Archives Cliniques,' t. i and ii, by MM. Fougères and Auzony. With a knowledge of these facts, I was struck by some remarks of Dr. De Wolff, in a private letter upon professional matters; and speculating upon the possibility that what had attracted his attention might prove to be a modification of the érythème pellegreux, occurring in a different climate and under totally different circumstances, I encouraged my friend to transmit a more detailed account of the cases which he had treated. It is to be regretted that the author has been so brief; but his sketch is such as to enable those familiar with the subject to form a judgment as to the connection between the affections now grouped together by name, and, perhaps, by their nature.—W. B.]

PART II.—REVIEWS.

I.—THE ANNUAL REPORTS OF THE ENGLISH AND SCOTCH COMMISSIONERS IN LUNACY.

Seventeenth Report of the Commisioners in Lunacy to the Lord Chancellor. 1863, pp. 176.

Fifth Annual Report of the General Board of Commissioners in Lunacy for Scotland. 1863, pp. 226.

According to the Report of the English Commissioners, the number of insane persons in the several asylums, hospitals, and licensed houses in England and Wales was, on the 1st of January, 1863, 27,339. The number of patients thus confined on the 1st of January, 1862, was 26,199, so that there has during that year been an increase of 1,140 patients. The following table gives the distribution of the insane who are in confinement:

	Private.			Pauper.			Total.
	Male.	Fem.	Total.	Male	Fem.	Total.	
County and Borough Asylums	149	110	259	9221	11,093	20,314	20,573
Hospitals	1127	801	1928	155	151	306	2234
Metropolitan Licensed Houses	803	645	1448	262	564	826	2274
Provincial Licensed Houses	963	743	1706	271	281	552	2258
Total	3042	2299	5341	9909	12,089	21,998	27,339

The increase in the number of private patients was 91, while that of paupers was 1049. During the year, 8804 new cases, 4486 males and 4318 females, have been admitted into asylums; this is a less number than that of previous years. Thus,

In 1858, the admissions were 8146
„ 1859 „ „ 9104
„ 1860 „ „ 9240
„ 1861 „ „ 8955
„ 1862 „ „ 8804.

The total number of discharges during the year 1862 was 5038, of which 3308 were recoveries; and there occurred 2626 deaths.

Of the whole number of insane in confinement, only 3152 are deemed curable.

It would be a great mistake to suppose that all the lunatics of England and Wales only amount to 27,339. The Commissioners, in their figures, take no account of the large number of insane in workhouses and of the patients living in private houses. The number of lunatics and idiots in workhouses is steadily on the increase; and it appears from the returns of the Poor Law Board, that on the 1st of January, 1862, there were 8803 such inmates, as compared with 6800 on the 1st of January, 1857. The same Poor Law returns give the number of insane paupers residing in asylums and as single patients as 25,412. Now, the report of the Commissioners represents the number of insane paupers in asylums on the 1st of January, 1862, as 20,949, so that at least 4463 single pauper patients are to be added to the 8803 resident in workhouses, and which are not included in the figures of the Commissioners. In reality, however, the number of single pauper patients is greater than 4463, for the Poor Law Board's return of the paupers in asylums is somewhat less than that of the Lunacy Board, inasmuch as some unions and parishes make no return, and county patients and many criminal lunatics not chargeable to the poor-rates are omitted in the estimate of the Poor Law Board. Moreover, the operation of the Lunacy Act Amendment Act, 1862, which provides for the reception of chronic lunatics into workhouses, must have been to increase the number of insane in the latter places. If, therefore, we assume the number of insane paupers residing in workhouses and in private houses to be 15,000, the estimate is not excessive. The estimate of the total number of lunatics in England and Wales would then rise to 42,339.

But that number, large as it is, does not include all the lunatics. No account has been taken of the single private patients who are living in unlicensed houses. The number of these who are under certificates was, on the 1st of January, 1863, 150, viz., 69 of the male and 81 of the female sex. Of these, 48 have been found lunatic by inquisition; and the Commissioners have come to this resolution, in consequence of the appointment of Visitors in Lunacy, to discontinue their visitation of them. The visitation of "single patients" generally by the Commissioners is permissive and discretionary; but they have, during the year 1862, visited 121. Those figures, however, represent nothing like the number of single patients in England and Wales. In an excellent paper in this Journal (October, 1862), Dr. Arlidge, calculating from data supplied by the Scotch Lunacy Board, estimates the private single cases of insanity in England to amount, in round numbers, to 12,000; and this estimate is probably not much, if at all, over the mark. He concludes that the total number of insane in England and Wales will be 54,000; and from the foregoing remarks it will be evident

that the estimate is not exaggerated. The result then is that the statistical tables of the English Commissioners only include about one half the lunatics in England and Wales.

The report of the Scotch Commissioners gives the number of insane on the 1st of January, 1862, instead of giving the number of insane at the end of the year or on the 1st of January, 1863, as the English report does. The total number of the insane in Scotland on the 1st of January, 1862, exclusive of the unreported lunatics in private dwellings, was 6341, distributed as follows:

	Male.	Fem.	Total.	Private.			Pauper.		
				Male.	Fem.	Total.	Male.	Fem.	Total.
Public and private asylums	1403	1417	2820	418	382	800	985	1035	2020
Private	397	524	921	93	138	231	304	386	690
Poorhouses.....	335	503	838	—	—	—	335	503	838
Private dwellings	777	985	1762	8	13	21	769	972	1741
Total.....	2912	3429	6341	519	533	1052	2393	2896	5289

During their first investigation into the condition of the insane, the Commissioners obtained knowledge of the existence in private dwellings of 1887 insane persons supported from private funds. "In later inspections, however, we have purposely omitted to make any particular inquiries regarding such patients, as, being for the most part resident with their own families, they are not subject to statutory visitation. At the begining of 1862, there were only 21 private single patients, who, in conformity with the forty-first section of the Lunacy Act, were placed under the order of the sheriff in the houses of strangers. From the great uncertainty which, under these circumstances, must accompany any estimate of the number of unreported private patients, we now think it more advisable not to take them into account." This may be inevitable, but we cannot but regret the necessity. With the opportunities which they have of gaining information, one could not but hope that some contribution to the science of a great social question would be made by the different boards of lunacy.

The amount of pauper and private lunacy on the 1st of January of each year, since the institution of the Scotch Board, is seen in the following table:

On 1st January.	Pauper.		Private.	
	Asylums and workhouses.	Private dwellings.	Asylums.	Single patients.
1858	2953	1784	1012	20
1859	3103	1877	1011	24
1860	3379	1847	971	21
1861	3470	1787	992	22
1862	3548	1741	1031	21

"We ascribe the nearly stationary amount of private lunacy principally to the impoverishing operation of mental disease, through which a considerable number of private patients are each year converted into paupers; and the greater growth of pauper lunacy partly to the cause just alluded to, and partly to a diminished mortality from better care and treatment."

The Commissioners think that an erroneous estimate has been formed of the prevalence of insanity in Scotland, from the institution of comparisons between the number of insane in England and Scotland founded on the official returns of the different boards. They point out that in Scotland their visits are not limited to asylums and poorhouses, but extend to every house, wherever situated, in which a pauper lunatic is placed. There is reason, therefore, to think that the number of unreported pauper lunatics is much less in Scotland than in England, where no such parochial inspections are undertaken. "We are of opinion," they say, "that any seeming excess of lunacy in Scotland is not so much due to a larger proportion of insane in the population as to more copious and accurate returns." Our previous remarks will show how correct this opinion is; and we may further add, that Dr. Arlidge, in the before-mentioned careful paper, comes to the conclusion that the proportion of lunatics to the sane population is almost precisely the same in Scotland as in England, or about "one adult insane individual in every 200 who are twenty years old or upwards."

In former reports they have called attention to the fact that, judging from the returns, females are considerably more liable to insanity than males. "We are, however, very far from considering this point as definitely decided by such data. In the first place, it must be borne in mind that, in the general population of Scotland, the proportion of males to females is as 100 to 111; and, in the second place, that the number of male paupers is very much less than that of female paupers. From the sixteenth report of the Board of Supervision, it appears that, on the 14th of May the roll of registered paupers comprised 19,741 males and 58,692 females. These numbers are in the proportion of 100 male to 297 female paupers. But even this difference, great as it is, does not express the total disparity existing between male and female pauperism; for, depending on the registered poor, and thus receiving relief in an indirect manner, there were, in the year named, 38,680 persons composed of wives and children under fourteen years of age. It seems, therefore, highly probable that the excess of female pauper lunacy is due, not to any greater disposition of the female sex to insanity, but simply to the larger source from which the supply of female pauper lunatics is derived. When the inquiry is restricted to private patients, this opinion derives considerable support, as it is then found that the proportion of male to female lunatics placed

in asylums is as 100 to 106; the proportion of males to females in the general population being, as has just been stated, 100 to 111."

The returns of admissions into asylums show a "remarkable steadiness in the annual production of lunacy, in its relative occurrence among the pauper and non-pauper classes of the community, and in the relative susceptibility of males and females. The numbers placed in seclusion are, however, less in 1862 than during any of the four previous years." The following table exhibits the numbers placed in asylums in different years:

Years.	Private.			Pauper.			General Total.		
	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Total.
1858	193	213	406	436	606	1042	629	819	1448
1859	201	190	391	476	555	1031	677	745	1422
1860	166	215	381	488	573	1061	654	788	1442
1861	220	215	435	475	586	1061	695	801	1496
1862	192	192	384	449	541	990	641	733	1374
Average...	194·4	205·0	399·4	464·8	572·2	1037·0	659·2	777·2	1436·4

It appears that the average daily rate of maintenance of the Scotch public asylums has been 1*s.* 3¾*d.* for the last five years; the average daily rate of the private asylums in which paupers were kept was 1*s.* 4*d.*, that of poorhouses, 11¼*d.*, and the average rate in private dwellings only 5¾*d.* per day. There is a very evident reason, therefore, why parishes should desire to keep their pauper insane in private houses or to send them to poorhouses. Probably the lowest possible rate at which human beings can be satisfactorily maintained is reached in Shetland, where the expenditure for each insane pauper in a private dwelling is 3¼*d.* a day; in Orkney it is a little higher, for it reaches the sum of 4*d.* a day; it is highest at Berwick, where it is 9¼*d.* a day.

The Scotch Lunacy Act Amendment Act, 1862, modifies in several important particulars the original Lunacy Act. It extends the definition of the word "lunatic," so as to make it embrace every person certified by two medical men to be "a lunatic, an insane person, an idiot, or a person of unsound mind," and thus makes the definition of lunacy in the Scotch law identical with that of the English statute. It empowers the Commissioners to grant special licenses to the occupiers of private houses for the reception and detention therein of lunatics, not exceeding four in number, without the exaction of any license fee; it furthermore confers on them the power of sanctioning the discharge of patients on trial. One clause permits persons to place themselves voluntarily under treatment in asylums. "Unfortunately, however, the procedure to be followed is too complicated to allow us to hope that the provisions of this clause

will be taken advantage of, except on very rare occasions." A very important modification introduced by this new Act is the relaxation of the enactment which required district boards to provide accommodation for their pauper lunatics within their own districts, either in public or district asylums. For the future, arrangements may be made, with the sanction of the Commissioners, "for the reception and detention of all or any of the pauper lunatics of any district, county, or parish, in any public, private, district or parochial asylum or hospital, within or beyond the limits of such district, county, or parish." Another very important alteration is the recognition of lunatic wards in poorhouses as permanent accommodation for pauper lunatics. The third section of the Act authorises the Commissioners "to license lunatic wards in poorhouses for the reception and detention, on the order of the sheriff, of such pauper lunatics only who are not dangerous, and do not require curative treatment, subject to such rules and conditions as the board may prescribe." The fourth section also empowers them to "sanction the reception of pauper lunatics into lunatic wards of poorhouses without the order of the sheriff, according to forms and subject to regulations approved by the board." Now, the Commissioners very much regret the distinction that is drawn between patients who "are not dangerous, and do not require curative treatment," and those who belong to the opposite category, inasmuch as the belief is thereby encouraged that safe detention is all that is required for the proper care and treatment of the former class. "No idea can be more unfounded, and none more pernicious to the welfare of the insane. Under judicious management, and provided with proper means of occupation, the great mass of the insane are capable of being actively and usefully employed, and in a manner calculated to afford them positive enjoyment in life. In these respects there is no difference between the so-called dangerous and non-dangerous classes, or between the curable and incurable." As, however, the motive for attaching lunatic wards to poorhouses is simply economy, it is evident that a lower rate of maintenance will be obtained by limiting the appliances of treatment and restricting the comforts of the patients. There will be no land to cultivate, and the patients must listlessly lounge through the day in small and gloomy airing-courts. The English Commissioners, in their report, express a similar unfavorable opinion of workhouses as accommodation for the insane. "We have never ceased to be of opinion that the general construction and arrangement of workhouses render them altogether unsuitable for the accommodation and treatment of insane patients. The restrictions under which workhouses are managed, and which are, perhaps, necessary to check imposition and disorderly conduct on the part of ordinary paupers, are ever more or less extended to the insane paupers also, who likewise share, to a great extent, the gloomy, unfurnished wards, the narrow

airing-courts, and the low-diet. Boards of guardians, who view them as paupers only, are very rarely persuaded to extend to the lunatic and the idiot inmates the comforts and indulgences which their malady or their helpnessness so urgently needs."

It was certainly a natural desire on the part of the public that workhouses should be made available for the detention of chronic lunatics. For the rapid way in which county asylums are increasing in size, and the ever recurring necessity of building new ones, are facts calculated seriously to move the public mind, and to make thoughtful men ask what is to be the end of it. From the report of the English Commissioners we learn that the plans for a new asylum for the county of Surrey to provide for 651 patients have been finally approved; that plans for a new asylum in Stafford to accommodate 200 patients have also been approved; that plans have been sanctioned for an enlargement of the Denbigh asylum, the Wilts asylum, and the Nottingham asylum; and that the new asylum for Glamorganshire will soon be opened. Although there are already three county asylums in Lancashire, and two of these, one at Prestwich and one at Rainhill, have been recently enlarged, yet plans have been submitted for a proposed enlargement of the Lancaster asylum, by which additional accommodation would be provided for 300 patients. To these the Commissioners strongly objected, on the ground of the difficulties attending the management of large asylums, and because of the insufficient quantity of land belonging to the asylum. The Secretary of State, however, has given his sanction to the plans. As the Commissioners publish a very flattering account of the West Riding asylum, which has been enlarged so as to contain more than 1000 patients—as many, in fact, as it proposed that the Lancaster asylum shall contain—and which has but little land in proportion to its size, it may be hoped that there will not be great reason to regret the sanction of the Secretary of State to the enlargement of Lancaster asylum. The erection of an asylum for the City of London which will provide accommodation for 250 patients is proceeding rapidly, and the criminal asylum at Broadmoor has now been opened.

If we turn from England to Scotland, the story is the same. The Argyllshire district asylum is rapidly approaching completion; the district board of Ayrshire have acquired a site for an asylum; plans for Banffshire district asylum have been approved; the district board of Fife have, after prolonged discussion, resolved to erect an asylum for 250 beds; the district asylum at Inverness "will probably be ready for occupation next autumn;" and the Perthshire district asylum continues to make satisfactory progress. Notwithstanding that new asylums are thus rapidly rising in Scotland, there are still in that country twenty-one counties which are dependent for accommodation on public asylums beyond their bounds, and on

private asylums and lunatic wards of poorhouses, either within or beyond their bounds.

Of the practice of receiving as boarders into a poorhouse lunatics chargeable to parishes which have no proprietary share or interest in the poorhouse, the Scotch Commissioners express their disapproval. "It is difficult to see what other object parochial boards can have in receiving patients from other parishes into the lunatic wards of their poorhouses, than the profit which they derive from the transaction." While, therefore, they will not withhold their license if a parochial board resolve to provide lunatic wards for a certain portion of its insane poor, all due precaution to secure proper treatment being taken, they will not, as a general rule, sanction the unconditional reception of the pauper lunatics of other parishes. Still, with that freedom from foregone conclusions which characterises their reports, and a spirit of candour which does them infinite credit, they add that it is not their intention to place any absolute veto on the admission into lunatic wards of poorhouses of boarders from other parishes. "Our main object is to check the growth of a traffic in patients for pecuniary profit, and not in any way to prevent the development of accommodation which the necessities of the public really demand. We believe both ends will be attained by permitting the reception into lunatic wards of poorhouses of patients from any parish, but on this condition—that the rate of maintenance shall be the same for the whole of the patients, to whatever parish they may be chargeable. For those not chargeable to the parish to which the poorhouse belongs, an extra payment will be allowed for rent; and the rate of maintenance will be fixed from year to year, according to the actual expenditure of the preceding year for the whole of the patients under treatment." It may be doubted whether the result will be satisfactory.

The English Commissioners have, it appears, taken the opinion of the law officers of the Crown as to whether the chronic lunatics authorised to be removed from an asylum to a workhouse by the eighth section of the Lunacy Act Amendment Act, were to be limited to lunatics belonging to the parish or union with whose board of guardians the arrangements may be made; and according to that opinion, the effect of the clause is to establish this limitation. No one, we think, will regret the result; for though in Scotland, with its present imperfect asylum accommodation, such a limitation might be in some degree prejudicial, yet in England there can be no necessity to allow the workhouse of one parish to receive the lunatics of another. It seems probable that the power to remove chronic lunatics from an asylum to a workhouse will in the end do very little towards relieving the asylum. To secure that treatment which insanity demands, boards of guardians will discover that they must spend as much on their patients as it would cost to keep them

in the asylum; and they will not care, therefore, to take upon themselves the troubles and responsibilities of a thankless office. On referring to the Scotch report, it appears that exactly one third of the pauper lunatics are living in private dwellings, and they are living there at an average cost of five pence three farthings a day, when the average cost of the public asylums is for each patient one shilling and three pence three farthings a day. If we are to assume that these insane living in private dwellings are properly treated, then it is obvious that the cottage system is the real expedient to be adopted by economical guardians. For although it may not be possible to maintain a lunatic in an English village at five pence three farthings a day, yet as an English labourer in some counties lives and maintains a wife and family on a sum not greater than the average cost of one patient in a county asylum, the adoption of the cottage system—if an actual increase in the production of lunacy rendered greater provision necessary—might effect some saving to the rate payer.

Notwithstanding the necessity, however, which there is of enlarging so many county asylums; notwithstanding the very striking facts that on the 1st of January, 1849, there were 14,560 patients in hospitals, asylums, and licensed houses in England and Wales, on the 1st of January, 1859, 22,853, and on the 1st of January, 1863, 27,339, it is not at all certain that there is an actual increase in the production of insanity in proportion to the population. If the average of a few years could be fairly taken, so as to exclude accidental fluctuations, and be compared with the average of a like number of years, it would be most likely found that the amount of insanity which occurs in proportion to the population is a constant quantity; that as so many crimes of a particular kind are committed in a year, so there is a certain amount of insanity produced. The admissions into asylums in England have diminished for the last two years; in 1862 they were 436 less than in 1860, and the number of them, namely, 8804, is but 520 more than the average of the last nine years, which may be found to be 8284. And the table which has been quoted from the Scotch report shows a remarkable steadiness in the annual production of lunacy in Scotland; it proves, furthermore, that the numbers placed in seclusion were less in 1862 than in any of the four previous years. On theoretical grounds, it may be plausibly argued that insanity must increase in these days; but on theoretical grounds it may be equally well argued that it will not increase. If it be assumed that the excitement of great speculation must injure the brain, it may be replied that the business of a man in the world is activity, and that such activity is infinitely better for him than mental stagnation in Bœotian simplicity. Even mania is a less degenerate stage than idiocy or cretinism. If, again, it be said that rapid and frequent

railway travelling must injure the brain, it may be argued that railways have, by opening up remote parts of the country, and by promoting easy intercommunication between the inhabitants of different parts, prevented intermarriage in families, and dispelled many dense fogs of ignorant prejudice. In short, there is not a single argument on one side which may not be met with as strong an argument on the other side. Passing by, then, all speculations on this question, it remains only to add that statistics do not supply any trustworthy evidence of an increase in the annual production of lunacy. The calculations of the Commissioners, in their report for 1860, clearly show that there had been no augmentation in the class of registered private insane persons during the ten years ending January 1st, 1859. The largely increased number of pauper lunatics during that period was not seemingly due to any greater proneness of the labouring population to mental disease, but, in the opinion of the Commissioners, was explicable (1) by the large number of cases previously unreported which in that period were brought under observation, (2) by the increased number of those sent to asylums, and (3) by the prolongation of life in those who were thus brought under care. We have already seen that such evidence as is available since 1860 tends to confirm those conclusions. When, therefore, by the lapse of a few years, the signalised causes of an increase in the pauper lunatic population have ceased to affect the county asylum, it will be possible for the authorities of the county to predict what will be the annual production of lunacy therein with as much certainty as a tradesman who has a shop in a leading thoroughfare can predict, within slight variations, what will be his receipts each year.

It is gratifying to observe that both the English and Scotch Commissioners express their opinions strongly on a point which has been insisted upon by this Journal as essential to the satisfactory treatment of the insane, namely, the desirability of paying attendants well, and of affording them a sufficient amount of relaxation. "Wherever these important considerations are not observed, we usually find an inferior class of servants, who have been only a short time in the asylum." It appears that during the years 1856-7 there were no less than 192 attendants and nurses engaged in the five metropolitan licensed houses receiving pauper patients. "Believing, therefore," say the English Commissioners, "that continuance of service and efficiency are, as a rule, proportionate to liberal remuneration and treatment, it becomes a matter of paramount importance to endeavour to obtain for all nurses and attendants those inducements for good conduct; and in the hope of promoting this object, we propose to renew our inquiries on this subject when making our next statutory visitations." It may not be generally known that a register available for reference is kept at the office of

the Commissioners of all attendants in asylums, hospitals and licensed houses, of whose dismissal for misconduct notice shall have been given. "We have reason to believe that attendants obtain employment, who, if due inquiries were made, would be ascertained to have been dismissed for misconduct from previous situations. In all cases of doubt, applications should be made to this office for information, which would be readily furnished."

In the English report some observations are made with regard lunatic hospitals; and in the hope of aiding those who may be desirous to extend this kind of provision for the insane, the Commissioners have endeavoured to estimate the probable outlay necessary in land and buildings. They merely give as illustrations the cost of the Manchester Hospital, that of Coton Hill Institution, and the outlay on the seven chartered asylums in Scotland. The subject has, however, been already so fully discussed in these pages that it is not necessary further to dwell upon it. The Commissioners have thought that it would be very desirable if arrangements could be made for the reception into these hospitals of persons not insane, who, being conscious of a want of power of self-control, or of the addiction to intemperate habits, or fearing an attack or a recurrence of mental disease, and being in all respects free agents, are desirous of residing as voluntary boarders in an institution for the insane. They have submitted the question as to whether such arrangements can be carried out to counsel, and have received an opinion that there is nothing in the statutes to prevent the admission of the persons referred to as voluntary boarders into registered hospitals.

They are glad to find that there is a fair prospect of the removal of Bethlehem to a better site; for if the proposition be well carried out, "inestimable benefits will accrue to the occupants of the new building." "Whenever this most desirable step shall be accomplished, St. Luke's will be the worst situated and, externally, the gloomiest lunatic hospital in the United Kingdom. It is to be hoped, therefore, that the governors of this wealthy charity will, ere long, favorably entertain the recommendation we have repeatedly made to abandon a site so unsuited to its purpose, and give their patients the benefit of country air and exercise in a better locality."

There is no law, it appears, in Scotland fixing the time during which an escaped patient may be recaptured. The English law, as is well known, limits the period to fourteen days, and there has been a disposition in Scotland to follow this precedent. "But as the Scotch law is entirely silent upon the point, and as in Scotland the sheriff's order is regarded as a legal warrant for the detention of the patient, it is doubtful whether it can expire by any mere lapse of time. There can be no doubt, however, that the superintendant of an asylum would be extremely unwilling to expose himself to the risk of an action at law, by acting on the view that the

order is persistent, especially as he comes under no legal obligation to provide for the safe keeping of his patients. Indeed, the power of recapture after an escape, even within the shortest period, might very possibly be disputed, and it is, therefore, desirable that the question should be authoritatively determined by statute." This is only one amongst other points which have been strangely overlooked by the Scotch law. Is it not the fact, for example, that no certificate of death is required in Scotland by the minister who has a dead body brought to him for burial; so that if a murderer in England is clever enough to get his victim conveyed over the border, he will have no difficulty in disposing of the body?

Judging from the reports which the Commissioners publish, it would seem that, with a few exceptions, the Scotch private asylums are not in a satisfactory condition. Indeed, we cannot but remark on the forbearance which the Commissioners display. With great candour, they give full credit for such improvements as are made, and appear greatly to regret the necessity of acting sometimes with vigour. For example, finding it impossible to introduce a better system into one house, "we have been reluctantly obliged to intimate to the proprietor that we should grant our license only until Whitsunday. When last visited, *the stench in the wet dormitory was so overpowering that it was impossible to remain in the room.*" Of another private asylum, they say that the patients are tolerably well cared for, "but their comfort would be promoted by removing such of the bedsteads as are too short to allow full extension of the limbs. Cleanliness should be attained by less questionable means than indiscriminately cropping the hair of the females." Really, we think, a very mild censure for such delinquencies. Then, again, it is not uncommon to find it stated that "mechanical restraint is too frequently resorted to." Is it necessary that mechanical restraint should ever be resorted to in a properly conducted asylum? Under such circumstance, is not leniency towards proprietors cruelty to patients? If, however, the patient avoidance of harshness is a failing, it is a failing which leans to virtue's side, and must in the end do more to secure respect for the Commission, and to promote its usefulness, than the rash overstatement of an admitted evil or the hasty exhibition of an ill-considered severity.

We will conclude this review with some observations made by the English Commissioners on the employments and amusements of patients. "Generally we have to record during the past year, as to public asylums, an increased attention on the part of those responsible for the cure of the insane to the necessity, not merely of providing them with means for employment and recreation out of doors, but of surrounding them in their wards with small comforts of domestic furniture, making their dormitories more home-like by a trifling outlay on carpeting and curtains, and putting into their

galleries and day-rooms pictures and objects of ornaments of an inexpensive kind, which may serve to engage their attention, occupy their thoughts, and exercise them in habits of care and self-control.

"The reasoning that would prescribe and justify in this respect a total absence of everything not strictly necessary, is now very little used. We have much less frequently to reply to the argument that the poor have not carpets and curtains in their homes. It is precisely because their homes too frequently are wanting in them, as well as in the sufficiency of food, that, hardly less than the better and more ample diet, these trifling luxuries are wanted in the asylums.

"We think it important thus publicly to state that the argument" (that the comforts and attractiveness of furniture could not be appreciated by hopeless idiots, who might be apt to break it) "is directly opposed to the wide and various experience acquired by the members of this Commission, during many years of incessant observation of all the asylums in the kingdom. There are individual exceptions, no doubt; but it is not within our experience that, as a class, any portion of the insane are ever reduced so low as to be incapable of some measure of improvement. Nor is it less certain that improvement of any kind will never be effected in the worst patients by associations belonging to the habits which degraded them. Influences directly contrasting with these habits constitute the only chance of redemption. It is upon the endeavour to open to them, in their darkened and deplorable condition, that glimmering prospect of something better from which humanity is never entirely shut out, that the chief expectation must rest of at last arousing in them anything allied to self-respect. *This* is the basis of all amendment, and it is for this that increasing effort should be made."

II. Recent foreign study of morbid mind; the positive and the metaphysical method.

Die Pathologie und Therapie der Geistes-krankheiten auf Anatomisch-Physiologischer Grundlage. Von J. L. C. Schroeder van der Kolk. Braunschweig, 1863, pp. 217.

Histoire Critique de la Folie Instantanée, Temporaire, Instinctive. Par le Dr. J. A. Mandon. Paris, 1862, pp. 212.

M. Auguste Comte, in his remarkable but little-known work on positive philosophy, establishes the law that every branch of knowledge passes in its development through three stages; namely, the supernatural, the metaphysical, and the positive. In the first of these stages events are regarded as the production of supernatural

agents; and men fall down on their knees, as children cry in the dark, from a fear of beings whom the imagination has created. In the metaphysical stage abstractions are personified, and entities inseparable from the phenomena are substituted for the supernatural agents. This is the period in which *essences* are sought after, and the supposition that the human mind cannot transcend the phenomenal is contemptuously rejected. In the positive stage, however, man applies himself to the observation of phenomena, to an investigation of the conditions of their production and the laws of their relations. Positive science, then, supersedes both superstition and metaphysical philosophy; the Sun-God is dethroned by the law of gravitation. This law of development M. Comte proclaimed to be the fundamental law of mental evolution, and his disciples confidently assert that the experience of all sciences and of all nations proves its truth.

Although all sciences pass through the three stages, it must not be supposed that they pass through them in the same time. The science which deals with the most simple and general phenomena will arrive at the positive stage long before that which deals with the most complex phenomena; and hence it is, that while astronomy is now a positive science, biology has not quite passed out of a metaphysical stage, and sociology even remains in the supernatural stage. It happens, too, frequently enough, that long after the most advanced cultivators of the science have arrived at the positive stage, the multitude lingers behind in the supernatural or metaphysical stages; and, instead of the weary, wayworn toiler being greeted with acclamations of welcome when he reaches the goal, he finds himself alone at the end of his labours with the angry revilings of an ungrateful people ringing in his ears. Nay, how often does it happen that the pioneer but leads the way through the wilderness, and never himself attains to the promised land? Like Moses, he lies down to die on Pisgah within sight of Canaan, and others enter into the fruit of his labours. This kind of spectacle appears to be periodically reproduced in the history of the world; and that which happened when astronomy first began to become a positive science has again happened now that there is the foreshadowing of a science of history. Kepler complained bitterly of the discouragements and persecutions which he met with in his pursuit of truth, and Buckle has gone to his early grave without the greatness of his labour having received anything like the appreciation which future ages must award to it.

It seems to be full time that those who devote themselves to the study of psychology should put to themselves the question as to what stage the science which they teach is to occupy. Is mental science to remain in the metaphysical stage, or is it to become a positive science? If Comte's law of evolution be true, the result

cannot be doubtful; and the tendency of recent investigations has certainly been to illustrate the operation of the law. When pure psychology is represented by such works as those of Mr. Herbert Spencer and Mr. A. Bain, and when the physiology of nerve-element is undergoing such development as the labours of Du Bois-Raymond, Pflüger, and Arnold von Bezold exhibit, it does not require great foresight to discern what must be the progress of events.

In the investigation of the phenomena of insanity men are for the most part agreed upon the necessity of observation of all particulars, psychical and physiological, and of the establishment of a science by inductions therefrom. But even those who admit this are often unconsciously influenced by the trammels of an old nomenclature; and instead of simply classifying observations, they must needs refer them to some heading which belongs to psychology as a metaphysical study. Thus it has come to pass that so much has been written in discussing what faculties of the mind might be diseased, when separate faculties of the mind are mere creations of human nomenclature. The French alienists have gone so far as to describe independent diseases of the will, and to talk of a special disease of the faculty called association of ideas. It is obvious that there need be no end to the writing of books if vague terms, which do not express definite ideas, are made the subject matter of a science. It is obvious, too, that no faith can be placed in the trustworthiness of observations which are made with reference to theories implied in the use of such a nomenclature. When one observes how fluently a French alienist talks of "lesions of the will," "of moral liberty," "of free activity," of integrity of the moral conscience, it really might appear as if it were quite unnecessary that there should be definite ideas beneath words.

The two works which have been placed at the beginning of this notice illustrate very different methods. The book of Schroeder van der Kolk, it is scarce necessary to state, is written in the true spirit of positive science, and furnishes valuable and exact information. The book by Dr. Mandon is a theoretical disquisition, in reply to a theoretical proposition, by a clever writer, who does not appear to think it necessary to have exact ideas. The former illustrates the right method of studying insanity, the latter illustrates what we think is a wrong method.

It is not our intention on this occasion to do more than call attention to the publication of the work of Schroeder van der Kolk. On the 1st of May, 1862, that distinguished physiologist was called to his everlasting rest; but he left behind him an expressed wish that this work, upon which he was engaged at the time of his death, might be given to the world. This has been done, as well as under the circumstances was possible, by his pupil, Dr. F. A. Hartsen, and the German translation is by Dr. Theile, who was also

the translator of the work on the spinal cord and medulla oblongata. From his entrance into medical life until his death, Schroeder van der Kolk was engaged in the treatment of the insane; and his contributions to the elucidation of the structure and functions of the nervous centres raised him to the first rank as a physiologist, and reflected honour upon the speciality which he adorned. It is, therefore, with gratification that we receive this *opus posthumum* in which the distinguished dead yet speaks; and although the book has been in part manufactured out of old papers of his, and will not do much to increase his fame, we shall endeavour on another occasion to give some account of the physiological and pathological information which it contains, and to extract some practical therapeutical suggestions.

The work of Dr. Mandon is a prize essay, the proposed text of which was "to determine, by well-observed and rigorously examined facts, whether disorders of will are independent of those of intelligence, and to establish under what circumstances man is irresponsible for his acts." It will appear rather surprising that the author should have received the prize when it is added that we do not meet in his book with the record of a single fact observed by him. The essay is really a purely theoretical criticism of the opinions of the different French authors who have written on the subject in the 'Annales Médico-psychologiques.' Even as a theoretical essay it is defective; for the author does not appear to know anything of German and of English opinions, except so far as they may happen to have been quoted in the 'Annales Médico-psychologiques.' Had he been acquainted with the present state of knowledge on the physiology of the nervous system, he certainly would have written a better essay, or would not have written at all. And had he observed facts with his own eyes rather than with the eyes of writers in the 'Annales Médico-psychologiques,' he would certainly have written a more practical work.

Having said this much, however, it is only proper to add that the subject of the essay had been proposed in an objectionable form, which must necessitate much theoretical discussion. The question to be decided was, whether there might be an uncontrollable impulse to some act in a person who was quite conscious of the wrongness of the act, whether, in fact, such a state as impulsive or instinctive insanity actually existed; and those who were charged with giving the text could find no better way of putting it than by starting the vain and vague question as to whether disorders of the will may be independent of those of the intelligence. The natural answer to such a question would be a request that the commission would define what they understood by the will. If the term will is used in a wide and vague sense to express, without further discrimination, such different reactions as sensational reaction, ideational reaction,

and volitional reaction properly so called, then it is manifest that there may be a great deal of ingenious word-argument without any one being one whit the wiser at the end of it. But if the term will is confined to volitional action properly so called, then it is obvious that the question is simply an absurd one; for integrity of such volitional reaction necessarily involves the intellectual integrity from which it results.

That the foregoing criticism is correct is shown by the conclusion with regard to the will to which Dr. Mandon comes in his essay. For he decides that the will is the most complex of our faculties; "it is, indeed, thought stretching towards an object; it is the impulse inherent in all phenomena of the mind; it is the movement of reaction which follows every idea, every sentiment, every sensation; it is an intelligent and sensible force, irreducible into its elements." And again, "to will is to think; disorders of the will, therefore, necessarily imply those of thought, and they are identical." If the proposition made in the first quotation is correct, and if words are to have definite meanings beneath them, then the second proposition is certainly not correct. Sensational reaction and volitional reaction are two very different things—and distinct parts of the nervous system minister to their manifestations. To confuse these functions is no less absurd than it would be to confuse hearing and seeing because they are both sensations. Dr. Mandon's essay may be read without any weariness, and not without some pleasure, for it is written in a lively style, and undoubtedly displays ability; its chief fault would seem to be—although this may be a mistaken supposition—that it indicates a want of practical acquaintance with the subject of which it treats. Consequently, if it were demanded of any one, after a perusal of it, what he had been reading, he could scarce reply more fitly than in the words of Hamlet to Polonius:

"Words, words, words."

The essay is, however, a small matter compared with the question of the method to be followed in the study of insanity. If medical science is to convince the public that the so-called impulsive insanity does exist, it will not do so by leaving its own secure ground of facts, and advancing into uncertain metaphysical regions with which it has no concern. Medicine is concerned with man, not as an ideal being, but as a being composed of flesh and bone, and sinew and nerve; and in reply to all theoretical objections to its observations, it should rightly fall back upon the realities, and say, "Such are the facts; and on physiological grounds they appear nowise strange and inexplicable."

H. M.

PART III.—QUARTERLY REPORT ON THE PROGRESS OF PSYCHOLOGICAL MEDICINE.

I.—*Foreign Psychological Literature.* By J. T. Arlidge, A.B. & M.B. Lond., M.R.C.P. Lond.

'*American Journal of Insanity.*'—The July number of this Journal has the uuusual quality in American literary productions of being made up of original articles by Americans. This is a proper subject of congratulation, for it must be more gratifying to both editors and subscribers that its original articles should be home-grown, and not mere reprints from British periodicals. To ourselves also it is much more satisfactory, on opening this 'Journal of Insanity,' to find it occupied with the results of American thought and observation, than with borrowed articles from contemporaneous literature. The very large number of public and private asylums in North America afford a most ample field for study and research, and the numerous learned and skilful physicians who superintend those asylums have no apology for neglecting its cultivation and failing to contribute the fruits of their labour for the benefit of their colleagues practising in the same department, through the medium of the Journal which is supposed to represent the state of psychological medicine in their native land. It is far from our purpose to imply that it is an evil to reproduce in the journals of any one country articles or memoirs appearing in those of other lands; indeed, this section of our own publication proves how far such an idea is from our minds; but it is a very different matter, and attains the magnitude of an evil, when it becomes a custom to occupy the bulk of a periodical with reprints of papers taken bodily from other journals, and not merely in abstract, to the exclusion of original communications. It is an evil long since noticed in many American publications, and has tended, and will tend so long as carried on, to blight original thought and arrest research.

Dr. Kellogg, of the Utica Asylum, continues his interesting papers on "Shakspeare's Psychological Delineations," and gives in this number (for July, 1863) his commentary on the character of 'Jaques.'

The appearance of three original papers by American physicians, on which we have remarked, is due to the Annual Meeting of the "*Association of Superintendents of American Institutions for the Insane,*" held at New York in May last, these three papers having

been read at that meeting. This Association has now been established seventeen years, and seems modelled pretty much on the same plan as our own. The president was the well-known and respected Dr. T. Kirkbride, of the Pennsylvania State Asylum, Philadelphia, who, so far as the report of the proceedings enables us to judge, is the permanent President of the Association, at least no successor was elected for the ensuing year. Moreover, more on an autocratic than on a democratic principle of government, the president appointed the committees. Twenty-six members were present at the meeting; the whole number forming the Association is not mentioned, but the list of those in attendance shows that the unhappy civil war now raging has cut off from communication their brethren in the Southern Confederacy. On the other hand, they had present a member from Canada, Dr. Workman, of the Toronto Asylum, and one from Belgium, Dr. J. Parigot, whose name is so well known in connection with Gheel, who has migrated to America, and settled there as the proprietor of a private asylum in the State of New York.

The American Association gives more time to its annual gathering than its counterpart in this country. The members met on Tuesday morning, and remained in session until the following Friday, when their meeting stood adjourned until the second Tuesday of May, 1864, at Washington. One day, the Thursday, was devoted to visiting several of the Institutions for the Insane, around New York; and the last day partly to business, but in a great measure to hearing Dr. Brown's (of Bloomingdale Asylum, New York) account of different asylums in Europe visited during his stay in Europe in 1862. It will be remembered that Dr. Brown attended at the meeting of our own Association in London, in 1862, "to which he was accredited as a delegate," from the American Association; and we find that he read an account of his visit to the meeting, which unfortunately is not published, as it would be well to know how "others see us."

The length of their session allows our American colleagues much more time and opportunity for reading and discussing papers communicated by members of the Association than we can bestow at our meetings; and the greater part of two days, morning and afternoon, was occupied in hearing and discussing the three communications now printed in the 'Journal of Insanity.'

Before noticing these papers it is desirable to call attention to some of the business transacted at the meeting. The first matter taken in hand was the appointment of committees: one "on business;" a second "on time and place of next meeting;" and a third "on resolutions." This appears a remarkable multiplication of offices, and the work executed by these three committees was marvellously small, taking the report of their doings as correct and

complete. The "committee on business" recommended certain asylums around New York to be visited; committee No. 2 recommended the time and place of next meeting; and committee No. 3 performed the graceful task of framing resolutions of thanks to the superintendents of asylums which the Association visited, or was invited to visit; and last, not least, to the worthy host of the "Metropolitan Hotel," for his "courtesy in gratuitously furnishing rooms for the meeting of the Association," a proceeding worthy of commendation and of imitation on the part of English hotel-keepers when our Association may require their hospitality. But a more important resolution proceeded from an individual member than from the collective wisdom of the three committees—important in the States of North America, where the independence of legislation in state and domestic matters has led to numerous divergent enactments for the management of the insane, with the inevitable result of mutual inconvenience and annoyance. This resolution was, "That the President appoint a Committee of one member from each State to report to the next meeting of this Association the laws of his State relating to insanity, including the admission and commitment of the insane to hospitals, and their discharge therefrom, the appointment of guardians, and the serving of legal processes; and that these reports be made to the chairman of the committee within three months." It is to be hoped that by a digest of these reports the Association will be enabled to lay before the assemblies of the different States a uniform scheme of lunacy legislation for adoption. A famous bone of contention was thrown down before the members of the Association on the first day of their meeting, in the shape of a paper on "Minor Mental Maladies," by Dr. A. McFarland, which opened up for discussion the question of moral insanity.

'*Minor Mental Maladies.*'—First among these, Dr. McFarland notes erroneous conceptions and delusions relative to the health. He remarks on the misrepresentations or false statements often advanced by persons respecting the sleep they take, the food they eat, the state of the excretions, the operation of medicines, and the effects of particular articles of food; on imaginary diseases, and the love of drug-taking, and playing the part of the invalid. Speaking as a citizen of the State of Illinois, he says, "Well-marked puerperal insanity is a disease peculiarly rife in this section of the country," and the most prevalent is a "chronic and hardly recognised one, which is found treated by no author, the distinguishing feature in which is a change in the disposition of the person affected, especially in whatever concerns the social relations, the domestic affections, and the moral tendencies . . . . Traits of character appear hitherto unknown . . . . She becomes irritable, subject to causeless fits of passion, and jealous of and estranged from those in whom

she had before invested the fullest confidence. Sometimes she is merely changed in temperament, and is moody, solitary, and reserved. These symptoms have their aggravation whenever the functions of the uterine system are in action; till a regular monthly fit of spleen, or something worse, becomes habitual." The power of self-control remains, and the disordered state is not shown in the presence of strangers. "More rarely, this form of disease is exhibited in a change of disposition as it regards moral acts," and then the so-called "*moral insanity*" is said to exist.

Dr. McFarland is scarcely correct in asserting that this description of mental disturbance is treated by no author. If he intends only that it has not been treated under the head of insanity, and as a particular variety of mental disease, his statement, as far as we know, is true; but beyond that it is not, for no writer of any moment on female disorders has failed to notice mental irritation or other disturbance as frequent at the menstrual period, nor to point out the connection between more pronounced disorder of mind and affections of the uterine functions.

The term "moral insanity" is objected to; for "the insanity of the psychopathist and the physician," and for the treatment of which asylums are instituted, has a meaning which is in part revolutionised when the adjective moral is made its prefix. "It is an undecided question whether what are called the moral characteristics have some distinct existence, . . . or whether they are the fruit, so to speak, of certain mental processes. . . . We cannot call anything moral insanity except an impulse to do wrong, or criminal acts so uncontrollable by the processes of reason—themselves being unimpaired—as to amount to a disease; any appreciable disturbance of mental integrity of course puts the case in another category. To show how rare such a condition must be, I have carefully reviewed about 2400 cases of insanity treated, and am unable to recall a single instance possessing even the general features of the ideal which the mind conceives as the disease in question." Dr. Workman, of the Toronto Asylum, cites a case in the April number of this Journal, "as being the first case of the kind found in 2000 cases treated." It is evident, also, in this case, that its narrator "has some misgivings as to its nature." We have thus only "one case cited in an aggregate of 4400, and that a doubtful one. Is that a per-centage worth basing a nosological distinction upon?"

On the other hand, Dr. McFarland is convinced that in the recorded cases of this disease there was some "real intellectual disturbance, though masked by the stronger manifestation of moral perversity; and that writers have fallen into the common and very natural error of making some isolated, though very impressive case stand as the representative of an imagined class."

"Every one realises how few of the delusions of the insane mind are ever revealed, and how readily they are revealed under one set of circumstances and concealed under others. . . . In such cases the extent of the disease is not at all measured by what appears on the surface, and those who treat the insane are constantly surprised by the revelations of recovered patients as to the multitude and irregularity of the delusions which possessed them while in a state which seemed, for all discoverable sign, so little removed from full enjoyment of reason. The delusion may be indeed completely latent, . . . and yet may give rise to all those singular, inexplicable, and perhaps criminal acts which a failure to explain by any accompanying indications of delusion has styled moral insanity."

It may be objected that this view makes delusion too indispensable as a phenomenon of insanity. But "delusion among the insane may be supposed to bear about the same relative part in their unnatural acts that a well-defined motive does in the acts of those who reason correctly. Persons possessed of reason perform the larger portion of their acts from no well-considered motive of which they are conscious. Acts are done from an impulse which is, after all, the result of some former reasoning process. So the phenomena of moral insanity, so called, may follow some former diseased process of thought of which the individual himself has no consciousness, and which of course no skill of another could detect."

Again, in discussing the characters of moral insanity, we must not lose sight of "the vast conservative power of reason in saving man from the depraved appetites and instincts common to him and the brute creation."

"Hence the position taken, that moral insanity, if by that term is meant a disease of the affective faculties, in which the intellect has no share, has no proved existence; and that what has received that appellation is nothing more than either the result of a latent, undetected delusion, whose *modus operandi* we are unable to demonstrate, or the passive effect of a weakened influence of the reasoning powers over man's baser instincts."

As might be expected, this opposition to the widely extended recognition of the existence of moral insanity as a special form of mental disorder called forth a lively discussion, the abstract of which occupies seventy pages of the Journal. The question of the separate existence of this form of insanity involved also the discussion of the relations of the mental disorder to jurisprudence, and many excellent remarks and notices of cases were introduced by the several speakers. Of those who expressed a definite opinion in the course of discussion, seven, including Dr. McFarland, declared against the recognition of moral insanity as a distinct form of insanity, and four in favour of it. Among the former were Dr. Gray, of the Utica Asylum, New

York, Dr. Workman, and the president, Dr. Kirkbride; the latter were Dr. Ray (well known by his writings on the Medical Jurisprudence of Insanity), Dr. Parigot, Dr. D. Nichols, of the Washington Asylum, and Dr. Tyler, of the McLean Asylum, near Boston.

Dr. Parigot, whilst admitting the condition termed moral insanity, and defining it as a perversion of the faculty of volition, and as independent sometimes of intellectual insanity, and even at times of emotional perversion; yet objects to the name, and proposes in its place the term *diastrephia*. He would not use the prefix "moral," because, he says, "in its general bearing, it signifies the opposite of material," and in this sense "implies a contradiction, because mental infirmity or disease cannot coexist with health, and is ordinarily accompanied by perceptible signs."

It was on all hands admitted to be a difficult matter to know where to draw the line between depravity or the mental consequences of vicious indulgence and the condition described as moral insanity; but the discussion turned especially on the question whether this condition ever existed apart from some intellectual disorder or delusion. Dr. Ray remarked that the only material point in any given case is, "Is there intellectual disturbance here or not?" And the argument advanced was that physicians can satisfactorily form a conclusion that an individual is insane, though no intellectual disorder be discovered, and that if the latter be subsequently discovered or manifested, it does not affect the conclusion arrived at as to the existence of insanity. On the other side it was felt that the determination of intellectual disturbance was most important, because the limit between depravity and "moral insanity," as commonly understood, being so untangible, constituted a practical evil in the jurisprudence of insanity. There is, remarks Dr. McFarland, a popular belief that mad doctors regard crime as insanity, and the efforts of counsel are directed, when the doctor speaks of moral insanity, to lead him, by extorting attempts at its definition, to represent "crime as a sort of insanity. Now it is against this I want to guard, and latterly, I have taken the firm position that there is no such thing as moral insanity; that there is, lying concealed behind the moral disturbance and connected with it, some intellectual perversion." Dr. Ray in his observations, stated that his belief in moral insanity rested on the authority and cases of Pinel, Esquirol, Pritchard, and others. To this Dr. Workman subjoined that it was from a close and careful study of those recorded cases, that he was first led to doubt the existence of moral insanity. He thought "that in every one of them clear indications of intellectual defect or aberration were detectable."

To illustrate his opinion that intellectual disturbance complicates the admitted symptoms of moral insanity, though often concealed, Dr. McFarland related the following interesting—

Case of apparent Moral Insanity. The existence of delusion eventually discovered.—About the year 1840, there was a young lady admitted into the Worcester Institution, twenty years of age, the daughter of a Massachusetts clergyman, of high intelligence and sufficient wealth to give her a most superior education. Her mother was insane for many years. She possessed a fine personal appearance, was of exquisite taste, and a model of a young lady, in respect to her moral, intellectual, and physical qualities. At nineteen years of age she was the principal teacher of a first-class Massachusetts female school. After a term of residence in the asylum she was discharged recovered, and a few months afterwards she married a young clergyman. They commenced life under the very best auspices. In the course of five or six years she began to manifest a disposition to thwart her husband in little matters, to question the propriety of many of his acts regarding his parish and family. For a long time he bore with this, not noticing this change of conduct to others. In the mean time she was bearing children. At length matters became too troublesome, and to try the advantage of change of place, he removed to the State of New York. For a little while matters went on better; but very soon, as soon as the novelty of the position wore off, she began again to thwart him, and again made trouble between his children and himself. Yet during all this time she showed no sort of intellectual impairment. She was the centre of a large circle of friends, which she had the faculty to gather about her wherever she was; but matters became so troublesome by reason of her conduct that he was again compelled to remove, and went to Ohio. Temporary improvement followed, but soon gave place to a progressively worse condition, and the unfortunate husband next moved to Iowa. She began gradually to absorb all the erroneous ideas of that sort of half-medical and half-theological stuff unfortunately too current in certain circles, and she got her mind filled with them. Though she possessed extraordinary powers of mind, she was gradually changing her characteristics into a general "devilishness" in regard to everything about her. The stay in Iowa was short, and after some more wandering they went to reside in Illinois, where the patient came under Dr. McFarland's notice. "Up to this time," he says, "I do not think any one would have discovered in that lady any intellectual impairment at all. There were extraordinary mental capacity and power, great charm of manner, and taste in dress, and good judgment. But with these qualities there was a disposition to make everybody miserable about her. This went so far at last that she set up in opposition to her husband in matters of religious belief; tore his church to pieces, and created great dissentions in his family. At this stage of her history, three years ago, her husband got her admitted into our institution. I do not think that for two years of the closest

study I could discover any intellectual impairment at all—certainly nothing that deserved that name. Her hatred to her husband had something diabolical about it. Every instinct of love was banished from her. She was thoroughly demoralised and corrupted in all her moral sentiments. Yet the closest study could not discover any intellectual impairment, except when she was sick; then delusion would exhibit itself, and then only. On one of these occasions she informed me that she had discovered that her husband was the great "Red Dragon," and that her eldest son was the "man-child," mentioned in the same Apocalyptic connection, and that was the only delusion I discovered in her in two years and a half. During this time she gave me infinite trouble, and I proposed to discharge her, as the only means of getting rid of an intolerable and unendurable source of annoyance. But her husband protested against her discharge, and she appeared too with a paper, the existence of which I was not aware until she produced it, which she read to the trustees of the institution. It was a paper of some singularity, exhibiting a good deal of power of language and composition, and was a treatise on Calvinism. She was not discharged at that time. She proposed subsequently that she should be allowed to continue to write her book. I gave my consent, and when she got fairly into the work, the whole delusion which had laid concealed in her case for eighteen years became fully developed, and it showed that all this perversity of conduct arose out of one single delusion—viz., that in the Trinity distinctions of sex had to exist; that there could be in the Trinity, no more than in the family, unity of sex; that there must be a distinction of sex, and that she was the female—the Holy Ghost. It appeared, moreover, unmistakably in her writings that this delusion had possessed her for eighteen years, growing and increasing upon her, and giving origin to all this perversity of conduct, clearly and connectedly, as I now see it, making out a case perfectly consistent with the idea of original intellectual delusion, underlying and producing all the so-called phenomena of moral insanity." Her writings afford "a consistent description of the state of her own mind for the last eighteen years, the inception of the disease, its growth, &c."

Doubtful Recoveries.—Dr. Ray, in his interesting essay on doubtful recoveries, remarks first on the traits of insanity seen among people at large accounted sane, which would, in the occupants of asylums, be regarded as evidence of their mental unsoundness. On the contrary, it happens in asylums that no positive trace of disease can be observed in a patient "for weeks or months together, while we are strongly convinced all the time that he is not in his normal condition. Now our conclusion in such a case is determined, not so much by any special indications it may present, as by those general

impressions which long familiarity with the disease has left upon the mind. Yet no amount of observation or study will always lead us to true conclusions, without the aid of that faculty of the mind which enables us to apply our knowledge to a case differing from all other particular cases in our experience; in other words, to eliminate the essential conditions of the case from the accidental circumstances which accompany them."

Of such incidents and conditions Dr. Ray gives a brief survey. "It is a rule, sanctioned by the highest authorities, that a patient cannot be considered as recovered who does not fully and willingly recognise the fact that he has been insane;" but exceptions to this rule are numerous and not insignificant. Though recovery be perfect, the patient may not admit his previous insanity, from the peculiarity of his mental constitution. "Men who have always entertained a high opinion" of themselves, are unwilling to admit the humbling fact, and allude to their past state as one of nervousness, excitement, or impetuosity, requiring only quiet to subdue it. "This kind of attempted self-deception is most common in cases characterised by high excitement and extravagant discourse, rather than by delusions, or incoherence, or violence." Nevertheless, delusions also are explained away "as only idle, fugitive fancies, of little consequence, that soon passed away. If the patient is unprincipled as well as proud, he may resort to subterfuges that are false as well as weak. The reluctance to acknowledge their infirmity is still more common in a class of patients whose normal condition is marked by striking eccentricities and perversities. Many of them probably labour under a genuine mistake on this point. It may be frequently found that the incident or event which brought upon them the disabilities of insanity only implied the exaggeration of some normal quality of the mind, and it is not strange, under the circumstances, that they should overlook the distinction that, in the one case, they lost entirely the power of self-control which they possessed in the other."

"It may seem paradoxical to say that a person has recovered who fails to recognise the delusions which possessed his mind; yet there are cases where the patient has passed from a state of agitation, excitement, and delusion, into one of calmness, cheerful expectation, and apparent rationality, while retaining some flagrant delusion. With this exception, his views are correct and clear; all the mental processes are well conducted, and he performs his part in the world as well perhaps as ever."

"It is seldom safe to discharge a patient who continues to believe in the reality of any single notion or occurrence which was entirely the offspring of fancy, because this belief indicates morbid action, which, however circumscribed at present, is ever liable to spread and induce farther mental disorder. Indeed, the evil is seldom so limited as it seems to a casual observer."

"Very ignorant, uncultivated people often fail to recognise their delusions as such, solely from the inability to distinguish the subjective from the objective in their mental experience. This trait is not uncommon among the lowest class of the Irish, who will talk of certain imaginary occurrences as if they really happened, though how they do not pretend to know." There is another very large class of patients from whom we fail to obtain a decided recognition of their mental disorder. The past is to them a painful history, and they seem to avoid reference to it, and to deny the existence of the disorder. "This kind of reticence may be observed, judging from general impressions, in by far the larger part of those who recover. Indeed, a full, free, and earnest recital of the thoughts, emotions, and acts produced by the mental disorder, is not by any means a very sure indication of genuine recovery. Another circumstance, often bearing significantly on the question of recovery, is the duration of the disease. . . . . Apparent recovery within six or eight weeks should always be followed by a longer probationary stay than one at a later period." When convalescence occurs at an early period, or very suddenly at any period, or soon after a state of active disorder, it is seldom permanent; and Dr. Ray confirms and extends Esquirol's statement, observing that a marked remission within the first month of the attack is, far more frequently than not, followed by a renewal of the disease, and the more complete the remission the less likely is it to prove an unequivocal recovery. "These unreliable improvements are not confined to the first month, nor are they peculiar to any particular form of disease, though most common in acute mania. They are not rare even in the course of organic affections of the brain more or less affiliated to general paralysis."

It is to be feared that too many are discharged from asylums as recovered within three months of their admission;—that on the one hand the protecting influences of the asylum are forgotten, and on the other, the trials and responsibilities involved on an emergence into the world.

In deciding on the genuineness of a recovery, some trait, incident, or condition of great significance may be found requiring most careful consideration. "Among the most prominent is a certain impatience, restlessness, and constant dwelling upon the one idea of going home. It is always a suspicious circumstance, and always a sufficient warrant for delay." "Excitement or depression, occurring in connection with apparent convalescence, is always a suspicious circumstance." "Unkindness of feeling towards the hospital, or towards friends, or others who have promoted or favoured the patient's restraint, must always throw doubt on the genuineness of any apparent recovery . . . . But it sometimes happens that a patient, though he may not heartily acknowledge that he has been insane, will

admit the existence of some mental disturbance, not however amounting to proper insanity," and will, in consequence, question the propriety and justice of his confinement. "The practical question here is, whether this is a transitory stage of disease, to be succeeded by one of a healthier description, or a phasis of character in which normal and abnormal elements exist in very uncertain proportions. In order to decide this question, the first step is to ascertain the natural temper and disposition of the patient, and oftentimes we need go no farther." Beyond this natural character, with whatever imperfections it may be associated, the patients "never can recover, and it is better that they should be allowed the utmost freedom from restraint."

'Abdominal Lesions in the Insane.'—Dr. Workman, the author of this instructive paper, attributes a high importance to the alimentary canal in its relations with insanity. Abnormal gastro-enteric function exerts an injurious reflex influence on the mental powers, and "I believe it is incapable of disputation, that restoration of healthy digestive function is the first and best step in the cure of insanity, and though many cases of incurable insanity may be met with in persons who enjoy, or at least seem to enjoy excellent digestive health, yet it is doubtful if ever restoration to mental integrity has been effected, in the presence of persistent digestive derangement."

Again, the author considers that the employment of cathartics is greatly abused in the treatment of insanity, particularly in melancholia, in which intestinal torpor and constipation are among the most prominent symptoms.

It is certainly very desirable under such circumstances to restore the intestinal functions, but this end is not always attained by cathartics; indeed these agents very often are the worst we can employ. Dr. Workman gives eleven cases very briefly in illustration of the danger of exhibiting cathartics indiscriminately, even where constipation seems to call for it. He afterwards more particularly considers that displacement of the transverse colon, so much noticed by the older writers on insanity, which he calls "prolapse of the colon."

Esquirol represented this condition as most common among melancholics, but Dr. Workman believes it occurs almost as often in every other form of insanity. "In a total of 200 autopsies I have found it present in twenty-seven, in various degrees, from a few inches below the natural position, down to the brim of the pelvis, and in a few down into the pelvic basin." Of these twenty-seven, eleven were men and sixteen women. The epigastric pains spoken of by Esquirol in this condition were not met with in Dr. Workman's cases, though in other respects sufficient indication of impaired intestinal function existed. Neither can he confirm the

notion of Esquirol that there is anything distinctive in the morbid character of the evacuations.

He was at one time inclined to suppose mechanical restraint, as by the strait-waistcoat, might be the cause of the displacement, but inquiry has shown this not to be the case. Nor has it any necessary connection with violent muscular exertion, although it is sometimes clear that its production is due to considerable force. It is highly improbable that it takes place spontaneously, yet no satisfactory cause can be assigned. If muscular agency be concerned in production, as is most probable, it cannot be benefited by agents, such as strong purgatives, which excite muscular action.

Thirteen examples of this intestinal displacement are briefly recorded. The author is unprepared to speak with any certainty as to the relative prevalence of the lesion among the sane and the insane; though, from the little notice of it by physicians in general practice, he is led to assume its greater frequency among the latter.

The morbid conditions discovered in the thirteen cases recorded, where displaced colon had existed, he takes to represent the average in frequency and character. "An analysis of the cases will show that inflammatory or tuberculous disease of the intestines or peritoneum had been present in seven of the thirteen. Phthisis or marasmus was present in as many; hydrothorax, or hydropericardium, or both, in four; quasi general paralysis in two."

"Deflection of the colon in the insane never exists as an isolated pathological fact, nor have we any reason to regard it, in itself, as an adequate cause of fatal termination. It is, however, very doubtful if it is ever present in curable insanity. This conclusion seems to be perfectly warrantable from a careful reference to the persistency of the mental disease in all those patients in whom it has been discovered, and to the formidable associated pathological conditions of other important organs or structures."

"In the majority of patients of this class, the appetite is bad, and refusal of food is a very common fact; but some eat well and appear to relish their food much."

"Undue distension of the stomach by flatus or food might tend to the displacement of the colon, but not necessarily to that elongation or stretching of the omentum, between the stomach and colon, which is always found in advanced cases." Besides, many of the cases afford clear proof that the stomach is quite passive, as where "it is dragged down by the colon and transformed into a bi-cornoid viscus."

"The absence of normal distension of the small intestines by food must be a very common fact in lypemaniacs and sitomaniacs, and these constitute a large proportion of the cases of deflected colon. It would not appear unreasonable in such cases to ascribe the displacement to the fact just mentioned, and if we could discover other

adequate agencies to which to ascribe it in the exceptional cases of free-eaters, we might for the present rest satisfied with the explanation, especially, too, as it gives us, perhaps, the safest practical indication, the exhibition of liberal nourishment, as the best means of preventing or of retarding its progress. I should certainly have more reliance on this plan of treatment than on the opposite one, of frequent sponging out by purgatives. Besides, I have almost always found that the best purgative means in constipation of the insane has been free and regular eating; this is nature's way of working. There are, no doubt, exceptions to this rule, yet even in these we may find that other sorts of medicines, as for example, large doses of Dover's powder, will affect purgation far more certainly and more copiously than cathartics, so-called, and leave no injurious consequences."

"In many cases of persistent constipation I have seen a few grains of opium move the bowels freely, and leave them unhurt, when perhaps repeated heroic doses of drastics would have failed, or have done worse than fail. In these cases the real seat of intestinal torpor is in the brain and not in the belly, and we should address our medication accordingly."

Dr. Workman treats the belief in the ill-consequences of constipation, both on the body generally, and on the cerebral functions in particular, as a myth. "If the fæces in the intestines were really so offensive, so irritating, and morbific as many seem to regard them, surely they would themselves act purgatively, and provoke their own expulsion." He knew a Methodist preacher whose health was by no means bad, and who was actively employed in his calling, whose bowels were moved only once in four weeks.

"Another mistake with regard to purgatives, or rather to purgative medicine, is to measure their value by the *quantity* of the dejections. A good purgative should do more than empty the bowels; it should improve the functional condition of the entire chylopoietic apparatus, and if it does this, it is not very important whether it effects copious or trivial evacuations." A headache may be removed by an aperient dose long before it has produced a stool, showing that it was not due to constipation, or was not in the colon or the rectum, but referable to the torpid liver and sluggish intestinal glands.

Notes.—Whether the displacement of the colon is more common among the insane than the sane, as Dr. Workman is inclined to believe, must be considered an open question. It is a condition that has not assumed in the eyes of morbid anatomists the position and importance of a pathological entity having determinate relations to other lesions, and connected with definite symptoms, and consequently writers on abdominal derangements have as we have seen Dr. Workman remarks, noted its occurrence only exceptionally. Some of the older writers on medicine, who assigned a higher im-

portance to such displacements, than their successors have done, have specially remarked on the frequency of this irregular position of the colon in patients not insane. Thus Morgagni notes its occurrence in above twenty instances, and calls it "inflection of the colon." In his thirty-fourth letter he refers to Sylvius, as teaching "that the colon is often carried through the middle of the abdomen, to the navel, and sometimes even quite to the bladder, by a considerable deviation from its more usual course." This statement he confirms by his own observations, and by those of Valsalva, remarking, however, that he has not had occasion to notice in his treatise this abnormal position in all the bodies in which he had found it. Again, in his fifty-ninth letter, he refers to it as an appearance met with very frequently, even in those persons in whom it seems to have happened naturally, rather than from disease.

Dr. Copland ('Dictionary of Medicine') has a notice of these displacements of the great intestine, and refers to recorded cases in the works of several authors, and adds "Dr. Yelloly states that Mr. Lawrence and Mr. Dalrymple, who have examined many bodies of insane persons, have very seldom observed in them any deviation from the natural course of the colon."

The question raised is one of fact, and we may commend its solution to our readers.

Respecting the comparative frequency of the displacement in the two sexes, it seems certain that it is much more common among females, a circumstance we are disposed to attribute in a great measure to their tight lacing by stays; for displacements to greater or less extent of the stomach and other abdominal viscera are well-nigh always found among them. This cause would however be co-operative with the more general one recognised by the older writers, by Dr. Copland, and by Dr. Habershon in his casual notice of the lesion ('Observations on the Alimentary Canal'), viz., frequent and continued constipation and distension of the colon.

'*On the treatment of Delirium Tremens and Mania with Tincture of Digitalis.*' By W. McCrea, M.B. Lond.*—This practical paper, by Dr. McCrea, appears in the pages of a newly-started and meritorious Australian Journal, published at Melbourne, under the title of the 'Medical and Surgical Review,' and edited by Mr. James Keene, late surgeon of the West London Hospital.

Dr. McCrea has had a large experience, as surgeon of the Melbourne Gaol, with delirium tremens, and in a less degree with cases of acute mania, taken to the prison for temporary security prior to their removal to the asylum. He has prepared a notice of eighty cases, in which he has given the tincture of digitalis, forty of which

* In our report for July, 1862 (vol. viii, p. 252), we gave the results of Professor Albers' experience of the employment of digitalis in mania.

are very briefly recorded in the present paper. "The cases have been, to avoid prolixity, condensed to the greatest possible extent. It may, however, be here stated, that they presented the usual symptoms of delirium tremens and mania respectively, the pulse ranging from 110 to 130 when put under treatment." The other part of the series, with some general remarks on the effect of the remedy in these diseases, will be published in a future number.

The tincture of digitalis was administered in half-ounce doses—in one case, presently recorded, in ounce doses. In the forty cases of delirium tremens and mania detailed there were only three deaths; the instances of the former malady treated are generally noted as rapidly recovered; the majority of the maniacal cases were sent to the asylum unrecovered. Of the three fatal cases treated for delirium tremens, the first presented, on a post-mortem examination, extensive effusion on the brain; the second "showed congestion of the brain and its membranes, extensive arachnitis and effusion of serum at the base of the brain; the third, extensive arachnitis, of old and recent dates, congestion of the brain and its membranes, and effusion of a large amount of fluid in the ventricles at the base of the brain and in the spinal canal. It appeared on the inquest that this last case, that of a woman æt. 40, had been committed over forty times for drunkenness." Several epileptic fits occurred on the day she died.

It seems to have been a common practice with Dr. McCrea to precede the administration of the digitalis with an emetic, and often with a purgative also. In several instances the drug was given three times in the course of the day, at intervals of four hours; in others it was given only at night.

Thirteen of the forty cases are described as mania. These are: W. F—, æt. 30; admitted 11th July, 1861. He was a violent maniac, tearing his clothes. A blister was applied to the nape of the neck, and alteratives were given. Under this treatment he improved, became less violent, but did not sleep at night. On the evening of the 15th forty drops of laudanum were given; and on the 18th sixty drops; after the last dose he slept a little. On the 19th half an ounce of tincture of digitalis was given three times during the day; no effect whatever followed, and that night he did not sleep. On the 20th the digitalis was continued three times in the day; he slept part of that night, and was less violent the next day, the 21st, but at 8 p.m. he became very excited and furious; another dose of the digitalis was then given, and he slept the whole of the night. On the 22nd and 23rd he was much less violent, but did not sleep either of those nights. On the 24th he was removed to the asylum.

"John M—, æt. 30; treated for violent mania on the night of the 19th of July, 1861. Half an ounce of tincture of digitalis was given. On the 20th there was no improvement, and the digitalis was given three times a day. No sleep followed; it was

again given three times on the 21st; that night he slept at intervals, and the next morning was nauseated; the medicine was stopped, and he slept well on the night of the 22nd. On the 24th he was sent to the asylum greatly improved.

"Donald G—, æt. 28; treated for mania, 31st July, 1861. This was the same person who had been treated for delirium tremens on July 2nd, and rapidly recovered in a few days. He recommenced drinking hard and returned to the jail in a state of mania, talking incessantly night and day. One ounce of tincture of digitalis was given every four hours for three doses. The effect was very marked, he slept well, and the next morning was much quieter. No digitalis was given afterwards. He was treated for disorder of the digestive organs and enuresis, by alteratives and tonics, but the mania was cured by the digitalis.

Patrick M—, æt. 60; treated for mania, 5th September, 1861. Very noisy and excited. Half an ounce of tincture of digitalis was given at bedtime. No sleep followed, and no good effect. The digitalis was repeated twice on the 6th; some sleep followed, and he was much quieter on the 7th—the medicine had nauseated him. An emetic was then given, and another dose of digitalis on the evening of the 7th; he was quieter during the night, but did not sleep much. On the 8th two doses of digitalis were given; that night he slept well, and was quite quiet afterwards, though still lunatic.

Dennis D—, æt. 70; treated for mania, 9th September, 1861. Very violent. Half an ounce of tincture of digitalis was given at bedtime. No sleep followed, and the violence continued. On the 10th two doses of digitalis were ordered. After the second dose was given, in the evening, he fell asleep, and slept nearly forty-eight hours, after which the maniacal symptoms subsided, and did not return.

George F—, æt. 32; treated for mania, 1st October, 1861. Half an ounce of tincture of digitalis was given three times in the course of the day, but without any result at 9 p.m. He rested very little that night, but the next morning he was not so violent. Another dose of digitalis was given on the night of the 2nd, and he slept at intervals during the day of the 3rd; he became very noisy and violent in the evening till midnight, and then slept until morning, when he awoke free from the violent mania, but still insane. The next day he was sent to the asylum.

Roderic M—, æt. 35; treated for mania, November 4th, 1861. Was very violent, tongue clean, and otherwise healthy. Half an ounce of tincture of digitalis was given three times this day. On the 5th he was better, less violent, had slept part of the night. The digitalis was repeated at bed-time with good effect; he slept well, and was much better on the morning of the 6th. The digitalis was repeated at night. The next morning he was quite quiet, though still insane. He was sent to the asylum.

Theodore W—, æt. 44; treated for mania, 22nd November, 1861. Very violent. Half an ounce of tincture of digitalis was given at night; sleep followed, and a great subsidence of the mania until the evening of the 24th, when he became violent and excited; again another dose of digitalis was given; he slept well, and had no return of the mania.

Samuel B—, æt. 47; treated for mania, 26th November, 1861. This man was a lunatic, and said to be of sober habits; but, from his demands for beer, this statement was doubtful. He was violent and noisy. An emetic was given, and followed by half an ounce of tincture of digitalis every four hours; two doses were given, after which he slept well, and was much quieter the next day. He was afterwards treated by alteratives and tonics; the maniacal violence did not return, but he remained lunatic, and was sent to the asylum.

William J—, æt. 30; treated for mania, 28th November, 1861. This man had been admitted on the evening of the 27th, and an emetic was given that night. He did not sleep, and was very restless on the 28th. Tincture of digitalis, half an ounce, was given at bedtime. 29th.—Much quieter; slept a good deal in the night. Tincture of digitalis, half an ounce, ordered at bedtime, if necessary. 30th.—Digitalis was necessary; slept well after it, and is quieter this morning. Digitalis to be repeated at bedtime. He slept well after this dose, and the mania after this entirely subsided. Discharged cured 11th December.

Mary S—, æt. 30; treated for mania, 30th November, 1861. This woman had been admitted to the gaol on the 26th November, suffering from mania from suppressed menstruation. Her head was hot and pulse very strong; cold was applied to the head, and purgatives given. Under this she improved till the 30th, when she became excited and violent; half an ounce of tincture of digitalis was given at bedtime, after which she slept well, and in the morning was free from mania, which did not return. A few days afterwards her menses came on, and she got quite well.

Anne C—, æt. 28; treated for mania, 6th December, 1861. This woman was suffering from violent mania, with great vascular excitement and heat of scalp. Cold douche was applied to the head, and one half grain of tartar emetic given every four hours. No improvement followed, and the next night half an ounce of tincture of digitalis was given; she slept a little after the digitalis. The next day the tartar emetic was resumed, and continued for two days; the vascular excitement and heat of scalp were reduced, but she did not sleep at night. On the 11th another dose of digitalis was given at night; sleep followed for a few hours, but then she became noisy and excited again. She was removed to the asylum before any more digitalis could be given.

We have recited these cases pretty much in the very words of the

writer of the paper, in order that each of our readers might form his own opinion of the value of digitalis in the treatment of acute mania in comparison with other medicines. For our part, we are not prepossessed in favour of this treatment, and do not look upon its results as very satisfactory. A parallel set of cases treated by opiates, we believe, would exhibit more success, and that in a more speedy manner. However, we forbear comments until we see the further and concluding portion of the essay, together with Dr. McCrea's remarks upon the whole subject.

'*Der Irrenfreund, ein Volksschrift über Irre und Irren-Anstalten*' ('The Lunatic's Friend; a Popular Journal of Insanity and Lunatic Asylums').—Such is the title of a monthly journal of insanity, edited by Dr. F. Koster, director of the Westphalian asylum at Marzburg, and Dr. Brosius, director of the private asylum at Berndorf, near Coblenz. It appears to have been in course of publication during the last four years, though we have neither seen a copy nor noticed an advertisement of it previously to the present year. In some prefatory observations the editors remark on the great movements taking place in everything relating to the construction of asylums and the management of the insane, and on the desirability of enlisting the interests and co-operation of the non-professional public in these matters, and of diffusing correct notions respecting insanity and the state and wants of the insane. These purposes the journal is intended to fulfil; and, so far as we have yet seen, it seeks to attain its objects legitimately; to inform the public without the sacrifice of professional dignity and soundness of knowledge. It has articles of great interest to professional men, but to succeed in its object as a popular instructor, it should have a large non-professional list of subscribers and readers, a condition of success we trust the editors do actually possess.

The first number for the present year contains the concluding part of an essay by Dr. Löwenhardt, on "Some misunderstood Forms of Insanity," pointing out various conditions, circumstances, and symptoms, which constitute the prelude or first phases of insanity, but are frequently overlooked by the public, or fail to strike them as marks of insanity, even when the existence of the disease is otherwise recognised.

Murder committed under the delusion of witchcraft.—The accused, a carpenter, forty-five years of age, was apprehended, on his own confession, of having killed a poor widow woman in his own house, and the question of his sanity tried by a commission of the faculty of medicine in Berlin, under the presidency of Dr. Casper; the verdict being that he was at and before the time of committing the murder, and at the date of examination, suffering from melancholia, which exempted him from trial on account of the crime.

In his first confession he asserted that the sorcery of his victim had afflicted him, some time previously to the commission of the crime, with various disorders—with terrors, giddiness, dumbness, pains in the side, and general debility; and that a doctor then told him that his blood, from sympathy with the supposed witch, was vitally destroyed, and converted into foam. He got rather better, but the woman moved into a house opposite to his, and his miseries recommenced. He enlisted the services of his wife to aid him against the wiles of his persecutor, and to propitiate her, sent her a basket of apples. However, he felt he should never enjoy health or happiness until his tormentor was dead. Two days after sending his present, the poor widow called upon him, and whilst he was talking to her he was attacked with the pain at the heart and giddiness, and thereupon seized her and strangled her; or, as he stated on another occasion, laid hold of her and threw her downstairs, breaking her neck. Between his two principal confessions, moreover, there were other discrepancies in matters of fact; but with reference to his first account of his seizing her by the throat and throttling her, it was borne out by marks of strangulation on the body, noticed between the fifth and sixth cervical vertebræ.

The depositions proved that he gave no coherent lengthened answers to questions, but spoke in a muttering, confused, and interrupted manner. After he had been ten weeks in prison he complained that the spells of his victim had not ceased, but were kept up by her family, and he wore charms to counteract their evil consequences. On one occasion he expressed his conviction that his wife was dead, for that he had heard a heavy fall and loud scream in the cell over his head, the cell at the time being uninhabited.

His wife stated that he had suffered much from sickness for four years, and often was awake nearly the whole night, circumstances he attributed to witchcraft. His sister also testified to his disordered condition and belief in the sorcery of the poor widow, and to his having besought her, some eight days before the murder, to apply to the burgomaster to imprison the woman, and prevent her annoying him. The parochial minister witnessed that a few days before the crime was committed he found the accused in bed, ill, and complaining that his child had become the prey, like himself, to the operations of witchcraft, and that he could not endure his sufferings much longer. His medical man likewise certified that for a year and a half his patient had complained of being troubled and anxious, and had suffered from congestions in the chest; and another physician looked upon his case as one of hypochondria, and spoke to his having, two years before committing the crime, suffered from abdominal disorder, enlarged spleen, night-sweats, and a tendency to melancholia. Other witnesses testified to his being an honest but timid man, without energy, and with narrow intellect.

In stature the accused was tall and thin, but strongly made in the limbs, and had a heavy, gloomy look; a melancholic, sluggish manner and gait. He held his hands across his abdomen, and interrupted his answers by frequent groans and complaints of pain. The heart's action was healthy, but there was tubercular consolidation of the lungs, and he had frequent cerebral and thoracic congestions.

In his report on this case, Dr. Casper remarks on the association of mental disorder with bodily disease, and on the contrariety of the act of murder to the naturally timid, feeble character of the man, to be accounted for only on the supposition of insanity. The whole report is carefully drawn up, and would repay perusal, but is too long to transfer to our pages.

In the March number of the 'Irrenfreund' Dr. Scheffer has published some general observations on hypochondria, and illustrated them by an interesting case; and in the same and two following numbers the prize essay of Dr. Finkelnburg (of Siegburg) is translated from the French, on the questions propounded by the Medical Society of Bordeaux,—"Whether the will may be disordered without disturbance of the intellect? Under what circumstances does an individual escape responsibility for his acts? What legislative changes are required in reference to these questions?"

Dr. Finkelnburg recounts the history of fifteen cases, seven of which are reproduced in the 'Irrenfreund.' His general deduction is that disordered volition, both with exaltation and depression, dependent on abnormal bodily and mental conditions, may exist apart from disorder of the intellect; the latter continuing, too, for a long period unimpaired.

He regards the disorder as especially one of the faculty of volition, as the deprivation of freedom of determination or of moral freedom, and as quite independent of any monomania, of disordered consciousness or perception of the power of comparison—conditions which, if present, are consequently not intrinsic.

Dr. Brosius, the editor, appends some general observations, and remarks that he cannot coincide with Dr. Finkelnburg, being convinced that though such moral deficiency may exist, and even so without the presence of delirium or monomania, there will nevertheless be found some disorder of the understanding and of apprehension. It seems to him impossible that the movements and phenomena of the sentiments and will should be so acted upon as to impress upon the character excitement or depression without the intellect being involved, or that the sentiments and will should be so completely isolated as to constitute completely independent faculties. He has particularly noticed, in those cases which have fallen under his observation, where the emotions and will alone seemed to

be disordered, that there has really been disturbance of the intellect, though much overlaid and concealed by the prominent symptoms, and often preceded by them, in all appearance, to its exclusion. The like is seen in sound men under the influence of emotion; the so-called moral insanity being a more lasting condition, dependent on material lesion.

'Allgemeine Zeitschrift für Psychiatrie,' 1863 (Band xx). The first part of this journal for the present year contains a clinical paper on "Tabes Dorsalis and Progressive General Paralysis," by Dr. Westphal; one "On the advantage of the same Institution for the Reception and Treatment of the Insane;" and a third, "On Bloody Sweating from the Head in Dementia Paralytica."

Of this last only can we attempt a notice in our present paper. It is written by Dr. F. Servaes, physician of the asylum at Lindenburg.

Within the last two years he has, he writes, had the opportunity of observing two cases of bloody sweat on the head in paralytic dementia, and now publishes them as unique, so far as his information and reading extend.

Case 1.—F—, a long time insane, with wide-spread muscular paralysis, rendering the speech unintelligible. Congestion of the head, with increased heat, was a frequent and severe symptom, and accompanied with a very quick, but always small pulse. Ice was used to the head, and the attacks subsided in a few days. "On one day I observed a large number of drops of blood, clotted, on his face, which looked as if it had been sprinkled with blood." On washing this off, fresh blood exuded from other points, like as from the prick of a needle, and after two hours the face was again generally bespattered.

Whilst this went on the countenance was red, the temperature of the head elevated, and the pulse 120, but small. In two days the oozing of the blood ceased, and in some points, where the escape had been more free, there appeared circular, roseola-like spots.

Subsequently, congestive attacks of the head supervened, but no more exudation of blood was noticed prior to his death. Eight days before death inflammatory swelling seized on the right hand, followed by the production of large blister-like vesicles and gangrenous spots. At the same time rapid effusion and gangrenous sores appeared over the sacrum. On a post-mortem examination a considerable serous effusion was found within the dura mater over the right side of the brain, with shrinking of the right hemisphere. The further examination of the brain was delayed, and the viscus placed in spirit; but when afterwards examined, it was so soft as to break down under the slightest pressure, and no further lesion than that named was made out.

Case 2.—A. V— was received, on the 9th of May, from Sieg-

burg, as an incurable. Was much emaciated, and the muscular paralysis so great that walking was impossible, and she was confined to her bed. The skin was dry, and much disposed to the production of bed-sores, particularly as the patient was restless in bed and dirty in her habits. She was constantly calling out and crying, and tore clothing and bedding with her teeth. Her craving for food was extreme.

Between the 20th and 31st of July fifteen to twenty drops of blood were met with on the face, behind the ear, and on the hairy scalp; almost all on the right side, on which also there were three boils. On washing them off many again reappeared; but this happened more slowly than in the other case, and it was twenty-four hours before they became as widely diffused as at first. On the arrest of the effusion, roscola-like spots appeared for a few days, and then vanished. The temperature of the head, and particularly of the body, was reduced during this period; and the pulse became only 42 in the minute, small and thready. Consciousness very feeble. A large bed-sore shortly afterwards formed on the sacrum; and on the 13th September sudden collapse occurred, and death in thirty-six hours. A post-mortem examination was made forty-two hours after death.

The rather thick scalp showed posteriorly several oozing points. On opening the cranium the dura mater was found loose and fluctuating from fluid beneath it, and on cutting through this membrane several ounces of straw-coloured, turbid serum escaped. It was now evident that the right hemisphere was much shrunk, so as to leave an interval of half an inch between the bones and its surface, whilst a number of easily torn adhesions extended between the two anteriorly, as well as between the cerebral surface and tentorium. A considerable quantity of blueish serum escaped from the spinal canal. Water was also present in the subarachnoid spaces, penetrating between and widening some of the cerebral sulci. The arachnoid was milky in aspect at the base of the brain and over the cerebellum. The blood-vessels of the pia mater were filled with blood.

On the anterior half of the brain, as well on its upper convex surface as at its base, the meninges were inseparable from the brain-substance, without laceration of the latter; posteriorly, however, they could be readily detached. The consistence of the brain generally was very soft and œdematous, and presented numerous bloody points on section. The medulla oblongata was likewise softened.

Effusion and hyperæmia occurred on the under portion of the spinal cord, which was also atrophied and softened. The lungs slightly œdematous. Liver permeated by gray, sago-like granules. Spleen soft. Mesentery swollen and white.

The author believes the blood in these cases escaped from the

sweat-ducts, from their overgorged capillaries, the general muscular paralysis favouring exudation from the skin. Moreover, he calls to mind the disposition to altered composition of the blood in paralytics, to serous effusions and sanguineous exudation, as seen in the sanguineous tumours of the dura mater and external ear in such patients. Something analogous may also be seen in septic states of the blood, where hæmorrhagic effusion takes place in the form of spots or petechiæ.

To explain the occurrence of the oozing of blood in paralytics, he refers to the frequent attacks of congestion of the head they are prone to, as happened in his first recorded case; and although in the second instance the cold surface argued against such congestion, yet the numerous bloody points found on cutting the brain after death indicated its probable occurrence and a dilated state of the capillaries. Whether the serous effusion beneath the dura mater could have any influence in favouring the escape of blood, he will not profess to determine.

It is doubtful what value, in a pathological point of view, should be given to these two isolated cases of bloody exudation from the face and head. There is a lack of several particulars, which prevents our arriving at a positive conclusion whether the circumstance might or might not have been due to causes independent entirely, or nearly so, of the actual morbid condition of the patients. Moreover, the two cases were much unlike; in the one there was evidence of congestion of the head, whilst in the other there was a deficiency of blood. The bloody points seen on slicing the brain in the latter case by no means indicate cerebral congestion. In forming a judgment respecting such cases we must bear in mind the diseased condition both of the blood and capillaries in most paralytic patients, favorable to exudation, and also the restless habits of some, instanced by their frequent picking or rubbing the surface and pulling out hair. An occasional cause of bloody points on the skin, as we have witnessed, is the irritation and wounding of the surface by the rough ends of straw used in the bedding of patients, for pillows, &c. Whether straw pillows were used in the two cases recorded we know not, but think it very probable, as they are common in Continental asylums. The marvellous in the occurrence of the swollen ear of the insane, especially of the paralytics, has ceased to impress the medical superintendents of asylums, now that careful supervision of asylums and close inquiry into such cases have sufficiently shown that that lesion is the result of mechanical violence, and not self-originated from the peculiar morbid state of the patients. And, on the whole, we are inclined to look upon these instances of "bloody sweating" as of mechanical rather than of vital origin. However, the matter is deserving the attention and observation of our readers.

II.—*English Psychological Literature.*

On the Weight and Specific Gravity of the Brain. By Thomas B. Peacock, M.D. Edin., F.R.C.P., Physician to S. Thomas' Hospital.

(Reprinted from the 'Transactions of the Pathological Society of London,' vol. xii, 1860-61.)

"In 1847* (says Dr. Peacock), I published a series of weights of the human brain, collected at the Royal Infirmary of Edinburgh, together with tables prepared from these observations, together with the much larger number of weights previously recorded by the late Professor John Reid.† The observations which follow have been obtained since that time, and though comparatively few in number, yet, as they are not likely to be materially increased and may furnish a useful comparison with the former, I have thought them worthy of being placed on record.‡ The observations on the specific gravity of the brain are entirely new. They were obtained by a different mode from that followed by Dr. Sankey,§ in his observations of the specific gravity of the healthy brain, and by Dr. Bucknill ‖ in his investigation of the density of the brain of insane persons. The former of these observers ascertained the specific gravity of the different portions of the brain, by placing pieces in solution of common salt of different densities; the latter adopted a similar plan, except that he employed solutions of Epsom salts. My own observations were made by first weighing the brain and its several portions in air, and then in distilled water, and calculating the specific gravity by the common formula, viz., as the weight lost by the brain in water is to the weight in air, so is the specific gravity of distilled water (1000) to the weight required."

From a series of elaborate tables Dr. Peacock deduces the following general results:—

1. The weight of the brain in the adult male averages about forty-nine ounces avoirdupois, and ranges from about forty-two to nearly sixty ounces.

In the adult female the weight of the brain averages about forty-three ounces and a half, and ranges from thirty-nine to nearly forty-

* 'Edinburgh Monthly Journal,' vol. vii (n. s., vol. i), 1847.

† Ibid., 1843.

‡ Some of these have been previously published, but no calculations have been based upon them. ('London Journal of Medicine,' vol. i, 1851.)

§ 'Brit. and For. Med.-Chir. Review,' vol. xi, 1853, p. 240.

‖ 'Lancet,' 1852, vol. ii, p. 588; and 'Brit. and For. Med.-Chir. Review,' vol. xv, p. 207.

seven ounces. The mean difference is thus about five ounces and a quarter.

In the previous series of observations,* which greatly exceeded in number that now published, the male encephalon had an average of about fifty ounces, the female of nearly forty-five ounces, or a difference of nearly five ounces and a quarter; and the range was in both sexes more extensive.

The average weight of the encephalon in these calculations corresponds, therefore, sufficiently with the previous results, as well as with those obtained by Dr. Reid, and does not differ greatly from the conclusions of Sir W. Hamilton, Dr. Sims, and Dr. Clendinning. The average weight of the brain, as deduced by these observers, ranges from forty-five ounces and three-quarters to fifty ounces and a quarter in males, and from forty-one ounces and a quarter to forty-five ounces in females. The observations of Portal, Tiedemann, M. Lelut, and M. Parchappe, are also similar.

2. The encephalon increases in weight up to adult age, and again declines in advanced life. This fact is, from their comparatively small number, less satisfactorily illustrated by the observations now published than by the previous series and by the observations of Dr. Reid and Dr. Boyd.† In a table published in 1851,‡ embracing the whole of Dr. Reid's observations and my own up to that date, it is very clearly shown that, though the brain of young persons is occasionally found to be very heavy, it does not usually obtain its full development until between twenty and thirty years of age, and undergoes a decided decline in weight in advanced life.

3. The proportion which the whole encephalon bears to the body varies greatly, according to the state of obesity or emaciation of the subject, but it generally decreases with the advance of life. In the adult male, aged from twenty-one to forty-four inclusive, the mean proportion was as 1 to 32·73, and the range from 1 to 23·5 to 1 to 37·9. In the adult female from twenty-four to forty-two years of age, the mean was 1 to 39·2, and the range 1 to 29·3, and 1 to 45·8.

4. The cerebellum bears much the same relation to the whole encephalon throughout the duration of life, at least after very early age. In the adult male it averaged 1 to 9·03, and ranged from 1 to 7·7 to 1·02. In the adult female it averaged 1 to 8·9, and ranged from 1 to 8·3 to 1 to 9·5.

5. The specific gravity of the brain in the adult is similar in the two sexes (1·036 in both the male and female); nor is there any very material difference in the density of the several portions of the encephalon; the specific gravity of the cerebellum and of the pons

* See Paper in 'Edinburgh Monthly Journal,' vol. vii, 1847.
† 'Wagner's Physiology,' by Willis, 1844, Appendix, p. 700.
‡ 'London Journal of Medicine,' vol. i.

Varolii and medulla oblongata being, however, in both sexes, somewhat greater than that of the cerebrum. The observations do not afford satisfactory information as to the influence of age on the specific gravity of the brain.

6. The observations in the weight and specific gravity of the diseased brain are too few to warrant any conclusions being deduced from them; but there can be no doubt that the brains of persons who die of inflammatory diseases of that organ, or of diseases which interfere with the free transmission of the blood through the lungs and occasion general venous congestion, are usually heavier than those of persons who die of other affections.

Notes on Hæmatoma of the External Ear in the Insane. By W. Phillimore Stiff, M.B. Lond., Medical Superintendent of the County Asylum, Nottingham.

('British Medical Journal,' 1st August, 1863.)

"The subject (says Dr. Stiff) of sanguineous cyst of the ear in the insane is of importance in a medico-legal point of view. Some writers allege that these hæmatic cysts are the result of injuries, either self-inflicted or from the employment of violence on the part of attendants and nurses. The statement of Gudden, in support of the latter view, has been most extensively circulated. He maintains that these swellings are entirely owing to mal-treatment, and points out that ears closely resembling those of the insane are not unfrequently met with amongst sculptures depicting pugilistic athletæ. Singularly enough, in his efforts to bring this home to the attendants, he avers that he has never met with an instance in which the injury could be traced to the patient himself, or to other patients. How this can be reconciled with the fact that patients frequently fall on the ear in fits, and are struck on it by their own associates, I am at a loss to imagine. Again, in the lately published work of Dr. Kramer, 'On the Aural Surgery of the Present Day,' the observations of that author are calculated to encourage the theory of the physical origin of the disease. He says—'The causes of these bloody tumours on the cartilage of the ear are unknown, though we must admit that they are especially likely to be produced by violence (blows on the ear), which, perhaps, explains their more frequent occurrence on the left ear.' (New Sydenham Society's edition, page 41.) In the 'British and Foreign Medico-Chirurgical Review' for January, 1858, I published a short memoir on this peculiar disease, illustrated by engravings after photographs of the altered ears; and I therein advocated the contrary opinion, based upon observation and inquiry, that the lesion is not occasioned by physical

injury, but that it is the result of a spontaneous hæmorrhage arising out of a pre-existing diseased condition of the vessels of the pinna of thee a r.

"Two cases came under my notice last autumn, strongly confirmatory of this opinion. Both were to be seen running their course together, but distinct in their appearance and characteristics. The one was a well-marked example of hæmatoma, arising without any external interference; the other, a case of severe contusion of the ear after a blow, not presenting any appreciable swelling, but only ordinary interstitial ecchymosis, although this patient was predisposed to hæmatoma, and was the subject of partial ossification of the cartilage of the opposite ear."

Dr. Stiff here relates these two cases, which he says corroborate, in a remarkable manner, the views of those who consider that the phenomenon is the result of disease, and not of accident, and that they may be regarded in the light of a crucial experiment, decisive of the question at issue, confirming the fact, in the one instance, that hæmatoma may be developed without the intervention of external violence, and disproving, in the other, that it could be produced by a blow in a person predisposed to the affection.

"It is admitted on all hands (continues Dr. Stiff) that these effusions occur most frequently amongst the insane, or in patients affected with serious lesions of the nervous centres. It has been shown by several pathologists that there is a pre-existing state of disease before the occurrence of the sanguineous effusion. The disease may be observed in both ears in different stages, and occasionally the cartilage may become ossified without the occurrence of the stage of effusion. When blows are received by the same class of patients over the analogous structures of the eyelids and nose, the same morbid changes do not take place. Epileptics are less liable to it than chronic maniacs. Cartilaginous nodules are sometimes developed after wounds of the ear; but their history, course, and pathology, are quite distinct.

"In two specimens of hæmatoma occurring in the ears of the same patient, Mr. Toynbee informed me that he had found the cartilage of the right ear greatly hypertrophied, and in some parts ossified. It had Haversian canals and corpuscles like normal bone. Bony matter was deposited in the left ear, which did not go through the various stages.

"I entertain no doubt that the disease depends upon internal or centric causes, and is, probably, one of the results of the atheromatous diathesis. It runs a well-defined course, the duration varying from a few days to several years, and, unlike contusions, leaves structural alterations and disfigurement of the organ."

Notes on a Case of Chronic Mania, complicated with Peritoneal Adhesion. By R. Peel Ritchie, M.D. Edin., F.R.C.P.E., late Resident Medical Officer, Bethnal House Asylum.

('Lancet,' September 12, 1863.)

The case here related by Dr. Ritchie was admitted as a private patient into Bethnal House Asylum, London, on the 8th of September, 1843, suffering from chronic mania, in good general health; mind generally disordered, but quiet. She was, however, subject to paroxysms of excitement, the cause of which she alleged to be two other persons, who used some means, of which she was not cognisant, to excite her. She had various other delusions, such as that her actions and feelings were controlled by others; "that her husband" (he had been dead for some years) "is alive, and she occasionally converses with him;" "she hears a voice abusing her," &c. From this date it appears that she had delusions of a similar nature, but of increasing intensity. Her bodily health was good, and unaffected by severe illness.

On the 5th October, 1855, it is reported that "lately having a slight colic attack, fancied she was quickening." She appears to have been previously occasionally liable to similar attacks of colic. General health good. In the succeeding years her delusions and hallucinations are more numerous, but unchanged in character; she pulls out her hair, and alleges some one does it in the night. General health as at previous reports.

On September 4th, 1860, she requested to have an aperient pill, and had a slight cold. She appeared to be suffering from one of her usual attacks of colic; she had the pill, but was sick, and rejected it. On the 6th, the bowels not having responded to a simple enema, other enemata of a more stimulating character were given, which were followed by some action; the sickness, however, continued. On the 7th she was not improved. On the morning of the 8th the bowels were relieved spontaneously, and the sickness had been relieved by opium, brandy, and ice; there was considerable tympanitis and pain, chiefly in the left lumbo-iliac region; the pulse was weak, and of increased frequency. About 11 a.m. a change for the worse occurred; the pulse, previously below 100, rose to 120, and became very weak, the skin clammy, and the face pinched. She gradually sank, and died at half-past 2 p.m. She had frequently suffered from attacks of colic, which she referred to the supposed baby's movements. This attack, in its early stages, resembled one of those.

Post-mortem.—When the abdomen was examined, forty-eight hours after death, it was distended with flatus. On exposing the peritoneum it was found to be slightly congested in a few patches.

On opening the abdominal cavity the small intestines were found arranged in transverse coils, the free surface being much congested, and presenting indications of inflammatory action. The mesenteric surface was less congested; the mesentery, which was infiltrated with serum, was of pulpy consistence, and easily torn. The transverse colon was much contracted about its middle; the descending colon was also contracted, the walls being much thickened. On raising the coils of the small intestine about twenty inches from the ileo-cæcal valve, a strong, cord-like adhesion, an inch and three quarters long, attached the ileum to the brim of the true pelvis. A loop of the ileum betwixt this attachment and the termination of the small intestine had fallen into the cavity of the pelvis, and, by twisting upon itself, was prevented by this adhesion from being freed. A strangulation of the gut was thereby effected, and the passage through the intestine stopped. The strangulated loop did not contain much solid matter, but was distended with fluids.

"The case," says Dr. Ritchie, "presents for consideration the frequent attacks of colic, the cord-like adhesion, and the coexistence of delusions of a particular kind with inflammatory adhesions of the intestines. There can be little doubt that the attacks of 'colic' must have depended on the same cause (though to a less extent) as that which at last ended fatally. That they depended upon the adhesion occasioning temporary obstruction cannot be doubted. The adhesion was strong and dense; there was no other, and it must have existed for years. The probability is, that this fibrous peritoneal cord had been formed previously to 1843, and had existed without occasioning any serious inconvenience for nearly twenty years. At last, however, the intestine had got so situated that, whilst fluids could pass readily into the portion of bowel which formed the loop, there was no passage out of it, and hence was excited the inflammation which terminated in a fatal result."

The Pathological Relation between Albuminuria and Puerperal Mania.

By Arthur Scott Donkin, M.D. Edin., Lecturer on Medical Jurisprudence, Neville Hall College, Newcastle-on-Tyne.

('Edinburgh Medical Journal,' May, 1863.)

"Medical science," says Dr. Donkin, "is indebted to Professor Simpson for having first directed attention to the coexistence of *albuminuria* and *puerperal mania*, in a contribution to the Obstetric Society of Edinburgh, in 1856.* In this paper Dr. Simpson contented himself with demonstrating merely the frequent coexistence of the

* 'Edin. Med. Jour.,' vol. ii, p. 766.

two morbid conditions, without attempting to explain the exact pathological relation between the renal and mental affections, leaving that to be accomplished by future clinical investigation. Dr. Simpson's communication is, I believe, up to the present time, the only contribution we possess on the subject, either in our own or any other language."

Dr. Donkin divides puerperal mania into the two following classes, on the distinctive features of which he strongly insists:

"*Class I.*—The mania is essentially acute, and runs a brief course; it is always accompanied by a very rapid pulse, sthenic or asthenic, and generally a moist skin. The attack is usually ushered in and attended for some time by pain and heat of head, great intolerance of light, sound, or of any movement in the room, tinnitus aurium, and pervigilium. There is a strong tendency to a fatal issue, death taking place by way of coma or asthenia.

"*Class II* is characterised by complete absence of constitutional disorder; the pulse retains, or occasionally exceeds very slightly, its natural frequency. There is no danger to life, but the mental derangement is generally more or less chronic, and frequently merges into permanent hopeless insanity."

"*What constitutes*," asks Dr. Donkin, "*the differential pathology between them?* Those cases referable to the 'non-constitutional' group, which are dangerous only to reason and not to life, we can readily understand. They are neither more nor less than cases of ordinary insanity, excited, in females predisposed hereditarily or otherwise to the disease, by causes incidental to parturition, such as nervous shock, hæmorrhage, exhaustion, and a variety of other causes which it would be tedious and unnecessary to enumerate. But what are we to understand by the other acute constitutional and fatal class? There is undoubtedly something *special* in their pathology which has not been explained. They have been described by some authorities* as instances of cerebro-meningeal inflammation or phrenitis. But this interpretation of their nature is no longer tenable, owing to the fact that in no single fatal case have the traces of congestion or inflammatory action been detected in the brain or its membranes; so that Dr. Tyler Smith† correctly observes, that 'the pathological lesions found after death from puerperal mania do not throw any great light upon the essential nature of the disease. No constant morbid changes are found within the head, and most frequently the only condition found in the brain is unusual paleness and exsanguinity. Many pathologists have also remarked upon the extremely empty condition of the blood-vessels, particularly the veins.' Now, this fact is the more remarkable, because the most dangerous and rapidly fatal cases are those whose

* Rigby, 'Syst. of Mid.,' p. 302.
† 'Man. of Mid.,' p. 492.

symptoms simulate most closely those of inflammation of the brain and its membranes. These are the cases which Dr. W. Hunter had in view when he stated in his lectures, long ago, that 'when puerperal females are out of their senses with fever like paraphrenitis, they will in all probability die.'* Dr. Gooch,† referring to the relation between the rapidity of the pulse and the fatality of the disease, pointed out that the frequency of the pulse is the only sure guide in forming a prognosis, and illustrated his observations by showing that 'his cases which terminated fatally were all attended with a rapid pulse, while none of those with a slow or moderately excited pulse died.' Subsequent experience has fully corroborated the accuracy of this opinion.

"Now, the object I have in view in offering the following observations on this important pathological question, is to demonstrate that the acute dangerous class of cases are examples of uræmic blood-poisoning, of which the mania, rapid pulse, and other constitutional symptoms, are merely the phenomena; and that the affection, therefore, ought to be termed uræmic or renal puerperal mania, in contradistinction to the other form of the disease."

Dr. Donkin relates a long and interesting case of acute puerperal mania, in illustration of this theory of the pathology of his Class I of puerperal mania. From the anasarca preceding labour in this case, and from the albuminous urine with low specific gravity, and yet with an absence of all fibrinous exudation, which was observed the second day after delivery, Dr. Donkin argues that the morbid condition of the urinary secretion resulted from passive congestion (from mechanical compression) of the renal veins. He further traces the maniacal symptoms to the circulation of urea in the blood consequent on this state of passive congestion of the kidney. "That *uræmia* (he says) was the *second* link in the chain of morbid changes in this case is evident from the low density and albuminous condition of the urine at a period anterior to the development of constitutional symptoms and of cerebral and mental derangement. If further proof were requisite, it is furnished by the peculiar and distinct violet colour of the blood-serum, together with the presence in it of a considerable quantity of carbonate of ammonia, a product of decomposed urea; these being the characters which, according to Frerichs, Litzman, Braun, Heller, Kletzinsky, Oppolzer, Gegenbauer, Lehmann, and others, are generally found in the blood-serum of puerperal females attacked with uræmic eclampsia."‡

But if the question arises, Why should uræmia in the puerperal female produce convulsions and coma in one instance, and mental

* Quoted by Dr. Gooch.

† 'Diseases of Women,' 2nd ed., p. 116.

‡ See translation of Braun, on "Puerperal Uræmic Eclampsia," 'Edin. Med. Journ.,' vol, ii, p. 1029.

aberration with a rapid pulse in another? To such Dr. Donkin replies, that we cannot expect the poisons engendered in the blood by the retention of the renal secretion to be exempt from the well-ascertained principle of toxicology—that the action of almost every known poison is modified or entirely changed in character according to the dose, to idiosyncrasy, and the like influences. Besides, it is quite possible that in the one disorder a species of poison may be developed different from that which excites the other.

To the history of this case Dr. Donkin appends some able observations on its special pathological relations to the theory in question, and concludes his argument with the following remarks:—"If it should be objected that a single case is not sufficient evidence to establish the accuracy of my views, I must observe that the maxim which applies to investigations in natural history is equally applicable to those of pathology, namely, that although a single typical specimen may not be sufficient to establish a species, it is at least amply so to display its characters. But even should future investigation not corroborate the accuracy of my observations, yet I trust they will effect some good, at least, by directing others still more closely to the examination of one of the most important and, at the same time, neglected subjects of obstetric pathology. I say neglected, because I can only find recorded five cases of the acute dangerous variety of puerperal mania in which attention was directed to the condition of the urine. Four of these are the cases recorded by Professor Simpson.* In all of the four, albuminuria existed at the outset of the mania. In one of them puerperal convulsions occurred before delivery, with very marked albuminuria; and after a very brief convalescence and absence of albumen, acute puerperal mania set in, and the urine was again found to be highly albuminous. In another case there were two sudden attacks of puerperal mania, with a week's interval between them, and at the commencement of each attack the urine was loaded with albumen, and free from it in the interval. In one of these cases the duration of the mania was two or three weeks, and the albuminuria observed at the outset of the disease had disappeared entirely before the restoration of the intellect.

The fifth case alluded to is recorded by the late Dr. Graves, in the last edition of his 'Clinical Lectures.'† This was the case of a young woman (æt. 21), apparently of sound constitution. On the sixth day after giving birth to a seven-months' child she became the subject of acute puerperal mania, accompanied with a very rapid

* 'Edin. Med. Jour.,' vol. ii, 761. Dr. Simpson, more recently, states that he has repeatedly seen the same connection between puerperal mania and albuminuria as well as had other instances communicated to him. (Lec., 'Med. Times and Gaz.,' Nov. 10, 1860.)

† Vol. ii, p. 301.

pulse (125), when admitted into the hospital, on the second day of the disease; she had been twice bled previously. She died on the eighth day of the attack, and up to her death the pulse is recorded to have kept as high as 120. Her skin was moist and perspiring, but the lochia and milk were suppressed. There was great pervigilium, she having slept twice, and on one of these occasions, after taking, in frequent small doses, three grains of acetate of morphia, the mania closely resembled delirium tremens. Death took place by way of asthenia. An investigation of the body was made six hours after death, before decomposition could have altered the most delicate tissue. Attention was specially directed to the condition of the brain and uterus. "But," observes Dr. Graves, "the most careful examination could discover in the brain no phenomena in the remotest degree capable of explaining the occurrence of delirium or death." He further adds, that "the structure of the uterus was natural, and it exhibited nothing worthy of remark in its interior. The rest of the abdominal viscera were healthy." The kidneys are not separately mentioned by Dr. Graves, but he directs especial attention to a symptom which he considered to be of "very considerable importance;" and very justly so, for it was no other than a great "diminution of the urinary secretion." The patient is described as having once voided urine, and that once on the third or fourth day of the attack. Unfortunately, however, her urine was not examined, otherwise the pathology of the case might not have appeared a mystery.

On the Influence of Sex in Hereditary Disease. By W. Sedgwick.

('British and Foreign Medico-Chirurgical Review.')

In an elaborate paper upon this subject in the last two numbers of the 'British and Foreign Review' (April and July, 1863), Mr. Sedgwick has recorded numerous facts, which he has been at the pains to collect from various English and French sources; so numerous, indeed, are his observations, that his paper will supply a valuable storehouse of references to those who may wish specially to study the subject. The more general reader, overwhelmed by the multitude of unconnected details which seem to point to no conclusion, may, perhaps, find the ancient adage involuntarily rise to his lips—*Non numerandæ sed perpendendæ observationes.* It is an adage, however, which is more often the refuge of idleness unwilling to labour at the tedious collection of facts, than it is the legitimate expression of a just censure. On the influence of sex upon hereditary insanity Mr. Sedgwick makes the following observations:

"Among writers who have directed special attention to the heredi-

tariness of insanity is Esquirol,* who states, that it 'is more often transmissible by the mothers than by the fathers;' and this fact he ascertained 'by attending, in the last years of his life, the children of those patients whom he had seen at the beginning of his medical career.' This statement seems to be very generally admitted to be correct, and it is supported by the statistical researches of M. Baillarger† and Dr. J. Webster,‡ which, moreover, show that insanity is not only more transmissible by females than by males, but that from whichever parent the heritage is derived, it is more liable to show itself in the children of the same than of the opposite sex. M. Baillarger ascertained that insanity is more to be feared when it is on the mother's than on the father's side, 'not only because it is more often hereditary, but also because it is transmitted to a greater number of children;' and from his observations, founded on 600 cases, 453 of which were directly hereditary, and 147 collaterally so, he states that where the madness was transmitted direct from parent to child, the following statistics were obtained:

"'Of 346 children who had inherited the disease from the mother, I have found—

197 girls
and 149 boys } 346

The difference is 48, or a fourth.

"'Of 215 children to whom the disease had been transmitted by the father, I have found—

128 boys
and 87 girls } 215

The difference is 41, or a third.

"'The madness of the mother is transmitted, then,' adds M. Baillarger, 'more often to the daughters than to the sons, in the proportion of a fourth; the madness of the father, on the contrary, more often to the sons than to the daughters, in the proportion of a third.'

"Dr. J. Webster states, from observations founded on 1798 cases of insanity, that it 'is a disease more frequently transmitted to offspring by the mother than by the father; whilst mothers also transmit this disease oftener to their female than male children.'

"More recently, Dr. Moreau, physician to the Bicêtre (hospital for the insane), in a paper 'On the signs indicative of Hereditary Predisposition to Insanity,§' which confirms the general correctness of

* 'Des Maladies Mentales,' p. 65, 1838.

† 'Archives Gén. de Méd.,' Paris, 1844, quatrième série, tom. v, pp. 116-17; and 'Annales Médico-psychologiques,' tom. iii, 1844, pp. 328-339.

‡ 'Medico-Chirurgical Transactions,' vol. xxxii, p. 118, 1849.

§ 'L'Union Médicale,' No. 48.

the preceding statements, has endeavoured to show 'that personal resemblance and cerebral disorder may be transmitted by either parent, but never by the same;' that where the children resembled the parent of the opposite sex, the following results were obtained:—'Of 22 females suffering from insanity, 17 had inherited it from the mother, and 5 from the father; while of 142 insane males, 95 had acquired the disease from the father, and 47 from the mother; when, on the contrary, the analogy of resemblance was inverted, 47 sons who resembled their father derived their insanity from the mother, and 8 girls who resembled the mother derived theirs from the father.' These observations of Dr. Moreau seem to possess some interest and importance in connection with atavism, and may be again referred to, but at present it will be convenient to examine the evidence which can be gathered in favour of the influence of sex in special cases of cerebral disease.

"With respect to cases of hereditary insanity limited to males, the following illustrations may be cited. In a case observed by Moreau* at the Bicêtre, the grandfather, father, and son were all insane. The hereditary madness which occurred in the case of Louis XI of France is referred back by Moreau† to his paternal great-grandfather, who had been poisoned in his youth, and who ever afterwards remained invalid; his grandfather, Charles VI, suffered from periodic mania; and his father, Charles VII, died from excessive abstinence, resulting from a delusion that he should be poisoned. In the case of Papavoine,‡ aged forty-one years, who murdered two children in 1825, his father had suffered from periodic mania. In the case of James Roberts,§ a soldier who had served in the Crimea, and who was tried lately at the Oxford assizes for the murder of his little daughter, Clara Roberts, aged sixteen months, by beating her upon the head with a broken poker during a sudden attack of homicidal monomania, and was acquitted on the ground of insanity, his father, paternal grandfather, and paternal grand-uncle had all been insane; and it is to be noticed, in this case, that as the paternal grandfather and paternal grand-uncle were brothers, the inheritance of the disease was probably derived from a previous generation. Such also may be inferred in the case of a military surgeon,‖ confined in the Bicêtre, whose father, eldest brother, and four paternal uncles were also insane, the uncles having, besides, all died by suicide; the maternal line was ascertained to be free from all nervous affection. No history of the paternal grandfather could be obtained in this case; but as five of his sons were mad, it is

* "Un chapitre oublié de la Pathologie Mentale," 'L'Union Méd.,' Jan. 26th, 1850, p. 45.

† 'La Psychologie Morbide,' p. 557, Paris, 1859.

‡ Georget, 'Archives Gén. de Méd.,' tom. viii, p. 206, 1825.

§ 'The Times,' Aug. 19th, 1862.

‖ Moreau, 'La Psychologie Morbide,' pp. 138-9.

probable that if not himself mad, he transmitted insanity to his male offspring by atavic descent, which would extend the heritage to four, if not more, generations, such interruptions in morbid descent being of frequent occurrence in insanity. Marc* relates a case in which a grandfather and grandson died mad with the *same* symptoms of insanity; the celebrated author of 'Paul and Virginia' often believed himself to be surrounded by enemies and evil spirits, and his grandson suffered from the *same* delusions;† and if it were not for the difficulty of tracing the family histories of individuals comparatively obscure in social position, it is probable that such cases of hereditary madness would be more frequently recorded; for in the well-known case of George III, which will be again referred to in a subsequent part of this paper, the insanity was transmitted in the male line by atavic descent from a male ancestor eight generations back, in whom not only the insanity, but many other of the well-known characteristics of the unfortunate monarch were *exactly* repeated.

"In all of the preceding cases the insanity has been limited to the male line, but the same influence of sex prevails also when females become hereditarily subject to the disease. In one of the cases recorded by Moreau,‡ a mother and her daughter believed themselves to be under the special protection of spirits, which they called 'airs.' A case is recorded in the 'Annales Médico-psychologiques' for 1850, pp. 723-4, of a mother and two daughters who were insane. M. Villermé§ relates a case in which a mother and daughter were insane, the son not so. Gintrac|| records a case of insanity in a woman whose mother had suffered from puerperal mania; and another case of a woman, aged twenty-six years, subject to delusions, whose mother had twice attempted suicide; the father was healthy, and there were five other children, who were all well. In the case of Mrs. Vyse, who was lately tried for the murder of her two children, and had also attempted suicide, the acquittal was given on the ground of hereditary insanity, for her maternal grandmother and maternal grandaunt were both insane, and the former had also attempted suicide, whilst the latter had been under restraint for twenty years. In this case it may be inferred that, as these two female ancestors were sisters, the insanity had been transmitted from a previous generation, for whenever two or more members of the same family are similarly affected, especially with insanity, which has, moreover, been transmitted to a succeeding generation, it may be assumed that the disease has in the greater number of such cases been inherited, unless it has resulted from some other

* 'De la Folie,' observ. 45, Paris, 1840.

† Moreau, 'La Psychologie Morbide,' pp. 538-9.

‡ 'L'Union Médicale,' Jan. 12th, 1850, p. 22.

§ 'Revue Médicale,' tom. vi, p. 98, 1821.

|| "Mémoire sur l'influence de l'Hérédité sur la production de la surexcitation nerveuse, &c.," 'L'Académie Royale de Méd., Mémoires,' tom. ii, 1845, pp. 276-7.

recognised cause of disease, as, for example, the repeated intermarriage of blood relations. In a case of puerperal insanity affecting one of my patients after her first accouchement, at the age of twenty-eight years, and continuing for seven months, it was ascertained that an elder sister, now aged fifty-one years, had become insane at the age of twenty-one years, and had continued so ever since, with short and imperfectly lucid intervals; three brothers and four sisters, older than the patient referred to, are all married, and most of them have children, but none of them have exhibited any tendency to insanity at any period of their lives. It is probable that the insanity in these two sisters was inherited from a previous generation by atavic descent, for many similar examples are recorded in which it is almost impossible to doubt that such was the case, as in that observed by Moreau,* at Charenton, of two sisters who suffered from the same form of monomania, believing themselves to hold intercourse with spirits; in the case, also observed by Moreau,† of two monomaniac sisters, who both fancied that Charles X was in love with them; in the case of two brothers, twins, confined in the Bicêtre on account of monomania; and in the remarkable case recorded by Moreau,‡ of a gentleman of good position in society, who was the survivor of six brothers, who were all mad. In all such cases as these it may be inferred that the insanity was transmitted from an insane member of some previous generation, and probably of the same sex; and in the event of there being no wilful concealment of facts, it may be assumed that the interruption had extended over so long an interval of time, that no record of the descent, such as happened to be historically preserved for more than two centuries in the case of George III, can be procured.

"On the other hand, cases occasionally occur in which, through the influence of what may be called insane alliances, both parents, if they do not inherit, at least transmit, the disease. Some remarkable examples of this have from time to time been recorded, such as that which occurred some years ago in Brittany, in which a whole family, composed of father, mother, son, and daughter, were insane;§ and in the case observed by Dr. Burrows,‖ of a young man belonging to a Jewish family, who, with his father, mother, and six brothers and sisters, were all mad. The influence of sex in these cases may have been maintained, but it could not, of course, be traced.

"As illustrations of hereditary suicide limited to males, may be cited a case observed by Dr. Burrows,¶ in which the suicidal propensity declared itself through three generations; the grandfather hanged himself, and left four sons, one of whom hanged himself, another cut

* 'L'Union Médicale,' Jan. 12th, 1850, p. 22.
† Ibid.
‡ 'La Psychologie Morbide,' p. 140, note.
§ 'Gazette des Tribunaux,' Fév. 3, 1828.
‖ 'Commentaries on the Causes, Forms, Symptoms, and Treatment, Moral and Medical, of Insanity,' p. 104, 1828.
¶ Op. cit., p. 442.

his throat, and a third drowned himself in a most extraordinary manner, after being some months insane; the fourth son died a natural death, which from his eccentricity and unequal mind was scarcely to be expected. Two of these sons had large families; one child of the third son died insane, two others drowned themselves, another is now insane, and has made the most determined attempts on his life. Dr. Burrows further observes, that 'several of the progeny of this family, being the fourth generation, who are now arrived at puberty, bear strong marks of the same fatal propensity.' A similar case was observed by Moreau,* of a man afflicted with a desire to commit suicide, whose father and paternal uncle had killed themselves, and a brother showed the same overmastering desire; in this case the suicidal monomania of the father and the paternal uncle was probably inherited from a previous generation. In a case recorded by Fallaray,† in which a father, son, and uncle committed suicide, and another male relation felt an almost uncontrollable desire to do the same, the heritage may in like manner be referred further back. In a case recorded in the 'Annales Médico-psychologiques' for 1850 (p. 103), the father committed suicide some years previously; his eldest son voluntarily asphyxiated himself, and another son tried to kill himself in January, 1848; his project failed, owing to the vigilance with which he was watched, but on the 11th of September following he succeeded in doing so by swallowing a large dose of arsenic. In a case of attempted suicide by hanging, of a journeyman whitesmith, aged twenty-two years, related by M. Bourdin,‡ the father had previously committed suicide. M. Falret§ relates the following history of a family of suicides. A dyer, issue of healthy parents, but of a very silent disposition, married to a woman of good health, had by his marriage five sons and one daughter; the eldest son, who married and had children, made many attempts at suicide, and finally, when about forty years of age, threw himself one day from the third story of a house and was killed; the second son, also married, strangled himself at the age of thirty-five years; the third son, in trying, as he expressed it, to fly, threw himself from a window into the garden; the fourth son attempted to shoot himself, but was hindered; the fifth son, melancholic, had not as yet attempted suicide; the sister, who is married and has children, offers no sign which can lead to the suspicion that she shares the melancholy of her brothers; whilst a first cousin, of the male sex and married, has committed suicide by drowning himself in a river. In this case the inheritance, which was strictly limited to the male sex, was probably derived by atavic descent from the grandfather, or some preceding ancestor of the same sex."

* 'De l'Influence du physique relativement au désordre des facultés intellectuelles,' p. 14, 1830.

† 'Lancet,' 1832-3, vol. i, p. 556.

‡ 'Annales Médico-psychologiques,' tom. viii, 1846, pp. 312-13, note.

§ Op. cit., pp. 296-8.

III.—*Excerpta from Asylum Reports,* 1863.

(Continued from the July number of this Journal.)

On Medical Certificates in cases of Homicidal Mania.

"Several patients applied spontaneously for admission, of whom four had formerly been inmates. They sought the protection afforded by the asylum, from a sense of their returning malady and inability to take care of themselves.

"One of the applicants, who had not before been an inmate of any asylum, sought admission in order that he might be protected from a strong impulse to commit an act of homicide, accompanied with a fear that he might commit the alternative act, that of suicide, to save himself from the ignominy attending the former. He requested me to give him a certificate containing my opinion of his state. I found that at this time he was waited upon and watched by a person whom he had himself selected and engaged for the purpose. He added that he was not on good terms with his relatives, that they did not think he was insane, and he wished to act for himself in the matter. Several weeks afterwards I was sent for by this gentleman; his attendant had died after a short illness; he was in great distress, being now unprotected; feared he would shoot his landlady; confessed he had given arsenic to three persons for the purpose of killing them, and as it had failed, he had taken some himself, when, finding it inert, he had the remainder analysed, and it proved to be a harmless white powder—the chemist who supplied it, although labelling it "Arsenic—Poison," having, he supposed, substituted bismuth, because he suspected he meant to make an improper use of the arsenic. I conducted him to the sheriff, to whom he repeated these statements, presenting, at the same time, a medical certificate of insanity, in order to obtain an order for his admission into an asylum under the recent Act, as a spontaneous applicant.

"Were we to judge from the frequency of tragical homicides which are recorded in the daily press, and the sympathy which is so often manifested in behalf of the accused parties, whether on the plea of insanity or otherwise, it is difficult to avoid the conviction that society at large is more afraid of having the liberty of the subject interfered with, than solicitous that human life should be preserved; and that medical men, instead of being too easily led to commit such individuals to proper care and treatment, are afraid to interfere for the protection of life and property, lest they should lay themselves open to vexatious legal proceedings hardly less vexatious to them,

both as regards time and money, even when they succeed in justifying their act, and gaining a verdict.

"The number of sensation novels and plays which have been issued of late years, in which the plot turns chiefly on the unjust confinement of some sane person on the pretext of insanity, seems greatly to have contributed to this state of things—a result strangely at variance with the facts established by the careful judicial investigations of the Commissioners in Lunacy for England, Ireland, and Scotland, from which it would appear that such a case is almost literally unknown; or if it has apparently occurred in a solitary instance, it has been followed by the immediate discharge of the alleged lunatic, thus demonstrating the safety with which the present statutes have guarded the liberty of the subject.

"Surely it would have been a hundredfold more desirable for the wretched homicide, whose mind has been weakened and perverted by vicious habits, for his unhappy family and the community at large, that he should have been timeously placed in an hospital for the cure of degraded and overpowering habits, and unaccountable delusions. Better, surely, that such treatment should be legalised as at once an act of mercy to the individual, and of social duty to the community, than that such a person should be allowed to walk about to the alarm of a whole neighbourhood, until, it may be, he has even sacrificed the life of a fellow-creature, incurred the last sentence of the law, caused a large expense to the country by his trial, and raised a thousand conflicting doubts as to the justice of his sentence —doubts which are never raised in connection with the administration of justice without injury to its authority, whether its decrees are enforced, or the doubts solved by a relaxation of its demands, the tendency of which is to diminish its power as a check upon crime."—*Dr. Skae.* '*Annual Report of the Royal Edinburgh Asylum for the Insane for the year* 1862.'

Results of Treatment in two thousand cases at the Somerset Asylum.

"By comparing the results in quinquennial periods in these two thousand cases, it appears, that in the earliest period under twenty years, the males were more numerous than the females, and the mortality was greater by 13 per cent. amongst the males; the recoveries more (54 per cent.) among the females. In the next fifteen years, from 20 to 35 years, the females were more numerous and the recoveries were more, but the deaths continue to be more among the males. In the following six periods, from 35 to 70 years, the males were more numerous than the females, and the recoveries and the deaths were also more numerous than among the

females. From 70 to 75 the females were more numerous and the mortality was much greater amongst them, the recoveries being greater amongst the males at that period. In the two following periods the males were again more numerous, and the mortality was greater amongst them. For the whole period the recoveries amounted, in the males, to 35·8 per cent., in the females to 38·8 per cent.; the cases relieved, in the males to 7·4 per cent., in the females to 9·2 per cent.; not improved, in the males to 5·2, in the females to 3·9 per cent.; the mortality in the males to 32·4, in the females to 25·8 per cent.; remaining, 19·2 males and 22·3 per cent. females. The recoveries were 3 per cent. greater in the females than the males, and the mortality 6½ per cent. greater in the males than the females. Authors state that insanity is, generally speaking, more curable in *women* than *men*. The most favorable *age* for recovery is between the twentieth and thirtieth year, but few recover after the fiftieth year. Esquirol states that of 209 recoveries at Charenton, the greatest number of cases were from the twenty-fifth to the thirty-fifth year. Recoveries diminish progressively from the forty-fifth year. The diminution is more abrupt in females and more gradual in males. Twenty men recovered after the fiftieth year, and four out of twelve lunatics above seventy; so that advanced age does not preclude hope."—*Dr. Boyd.* '*Fifteenth Annual Report of the Somerset Lunatic Asylum*, 1862.'

St. Luke's Hospital as a Middle-class Asylum.

"The increased space of ground on the male side, which, we believe, is about to be rented of the authorities of St. Luke's parish, will afford greater opportunities for the recreation and exercise of the patients.

"Four new windows have been ordered for the male and female wings, to be placed in the room of the heavy wooden framed ones now existing. We hope, as soon as the funds will allow, that this commencement will lead to a similar improvement extending over the entire frontage of the hospital; as much unnecessary prejudice still exists in the minds of the public, owing to an absence of cheerfulness in the external structure of the building.

"Since our last report the galleries, wings, ball room, and some other parts of the hospital, have been thoroughly renovated, by whitewashing and repapering; new carpets have been laid down in two of the female galleries.

"Upon reviewing the events of the past year, we are happy to find, that the improvements which have been made in promoting the comforts of the patients, and thus facilitating curative results, have

been equal to those of former years. We feel a special interest in alluding to these improvements, because they render the hospital more suitable for a middle class of patients, who are received, under the new regulation, upon payment of one guinea per week towards their maintenance. The number resident of this class is now thirty-seven, as compared with thirty at the end of last year, thus showing a tendency to increase; and we think it can only be for the want of a more extended publicity that the numbers applying for admission under this rule have not been much larger."—'*Report of the Physicians and Medical Superintendent for the year* 1862.'

Result of Improvements at the Birmingham Asylum.

"If the architect who planned the asylum could see it in its present state, he would be vastly astonished at the changes which have taken place, at the improvements which have been effected throughout the building, and in the arrangement of the grounds. The new day-rooms especially, which are twelve in number, contrast most favorably with the old ones, all of which were not only much too small, but, for the most part, were placed in the worst position that could be found. The new ones, on the contrary, are spacious, well-lighted, and all are so situated as to command the best and most cheerful prospect which the neighbourhood affords. Very little now requires to be done to make the establishment complete and efficient in every department. The walls both of the old and new parts are being coated with paper or paint, in lieu of whitewash—a work which is drawing towards its conclusion, and additional articles of good furniture, both useful and ornamental, are being introduced into the various corridors and day-rooms.

"These changes have had a well-marked beneficial influence upon the behaviour of the patients. There is now ample space for them to assemble in groups according to their respective tastes and inclinations. There is also room for an excited and restless patient to execute his rapid and eccentric movements without coming in contact with others. Hence unpleasant collisions are avoided and general tranquillity preserved. In my last report it was said that the better an asylum is furnished the better will the patients behave. That opinion has been well borne out by the experience of the past year; for as the house has advanced in cheerfulness of appearance and in comfort, the conduct of the patients has improved. It is true that a patient may now and then, under the influence of some delusion, tear his clothes, or an excited patient in a tempest of passion may thrust his fist through a window; but such occurrences are by no means frequent. In so large an establishment there must necessarily be a certain amount of accidental breakage, but it is not relatively

larger than in a private house, probably not so large; and wilful damage, other than that stated, there is none."—*Mr. Green.* '*Twelfth Annual Report of the Birmingham Lunatic Asylum*, 1862.'

Advantage of a General Dining Hall for each Sex.

"A second year's experience of the use of the large central hall as a general dining and reading room for the men patients, strengthens the opinion originally formed of the advantage which might be anticipated from such an arrangement. The hall is regularly used as a public dining room by about 360 men patients. These comprise, not only the quiet and orderly, but also those who under ordinary circumstances would be classified as noisy and refractory. The essential conditions insisted upon for those dining in the hall are an ordinary demeanour, and that they shall be engaged in some kind of employment. There is no question as to the preference which the patients feel for dining in the hall, to having this meal in their wards; and this acts as a powerful incentive to many of the wayward and irritable, as well as the lethargic and melancholic, to qualify themselves for the privilege by conforming to the conditions previously referred to, namely, preserving an orderly demeanour, and showing a disposition to engage in some occupation."—*Mr. Cleaton.* '*Forty-third Report of the West Riding of York Lunatic Asylum*, 1863.'

Public Concerts in the West Riding Asylum.

"In the month of November a morning performance of the 'Elijah,' under the patronage of the visiting justices, was given in the asylum church, by the two principal church choirs of the town and the asylum choir, kindly assisted by several professional and amateur friends, together with an efficient band—in all about seventy performers. The public were admitted by tickets at six shillings, four shillings, and two shillings and sixpence; the vacant seats in the aisle being occupied by a certain number of the more intelligent patients of both sexes.

"The performance was, musically, most successful, and the proceeds were devoted to the asylum organ fund, and to the incidental expenses of the choirs.

"During the last month, also, a very interesting and successful performance of the music of the 'Handel Festival Selection' of Wednesday, June 25th, 1862, by a good choir of fifty voices, com-

prising the leading amateurs and professionals of the town and neighbourhood, took place in the large dining hall of the institution."

The Death-rate in the Female Department at Hanwell.

"Ninety-four patients died during the past year. In the year preceding, the number was 76, and in 1860, 54. The number has not only been greater, but the ratio higher, for in

1859	the rate of mortality was	. .	7·3 per cent.
1860	„ „	. .	7·5 „
1861	„ „	. .	8·5 „
1862	„ „	. .	10·19 „

"The committee, observing this increase, called for a report from the medical officers on the subject at an early period of the past year. The increase of the rate of mortality being at all times a matter of moment, I examined into all the matters likely to be in operation in bringing about such a result. The conclusions arrived at by such an examination were as follows:

"In examining the statistical records of the asylum for a series of years, it became apparent that there was no cause in operation which could have a tendency to augment the rate of mortality, with regard to what might be classified as casual or accidental circumstances; that is to say, the patients were not received in a worse condition, at a different epoch of the disease, nor were the patients older or more weakly, nor the disease of severer character than usual. The operating cause, in fine, was not of an extraordinary character; the result was clearly due to ordinary causes acting in the ordinary manner. It appeared that the nature of the malady is to terminate either by cure or death at a certain epoch; that, in fact, the activity of the morbid processes wear themselves out, more or less, in a period of three years. It was found that in about one half of the patients who had died in the asylum from its first establishment, death had occurred in the first three years of residence, and one half subsequent to that period. (See table XX, in Appendix to the Hanwell Report.)

"It further became manifest that the relative proportion of patients who had been resident three years, and who had been resident more than three years, had lately undergone a great change. Formerly, or in the six years from 1853 to 1859, out of 100 patients, 20 had been resident less than three years, and 80 more than three years. But lately, that is, since the enlargement of the asylum, and the consequent large influx of patients, in every 100

patients 50 had been resident under three years, and 50 more than three years. At least, such was found to be the ratio in March last. The proportion must have still further progressed in the same direction. Now, since the mortality differs for different periods of residence, it became a question whether the increase of the mortality was not due to a larger number of patients resident for a shorter period. The ratio, however, was not only altered, but the actual numbers were increased, owing to the increased accommodation; in fact, it is obvious that such increase over the former number of patients must all go to the category of those resident for the shorter period. From the years 1853 to 1859 there was, on the average, 117 patients resident less than three years, and 453 more than three years. In 1861 the number resident more than three years was found to be 454; if we assume that number to remain the same, then since the average number resident during 1862 was 922, there must have been 478 patients resident less than three years, that is to say, about four times as many.

"But assuming, for the greater simplicity of calculation, that the numbers resident in the two epochs were equal, by Table XX, already referred to, we find that out of 1017 female patients who had died since the opening of the asylum, that 555 died before the expiration of three years of residence, and 462 after a longer residence. Supposing, therefore, the gross mortality of the previous years be represented by 9, then the mortality of the first period would be as 5, and the latter as 4; and since the number of patients resident for the latter period has remained stationary, viz., 454, the mortality would be the same, or 4; but since the numbers resident for the shorter period have increased fourfold (4×5), the mortality for this period will be as 20, or the gross mortality for both epochs should be now as 24 (20×4), in contrast to 9 in former years. Now, the average number of deaths on the female side, during the years from 1853 to 1859, amounted to 34 per annum; this number should, in the present year, be increased, according to the above circumstance, in the ratio of 9 to 24; and as 9 is to 24, so is 34 to 90·66; the actual number of deaths being 94.

"I have dwelt upon this matter, not only because the number of deaths in the female department has undergone an apparently inordinate increase, but also because it illustrates well the different circumstances in which the whole of the department is now placed in regard to its internal operations. Not only has the increase in numbers occurred, but the character of the disease, the epoch of the malady in which the patients now resident are suffering under, has very materially changed. Instead of the asylum being, as it was to a great extent for many years, the receptacle for chronic and incurable patients, whose malady presented little change from month to month, or even from year to year, the asylum now contains a very large

proportion of patients in the acute stage. No less than 97 (Table III) were received during the past year, within the first six months of the attack; and 80 cases of an equal early period were received during the former year; and, in fine, there are upwards of 400 females in the active stage of the disease now under treatment."—*Dr. Sankey. 'Report of the Medical Superintendent of the Female Department of the Middlesex Lunatic Asylum at Hanwell, January Quarter Sessions,* 1863.'

The proposed Lunatic Wards in Union Houses.

"The Act passed in the last session of Parliament gives a greater latitude to the provisions of the Act of 1845. It has yet to be proved to what extent that expansion of principle can be made available for the relief of the Littlemore Asylum; a very limited power is given to the visitors of making arrangements with the guardians of any Poor Law Union for the reception and care of chronic lunatics. The concurrent powers given to the Commissioners in Lunacy is rather more than coextensive. The possible arrangement would need to be carried out under a variety of authority; and it does not appear to me that the power conferred can be more satisfactorily exercised than the power which the visitors previously had, and from time to time used. The visitors had the power to discharge a harmless patient to the care of his friends, or absolutely to discharge if they saw fit. The exercise of the power now given is subject to the guardians satisfying the Poor Law Board and the Commissioners in Lunacy that the union house can fitly receive lunatics. The visitors have never shown a disposition to retain patients in the asylum who could be satisfactorily taken care of by their friends, or under other responsible persons in their own neighbourhoods, provided that the charge which they have undertaken as visitors is duly regarded. Before transferring any patients to a workhouse, the questions to be determined will be as to the fitness of the house for the reception and care of lunatic patients whose condition has been confirmed by the length of time they may have been insane; of the selection of such patients to be made by the superintendent; of the ability of the medical officer of the union to certify, after fourteen days' detention, that the patient is a proper person to be kept in the workhouse, and that the house affords proper accommodation; and as to the satisfaction of the Visiting Commissioners. Now the superintendent of an asylum has no knowledge or responsibility as regards the fitness of a workhouse to receive lunatics until it is approved by the constituted authorities for the care of chronic lunatics. He can have no knowledge as to

the disposition of the guardians of any particular union to have their lunatics transferred from the county asylum to the workhouse of another union. He knows the habits and conduct of the patient under his care; and, under the rule of asylum management, he does not know what effect the proposed change may have on many tranquil patients. He sees, however, from time to time, that patients who have been apparently fit to return home, have been unable to bear the prospect of their discharge; and he would feel that the sending of tranquil patients to a workhouse asylum and having them returned to the county asylum would be very unsatisfactory, and not economical."—*Mr. Ley.* '*Report of the Medical Superintendent of the Littlemore Asylum, Oxford, for* 1862.'

Fifty years' results at the Nottingham Asylum.

"On the 12th of February, 1862, the asylum had been in operation fifty years. A reference to the tables will show that the amount of success that has attended the labours of those who have promoted its objects during this lengthened period has been such as to justify the expectations of its founders; and I have pleasure in stating that professional strangers who now visit the establishment record, notwithstanding its age, their favorable impressions of the completeness of the existing arrangements.

Results of treatment, 1812-62—

a. 1812-59.—*Private and pauper patients, both received* (47 years).—Total admissions, 2970.

Per-centage of recoveries on admissions . .	42·5
„ deaths on mean population .	8·3

b. 1860-63.—*Pauper patients only received* (3 years).—Total admissions, 310.

Per-centage of recoveries on admissions . .	39·7
„ deaths on mean population .	13·5."

—*Dr. W. P. Stiff.* '*Report of the Medical Superintendent of the Nottingham County Lunatic Asylum,* 1863.'

Moral Treatment at the Belfast District Asylum.

"*Amusements of the patients.*—During the past year a large number of both sexes of the inmates was privileged to attend 'Dr. Mark's Concert of Little Men,' in the Victoria Hall, that gentleman having voluntarily and very kindly given a free admission to as many as were considered fitted to witness such an entertainment, and

upwards of one hundred of whom had that pleasure. Their behaviour and general demeanour were everything that could have been desired, perhaps more so than that of externs themselves. An equally large number was brought on another occasion to Mr. Clarke's Panorama of Palestine, the proprietor of which also most liberally gave them a gratuitous and unlimited admission; and further, it is especially to be stated that they were, within the last few weeks, favoured with a visit by Mrs. Macready, so celebrated as a 'reader' in the United States and British America, who delighted them with one of her far-famed recital performances, and with which and the lady herself they were immeasurably pleased.

"*Patients' band.*—The band, composed from amongst the male patients, the strength of which is about thirteen, continues to be an unspeakable source of lively entertainment, and the performance is in such good time, &c., as to astonish even musical adepts. They played several pieces in public at Dr. Mark's concert, the execution of which was so perfect as to call forth the greatest applause.

"*Drill exercises.*—The drilling of the men, which was commenced here about twelve years ago, continues to be regularly practised, under the direction of an experienced military drill-sergeant, and cannot be too highly recommended for its importance and usefulness. It has been well observed that drill improves the health, the carriage, the manners, even the character; sharpens the attention, gives habits of obedience, promptness, regularity, and self-restraint; defects are corrected by drill; the drilled person keeps everything in a high state of cleanliness, and special qualifications are brought out.

"*Outside walks.*—The walks beyond the precincts of the institution hold a high place amongst the male and female inmates for popularity, and are looked forward to with the keenest desire, all feeling themselves once more citizens of the world by enjoying this occasional, however limited, intercourse outside the walls with their fellow-man."—*Dr. Stewart.* '*Thirty-third Annual Report of the Belfast District Hospital for the Insane,* 1863.'

PART IV.---NOTES, NEWS, CORRESPONDENCE, APPOINTMENTS, &c.

ANNUAL MEETING

OF THE

ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR THE INSANE.

The Annual Meeting of the Association was held at the Royal College of Physicians on Thursday, July 9th, 1863.

Members present.—Dr. Conolly, Dr. Thurnam, Dr. Iles, Dr. Eastwood, Dr. J. Crichton Browne, Dr. Charles Henry Fox, Dr. Ross, Dr. Manley, Dr. Paul, Dr. Wood, Dr. Sheppard, Dr. Monro, Dr. Stewart, Dr. Skae, Dr. Kirkman, Dr. Wm. P. Kirkman, Dr. Davey, Dr. H. Sankey, Dr. George Symes Saunders, Dr. Lowe, Dr. M'Cullough, Dr. Burnett, Dr. J. F. Duncan, Dr. G. W. Mould, Dr. Maudsley, Dr. Robertson, Dr. Tuke, Dr. Sherlock, Dr. Willett, Dr. Hunt, Dr. R. Sankey, Dr. Stilwell, Dr. Irvine, Dr. Wollaston, Dr. Robinson, Dr. Eastwood, Dr. Gardiner.

Among the visitors were Dr. Stilwell, Epsom, Dr. Hart Vinen, Mr. Iles, Dr. Royston, Dr. Hodgson, LL.D., Dr. Hertz of Vienna, &c. &c.

Letters of regret for unavoidable absence were read from Dr. Lalor, Dr. Stewart, Dr. Campbell, Dr. Hitchman, Dr. Millar, and Dr. Symes.

MORNING MEETING, 11 A.M.

The retiring President, Dr. Kirkman, in resigning the chair to the President elect, Dr. Skae, delivered the following address:

Gentlemen,—My duty to-day is one of mingled gratitude and pleasure; and as I revert in recollection to the events of the past year, I can only look back upon it as one of the most considerate on your part and one of the proudest of my own. As I thankfully acknowledge that courtesy which has been shown to me, and those friendships which have been formed, I trust, for the remainder of my life, I cannot help expressing some feelings of pride at having been so prominently associated with a body so truly philanthropic, so talented, and at the same time so frequently misrepresented.

I would urge, on vacating this chair to an abler representative, the value, the increasing value, of this bond of union, for we still stand in that strange position which calls for constant forbearance. We cannot be said yet to be free from misrepresentations, from injury through conflicting opinions, from the law, from suspicions too readily roused, from the public, and occasionally from the rude, hostile animadversions from the press. Unity alone can support us, or strengthen us to follow up the principles or pursue the unflinching practice of genuine philanthropy.

Gentlemen, from my heart I thank you, and I resign your trust, with my own felt and acknowledged insufficiencies, into the hands of a worthier successor.

Dr. Skae.—In taking this chair, perhaps my first and most pleasing duty should be to express, what I am sure is the cordial and unanimous feeling of all present, our sense of gratitude to Dr. Kirkman, for the very able manner in which he has fulfilled the duties of President during the past year. I am sure we all feel deeply the honour of being presided over by the father of our profession. I have been requested by the Committee to reserve my address until the private business of the meeting has been proceeded with. The Secretary will now read the minutes of the last meeting.

The minutes of the previous meeting having been confirmed, the Treasurer's balance-sheet was read by Dr. Kirkman.

The following letter was read from Mr. Ley, the Treasurer, on resigning his office.

To the President of the Association of Medical Officers of Hospitals and Asylums for the Insane.

LITTLEMORE;
July 8th, 1863.

Dear Sir,—I am sorry that I am unable to attend the meeting of the Association appointed to be held on the 9th instant, and I must beg of you to express to the members present my regret at being absent.

The uncertain state of my health has obliged me to abstain from attending former meetings, and to request that, at this ensuing meeting of the Association, some other member shall be elected to fill the office of Treasurer.

The success of the Association, and the ready attention paid by its many members to its support and interests, reward its office-holders for the little exertion they are called on to make.

I return my acknowledgment and thanks for the share awarded me.

Notwithstanding the considerable increase in the outlay on the Journal, as announced at the last annual meeting by Dr. Bucknill, who was then Editor, it will be observed, with satisfaction, that the balance of this year holds good comparison with its predecessor; that it is less may be attributed to the greater expense of our extra meeting. With best regards to our associates present,

I remain, dear Sir,
Faithfully yours,
WILLIAM LEY.

The Treasurer's report was read by Dr. W. Kirkman.

Balance Sheet for the Year 1862-3,

Presented by the Treasurer, at the Annual Meeting of the Society, held July 9th, 1863.

RECEIPTS.

	£.	s.	d.
By Balance per Report of 1861-2—			
of Treasurer . . .	76	0	10
of General Secretary . . .	6	11	9
of Secretary for Scotland . .	11	4	6
Total . . .	93	17	1
By Subscriptions paid—			
to Treasurer . . .	119	18	4
to General Secretary . . .	34	12	0
to Secretary for Ireland . .	26	5	0
to Secretary for Scotland . .	16	16	0
Total . . .	£291	8	5

Examined and found correct.

WM. P. KIRKMAN, *Auditor.*

EXPENDITURE.

	£.	s.	d.	£	s.	d.
By Annual Meeting in July, 1862 . . .				12	14	0
Special General Meeting, September, 1862 .				9	18	3
Editorial expenses of one year . . .				34	9	6
Printing and publishing of Journal . .				140	8	9
Sundries of—						
The Treasurer . . .				1	0	0
The General Secretary . . .				0	0	0
Secretary of Ireland . . .				0	0	0
Secretary for Scotland . . .				0	3	3
Total . . .				198	13	9
Balance of Treasurer . . .	60	3	8			
of General Secretary . .	6	6	0			
				66	9	8
of Secretary for Ireland . .				26	5	0
Total . . .				£291	8	5

WM. LEY, *Treasurer.*

Dr. Kirkman.—I beg to propose a vote of thanks to Mr. Ley for the services he has rendered to the Association for so lengthened a period. Those services have been very energetic and very effectual, and I am sure we shall unanimously tender our thanks to him.

Dr. Robertson seconded and *Dr. Tuke* supported the motion, and bore testimony to the efficient and orderly manner in which the office of Treasurer had been filled by Mr. Ley.

The motion passed unanimously.

ELECTION OF PRESIDENT FOR THE NEXT YEAR.

Dr. Tuke stated that the Committee, after due deliberation, had decided to recommend Dr. Henry Monro to fill the office of President elect for the next year, with the conviction that the name of no member of the Association in London would be more acceptable as President for 1864. A resolution would be brought forward to alter the mode of election; but the feeling of the Committee was strongly in favour of retaining the present system, and it was of the highest importance that no dissension should be introduced into the hitherto pleasant and genial meetings of the Association. The Committee were further of opinion that the next place of meeting should be London. Dr. Tuke then formally proposed Dr. Monro as President elect.

Dr. Conolly seconded the proposal of the Committee, and said it would be, no doubt, to the advantage of the Association to have so highly respected and valuable a member elected as President for the ensuing year.

Dr. Monro.—There is nothing I should desire more than the honour of being elected President of the Association, were it not that I really feel that it is for the interests of the Association that some one else should fill that office. But if you continue to wish to have me as President after what I have said, I beg to say that I shall esteem the honour which you confer upon me. My reasons against wishing to be President are these:—first, I feel that I have not worked at the Association; and then I feel that any one who holds the office of President of such an Association as this ought to be a man of business, which I am very much afraid I am not. I also feel that I should have to preside here, and sit in authority over a number of gentlemen much older than myself. But there is another reason which presses upon me, and which is certainly adverse to my acceptance of the office. I believe that this Association peculiarly wants what Dr. Kirkman has spoken of—union. The great disadvantage of the medical profession at large is, that we are all of us working singly. Lawyers say—"We hold a higher position, because we meet in court, and have many opportunities of acting together." Medical men, on the contrary, are engaged in their separate work, and a good deal of that work is a rivalry of each other. Now, we have in this Association representatives of private asylum and county asylum practice, and I think that both those classes of gentlemen are in many respects unfit to hold the office of President. Those gentlemen who are connected with private practice in London are unfortunately even more like rivals than the ordinary run of physicians. Now, I want to have some one elected President whose position is such that he cannot be a rival of any one. Gentlemen connected with counties live too far off; they are, it is true, free from those charges which are constantly brought against gentlemen who keep private asylums in London; but residing, as they do, in different parts of the country at a distance from London, I do not think that they are exactly the persons to be elected to fill the office of President of the Association; I therefore put myself out of court, and all my friends, but I have something to propose

which I hope will set me right with you all. I want a gentleman to be elected President of the Association whom we shall choose year by year. This is a radical change, I grant, but this is the only opportunity I have of making such a proposition. The future Presidentship is offered to me; I accept it on one ground—that I may be able to decline it, if you will receive my proposal. If some one else had been proposed, it would have been an unkindness in me to make such a suggestion; but as I am proposed, an opportunity is afforded me of bringing forward what I believe to be a most important change in the Association. I want to see at our head a gentleman whose character is high, whose experience is great, and who, on account of his position, cannot be esteemed the rival of any one. I do not want to go out of our own body to choose a great man who may be connected with lunacy, or may be in the habit of sitting over us as a judge in other matters; but I want some one who has our sympathies, who is connected with our work, and to whom we can always appeal in cases of emergency. I believe he ought to be a gentleman resident in London, and one who could have the assistance of a small body of the most active men of the Association. If the proposal I am about to make should be accepted, I shall be happy to be one of that small body, if I am thought a fit person to be so. I want to have a permanent President, but elected yearly, with the power of refusal on the part of the members, as in the case of the College of Physicians: we elect a President every year, but we are wise enough to elect the same man, and we have been wise enough of late to elect the best man. At the College of Surgeons a different system prevails; and I do not desire to say anything disrespectful of that body, but I believe the best plan is that which the College of Physicians has adopted. The President ought to be a man of high and honorable position, one who, while he retains that position, should fill the office permanently, and bring to bear the weight of his character upon the Association; he should not only be a man of keen intellect and of a good heart, but a man of weight and influence, and who will be accepted by the country as a good and fitting representative of the treatment of insanity. We have derived great advantage from the Presidents whom we have elected from time to time; we have suffered a great loss in Dr. Bucknill; he was the mainspring of the Association while he was connected with it. We have had great gain in our kind friends Dr. Tuke and Dr. Robertson, and we shall all be rejoiced to act with them in any way; but my idea is, that we want a head. I shall be happy to hear this question discussed amongst you on the present occasion. We want a man of the character I have described, and a man of high European position; and I need hardly say there is but one man whom we could look upon as holding that position, and I want that man to be the permanent President of the Association. I dare say he has a great deal to worry his mind already, and that he would be disposed to refuse the office; but I am sure if he will accept it, it would be the greatest gain to the Association. I need hardly say that the gentleman to whom I refer is Dr. Conolly. (Applause.) Another objection I should entertain to filling the office of President, is my unwillingness to read, according to custom, a formal discourse from the chair, which I am sure I could not do so well as I could express my feelings to you in this way. I want to have the honour which my friends Dr. Conolly, Dr. Sutherland, Dr. Bucknill, and others, have had before me, but I want very much more to promote the honour and dignity of this Association.

Dr. Tuke said that Dr. Monro appeared to be in error as to the rule in reference to the election of President. There was nothing to prevent any other gentleman being nominated; and if it was thought conducive to the interests of the Association that the office of President should be perpetual, the same gentleman could be re-elected every year; there was nothing in

the rules necessarily requiring a change. It had been the custom to elect a new President, and it was found to be of great advantage in bringing members together from different parts of the country. Some of their most eloquent addresses and best *résumés* of the state of mental science ever delivered in England had been given by the successive Presidents of the Association.

Dr. Conolly.—I think the question before the meeting is, whether the members should do themselves the honour of electing Dr. Monro as the President for next year. To that I think there can be no objection; but with regard to the other point, it will require very grave consideration. As far as I am personally concerned, I can assure you that I was perfectly unprepared for anything of the kind. I am entirely without any ambition of the sort; and at the first blush, I cannot see anything in the proposal to recommend it to you. I feel myself very much the gradual advance of years. I have generally been considered, and have really been, an active and laborious man; but I begin to find that I am growing idle. I have not that alacrity either in public or private matters that I formerly, perhaps, to a certain degree, possessed. I should, therefore, consider that I was placing myself in an improper situation, and in too prominent a one, at my time of life, if I were to accept such an office. At the same time it is impossible for me to express too strongly the honour that I feel has been done to me by so very respected a member of the particular department of medicine to which my life has been devoted. If, however, any question of the kind should be thought deserving of the serious attention of the Association, apart from any personal consideration with regard to myself, I think a little time must be given for reflection. I am sure that the intervening time cannot be more honorably spent by us than in offering the chair to Dr. Monro when next it becomes vacant.

The resolution for the election of Dr. Monro at the next meeting was then unanimously adopted.

Dr. Monro, in thanking the members, repeated that he was very anxious to see a permanent Presidentship established, and Dr. Conolly as the permanent President. If, however, the old system was continued, he should be truly rejoiced to succeed the honorable men who had been elected on previous occasions, and only hoped that he should be able to do something a little commensurate with the speech he had made.

It was then resolved, on the motion of *Dr. Tuke*, seconded by *Dr. Monro,* that the place of meeting in 1864, should be London.

THE TREASURER.

Dr. Robertson proposed Dr. Paul as Treasurer for the ensuing year.

Dr. Lowe, in the absence of Dr. Campbell, seconded the motion, which was unanimously adopted.

Dr. Paul briefly thanked the members for his appointment.

THE EDITOR OF THE JOURNAL.

Dr. Conolly.—I have the honour to propose that Dr. Robertson be re-appointed Editor of the Journal. There can be no doubt in the minds of the members as to the propriety of requesting Dr. Robertson, if he is so good as to take that laborious office, that he should do so. The Journal, during the last year, has been most excellently conducted, and contains much interesting and valuable information, particularly as regards foreign asylums. It is a publication of extreme importance, as containing the expression of the opinions of the Association; and it depends almost entirely

on the conduct of the Journal whether the Association maintains its high character, and diffuses important knowledge and better views of everything that relates to our department of medicine.

Dr. Monro seconded the proposal, which was unanimously adopted.

Dr. Robertson.—At the last meeting, in September, I gave notice that, in the event of my being re-elected, it was my intention to move that Dr. Maudsley be associated with me as joint Editor of the Journal. We have a perfect understanding with regard to the way in which the work will be performed, and I am sure the Association will not suffer by this proposed alteration.

Dr. Wood seconded the motion, which was unanimously agreed to.

Dr. Maudsley.—I beg to return my thanks to the Association for electing me Editor in conjunction with Dr. Robertson. I shall endeavour to devote the best of my abilities to carrying out the objects of the Journal and of the Association.

THE SECRETARY.

The President proposed that Dr. Tuke be requested to continue his valuable services. It was unnecessary to say a single word in support of the proposal, the members being all aware of the zealous and efficient manner in which Dr. Tuke had discharged the duties of his office.

Dr. Monro and *Dr. Kirkman* rose to second the resolution, which was unanimously adopted.

Dr. Tuke thanked the members for his re-election.

THE SECRETARIES FOR IRELAND AND SCOTLAND.

Dr. Thurnam proposed that Dr. Robert Stewart be requested to continue his services as Secretary for Ireland, and Dr. Rorie as Secretary for Scotland.

Dr. Sherlock seconded the motion, which was unanimously carried.

Dr. H. H. Stewart thanked the Association on behalf of his brother, Dr. Robert Stewart.

AUDITORS.

On the motion of *Dr. Robertson*, seconded by *Dr. Paul*, Dr. Kirkman was re-elected Auditor, and Dr. Helps was also elected to the office.

ALTERATIONS IN THE RULES.

Dr. Tuke brought before the Association a proposal that there should be a quarterly meeting of its members. He said it was desirable that the members should meet oftener than they did at present, for the purpose of discussing questions of interest and reading papers.

Dr. Burnett said that the question could not be considered, as it had not been specifically introduced in the circular sent out to the members.

Dr Tuke said that notice had been given that certain modifications in the rules would be proposed.

The President thought that such a motion could not be brought forward without specific notice.

Dr. Tuke, in withdrawing his resolution, gave notice that he would bring forward the motion at the next meeting, and would previously specify the exact words of his resolution.

ELECTION OF NEW MEMBERS.

The following new members were proposed and unanimously elected:

A. Addison, Esq., Royal Asylum, Montrose.
G. N. Bacon, M.D., Thorpe Asylum, Norwich.
H. Benbow, Esq., M.R.C.S., Hayes Park, Middlesex.
H. Bower, M.D., County Asylum, Stafford.
H. Brown, Esq., Lee, Blackheath, Kent.
E. Clapton, M.D., Visitor of Lunatics, County of Surrey.
R. A. Davies, M.D., County Asylum, Stafford.
W. Daxon, M.D., Richmond Asylum, Ireland.
J. Dickson, M.D., late Crichton Royal Institution.
D. J. Howden, M.D., Royal Asylum, Montrose.
G. Irvine, M.D., County Asylum, Colney Hatch.
W. L. Lindsay, M.D., Murray Institution, Perth.
H. Rooke Ley, Esq., Haydock Lodge, Ashton.
E. Manley, M.B., Prestwich Asylum.
K. McLeod, M.D., County Asylum, Durham.
J. C. McIntosh, M.D., District Asylum, Perth.
J. Sadleir, M.D., Milholme Asylum, Musselburgh.
J. W. Sheill, Esq., Maryborough Asylum, Ireland.
R. Spencer, Esq., County Asylum, Kent.
P. W. Stark, M.D., Liverpool Asylum.
H. G. Stewart, M.D., Crichton Institution, Dumfries.
R. Williams, M.D., Bethlehem Hospital.
R. Wollaston, M.D., Visiting Physician, Coton Hill.

HONORARY MEMBERS.

The following gentlemen were proposed for election as honorary members:

William Lawrence, F.R.S., Surgeon to Bethlehem Hospital.
Dr. Delasiauve, Editor of the 'Journal de Médecine Mentale;' Physician to the Bicêtre; President of the Société Medico-psychologique of Paris.
Dr. Girard de Cailleux, Inspector-General of Asylums in the Prefecture of the Department of the Seine.
Dr. Moreau de Tours, Chief Physician of the Saltpêtrière.
Dr. Damerow, Physician of the Halle Asylum, Prussia; Chief Editor of the 'Allgemeine Zeitschrift für Psychiatrie.'

Dr. Conolly.—I desire to offer a very few observations upon this subject. I have felt very great interest in the institution making itself known to the members of the profession, particularly of this department, in the various countries of Europe and America. It is well known that foreign physicians generally consider themselves in a state of opposition to the physicians of this country with regard to insanity, and all questions relating to it. Nothing has been so great a cause of dissension and difference of opinion as an entire want of acquaintance with the institutions and physicians of this country. Generally, foreign physicians are unacquainted with the English language, and they go back not at all wiser than they came, entertaining a number of prejudices, and urging numerous objections which have been over and over again refuted. I think it is most important to keep up as far as possible an intercourse with foreign physicians, and to express towards them all the cordiality of feeling that becomes us in our position. I am only sorry that on this list I do not see the names of any of our brethren on the other side of the Atlantic. Although we take no part with the South or the North in their present unhappy struggle, I may truly say that I have not met with more liberal, enlightened, or agreeable persons among our foreign visitors than those who have come from America. I have found them very anxious

for information and desirous of getting at the truth in all important questions; and as far as their publications are concerned, we have certainly no reason whatever to complain of them.

The honorary members proposed were unanimously elected.

REPORTS OF COUNTY ASYLUMS.

The Secretary acknowledged the receipt from Dr. Thurnam of a set of reports from the Wilts County Asylum, and said he should be glad to receive similar donations of complete sets from the officers of other similar institutions for the library of the Association. The best selection of such reports was at the College of Surgeons. The Association, he thought, ought to receive copies of all such reports for preservation and reference.

The President requested the Editors to insert a notice in the Journal to that effect.

SUPERANNUATION ARRANGEMENTS.

Dr. Kirkman proposed—"That a committee be appointed from this Association, with the definite object of obtaining a reversal of the latter portion of the 12th section of the Lunatic Asylums Amendment Act, and to press for legislative sanction to satisfactory superannuation arrangements." The section of the Act to which he referred was as follows:—"Provided that no annuity by way of superannuation, granted by the visitors of any asylum under the provisions of this Act, or of the Lunacy Act, chapter 97, shall be chargeable on or payable out of the rates of any county, until such annuity shall have been confirmed by a resolution of the justices of such county in general or quarter sessions assembled." The concluding proviso he regarded as most cruel, negativing the use of the clause altogether. Speaking personally, having been connected with public asylums for thirty years, he could not well be refused a pension, but to secure it it would be necessary that the subject should be discussed at four sessional meetings. He had no doubt that he could command the undivided interest of the whole of his house committee; but objectionable remarks and slurs might be thrown out at the sessional meetings, which would be extremely painful. Any one fitted to be an asylum officer must necessarily possess a sensitive mind, and the harsh remarks occasionally made in magisterial sessions would be likely to wound his feelings. He thought the enactment ought to be compulsory, and the objectionable clause removed. At the present time a beloved member of the Association was suffering from physical injury, and it would be a most unfair thing if a gentleman in his position were subjected to unpleasant remarks about his superannuation allowance.

Dr. Robertson seconded the resolution, and said that, as the section originally stood, the question of superannuation was left to the visitors; but a very active member of the House of Commons succeeded in committee in getting the objectionable rider added, which literally made the preceding portion worthless. Thus, he had no doubt that any reasonable reward for his services in Sussex would be gladly given by the committee of visitors, but he should exceedingly object to be made the subject of discussion at sessional meetings in the two divisions of the county. He had known the most trifling matters, involving the expenditure of £50, made the subject of lengthened discussion there; and if a proposal were made to allow a medical superintendent three or four hundred a year, most painful remarks to the feelings of a gentleman would be made as to his *physique*, his general state of health, whether more work could not be ground out of him, and the like. He had no doubt that great benefit would be derived by the appointment of a small committee to consider the question carefully, and communicate with

the Commissioners and with some members of the House of Commons on the subject.

The following names were suggested:—Dr. Kirkman, Dr. Thurnam, Dr. Sheppard, and Dr. Robertson.

Dr. Thurnam said the matter was one which ought to be approached with some delicacy, and that harm might be done by moving too actively at first. He thought it might be worth while to bring the matter before Parliament in a public way before adopting the course suggested by Dr. Robertson.

The President thought the members might safely leave the mode of proceeding to the discretion of the committee.

Dr. Burnett suggested that a deputation should wait on Lord Shaftesbury upon the subject.

The Secretary read the following letter from Dr. Flynn:

Clonmell Asylum;
August, 1863.

Dear Sir,—Nothing, except a sad bereavement, which I have recently been afflicted with, would have prevented me from being present at the important meeting of our Association, which will take place in a day or two at the College of Physicians.

Permit me, however, through you, to bring under the notice of our English brethren, and through them of the Treasury and Irish Government, the case of medical resident superintendents of district asylums, so far as superannuation is concerned.

Recent legislation has placed us, as may be seen by the annexed correspondence, under "The Civil Service Superannuation Act." This Act gives retiring allowances to us on *sixtieths* of our salary, if over ten years in office. Our salaries are generally £300 per annum. So that a resident medical superintendent of an Irish Government asylum, for *thirty years' service*, will get for continuous responsibility, day and night, about £150 *per annum, if he live* out that terrible period!

A remedy does exist, and your Association, by a slight effort, may obtain it.

By *sec.* 4 of "The Civil Service Superannuation Act" the Treasury has it in its power to pass a minute rating us in the professional scale, and thus allowing us twenty years for our professional acquirements in addition to our *actual* period of service. *This* would give us two thirds after twenty years' service. A word from our talented Irish Secretary, Sir R. Peel, whose kindness, courtesy, and honorable treatment of the resident medical superintendents is beyond my humble power to do justice to, would settle this at once, and it only needs to be pointed out to his clear and frank mind to have it set to rights at the Treasury.

I pray your excuse for thus trespassing on your time, but a little comfort in old age to a hard-working, isolated class, whose salaries are modest and whose duties are heavy, must plead my apology.

I am, dear Sir, yours,
James Flynn, R.M.S.,
District Lunatic Asylum, Clonmell.

H. Tuke, M.D., 37, Albemarle Street, Piccadilly.

Dr. Duncan said that, not being connected with a district asylum, he could with propriety take the matter up. He thought the Association was bound, as far as possible, to protect the interests of the officers of asylums, and that their Irish brethren were entitled to their sympathies.

It was then resolved to remit Dr. Flynn's letter to the committee appointed on the subject.

MODE OF ELECTION OF PRESIDENT.

Dr. Davey moved the following resolution:—"That with the view of securing to this Association the full benefit of the representative principle, in so far as the annual election of its President and the other office-bearers (the Editors of the Journal excepted) is concerned, the present practice be discontinued, and that voting-papers be supplied to the members present, to be filled in as required." He considered that the present system did not work satisfactorily, and that the representative principle ought to be more fully carried out in the election of President. The manner in which the last proposal of the Committee was received by Dr. Monro himself proved that the present mode of nomination was a bad one; and if it should be continued, he believed that much dissatisfaction would be expressed by members of the Association. The adoption of the plan he proposed would do away with much unpleasantness, and would, he was persuaded, conduce to the welfare of the Society.

Dr. Burnett seconded the motion, and urged the importance of extending the franchise, instead of continuing to be governed by a clique.

Dr. Robertson moved, as an amendment, that the rule for the election of President remain unaltered. He said it was always open to any member to propose any gentleman as President; the Committee merely brought forward the name of some gentleman whom they thought fitted to fill the office, so that there might be some proposal before the members, in order that the business might not come to a dead lock.

Dr. Monro thought that the Committee should still exercise its functions, but that the balloting should always be resorted to in the actual election.

Dr. Wood thought it was the duty of the Committee to suggest the names of those whom they considered eligible, but he was not quite satisfied as to the constitution of the Committee itself. For the purpose of having the representative principle more fully carried out, he should like to see members of the Committee elected annually by the general meeting; he did not think it right that the Committee should be perpetual.

After some further discussion, Dr. Robertson withdrew his amendment.

Dr. Thurnam thought that the views of all parties would be met by the addition to the 7th rule of the words "Balloting papers being used in such election," and moved an amendment to that effect.

Dr. Davey thought that the rule so amended would not meet the necessities of the case; that the Committee would still continue to nominate, and that the election of President would still be virtually in their hands.

Dr. Monro seconded the amendment of Dr. Thurnam.

Dr Tuke spoke in favour of the retention of the existing system, and said he thought that the proposed alteration would have the effect of sowing disunion among the members. If it could be shown that any President had been elected who had not filled the office well, he should be willing to have the rule altered; but the system having worked so satisfactorily, he was unwilling to see it changed.

Dr. Duncan thought that the ballot should be employed for the election of the Committee.

Dr. Burnett thought that the Committee ought not to remain longer than a certain period in office, and ought not to have the power of nominating all the officers, which the proposed addition to the rule would confer upon them.

The amendment was then submitted to the meeting in the following form:—"That the words 'That balloting papers being used in such election for the appointment of President' be added to Rule 7."

The amendment was carried by a majority of eleven against three.

Dr. Thurnam moved the appointment of a Committee to consider the expediency of making some alterations in the rules, especially in regard to the appointment of the Committee.

The following names were proposed:—Dr. Kirkman, Dr. Thurnam, Dr. Robertson, Dr. Sheppard, and Dr. Davey, with power to add to their number.

The motion was seconded by *Dr. Monro*, and unanimously adopted.

The meeting then adjourned.

AFTERNOON MEETING, 2 P.M.

The members assembled at half-past two o'clock.

THE PRESIDENT'S ADDRESS.

The President delivered his address. (See PART I. *Original Articles:*—"The Classification of Insanity," &c. By DAVID SKAE, M.D., &c. &c. &c.)

Dr. Wood proposed a vote of thanks to the President for his address.

Dr. Conolly, in seconding the motion, said that he had listened to the address with peculiar interest. His own medical experience had led him to become more and more convinced that in every case of insanity, if they really had the power perfectly to investigate it, it would be found that there was some foundation or origin in bodily malady. The conviction, however, had perhaps only fully reached his own mind at rather too late a period to be of any great advantage to his patients. He was highly gratified to hear the opinions expressed by so active and experienced a member of the profession as the President, and he was sure that the perusal of his paper would stimulate many to more observation, and to reflections that would be serviceable to the public.

PRIVATE ASYLUMS.

Dr. Eastwood read his paper on Private Asylums. (See PART I. *Original Articles:*—"On Private Asylums for the Insane." By J. W. EASTWOOD, M.D.)

THE REFORM OF BETHLEHEM HOSPITAL.

Dr. Robertson.—I am sure we have listened with great pleasure to the interesting paper that has just been read. The subject is one that must interest the mind of every member of this Association—the means by which the insane of various classes are to be cared for and accommodated. The insane poor are now well cared for, and that matter may be regarded as very nearly settled. The insane of the upper classes are also year by year better accommodated; but the old grievance remains open with regard to the accommodation provided for the insane of the middle classes. The recent discussions which have taken place, both in the House of Lords and before the court of Bethlehem Hospital, have revived the hope that it may be possible to make a further provision for the insane of the middle classes, by diverting the revenues of that magnificent foundation to their use and aid. Perhaps most of the members of this Association have read the letter which the Commissioners published, and the statements of Dr. Conolly appended to their last report, in which the whole question was most touchingly brought forward. This subject being one of such importance, I feel extremely desirous, with your permission, of moving that this Association do at this moment resolve itself into a committee to consider how best the revenues of Bethlehem Hospital

can be applied to the cause of the insane of the middle class, and whether it is not possible to aid the efforts which the Commissioners are now making to induce the governors to pause before they refuse the liberal offer which the governors of St. Thomas's Hospital have made, rather than continue to keep Bethlehem Hospital in its present comparatively useless and unsatisfactory condition, and further to consider whether some expression of opinion, on the part of this Association, forwarded to the Home Secretary and to the Commissioners, might not further the object which those gentlemen have in view.

Dr. Tuke seconded the motion.

Dr. Wood.—Allow me to ask whether this is at all a usual mode of proceeding in an Association like this—to resolve itself into a committee to direct the governors of a public institution what they shall do. It appears to me that we are rather taking too much upon ourselves. We may express opinions, and those opinions may carry some weight; but I think if we take upon ourselves to legislate for a governing body we are travelling out of our province.

Dr Conolly.—It appears to me that Dr. Robertson's object is only that the Association should in some way or other be led to express an opinion upon a very important subject—a subject of very great interest to the public. It is not a matter between the governors of Bethlehem and their patients, but a matter that concerns the public administration of a charity of very great importance. I think we might, as a large association of gentlemen connected entirely with the subject of insanity, venture to express an opinion, at all events; not by any means to dictate the course to be pursued; and that such opinion might be so expressed to the Commissioners as to have some influence. The usefulness of Bethlehem ought certainly to be very much wider than it is, and its influence upon medical education ought, I may say, to be *created*, for it does not at present exist. There are benefits of the most important character, not only to the interests of medical men connected with insanity, but to the public at large, that should at this moment be pressed upon the attention of the governors in the strongest manner; for if the opportunity now goes by, the state of Bethlehem must continue what it is for another hundred years. I appeal to any gentlemen who receive, as I frequently do, foreign visitors, who come to visit our asylums, and I ask whether such visitors do not go back with all their prejudices confirmed, by seeing that we, in our writings, express certain views and opinions as to the treatment of insane, and that the large public institutions in or near London, to which they are especially and almost exclusively directed, do not present to them the model or example which they were led to expect. I offer these remarks without the slightest disrespect to any one connected with those institutions; but I cannot conceal from myself that they require very great alteration and improvement. I believe that the medical men attached to those institutions—I speak particularly of Bethlehem—are quite incapable of carrying out, in the present building, many improvements that might be suggested by them, in accordance with the present state of psychological and of sanitary science, subjects which now deservedly occupy so much public attention. I am, therefore, very anxious that Dr. Robertson's proposition should be carried into effect, and that the members of the Association should not separate without expressing their views on this great impending public question. If the present opportunity is passed over, it will not recur in the lifetime of any one of us. (Applause.)

Dr Wood.—I do not at all object to the discussion of this question; on the contrary, I think it a very interesting one, and I am happy that it should have taken place. My objection was to resolving ourselves into a committee for the purpose. I thought that we might approach the discussion without

doing it in such a formal way, as if we thought that we had a right to dictate to the governors.

The President.—It is open to any member to submit a resolution on the subject, without forming ourselves into a committee.

Dr. Robertson.—Then I beg to submit the following resolution:

"*That the members of the Association have regarded with especial interest the question of the removal of Bethlehem Hospital to a site more adapted to the present state of psychological and sanitary science, and affording enlarged means of relief to the insane of the middle and educated classes in impoverished circumstances, and that they desire to express their concurrence in the representations already made to the governors of that important institution by the Commissioners in Lunacy.*"

With reference to this proposal for the removal of Bethlehem Hospital into the country, I desire simply to echo the statement of Lord Shaftesbury in the House of Lords—that Bethlehem Hospital is essentially a public hospital, and its property public property. To pretend that Bethlehem Hospital has lapsed into the private property of the Corporation, and that the public have lost all control over its management, because otherwise they have ceased to control or interest themselves in the corporation, is quite absurd. I therefore start with the distinct statement that the Association considers Bethlehem Hospital to be public property, and the revenues of the hospital to pertain to the public, and to be applied by the legislature, if necessary, for the relief, in the most effectual manner, of the insane who may be the most fitting objects of its bounty. Now, the legislature having provided most liberally for the care of the insane poor, the revenues of Bethlehem Hospital ought to be devoted to the use of the insane of the middle class, and the new Bethlehem be made, as Dr. Conolly suggests, a model middle-class asylum; and it is to the realisation of this plan that the resolution points. As Lord Shaftesbury stated in the House of Lords, Bethlehem Hospital contains about 240 patients, and its income is about £20,000 a year. As his lordship said, there ought at least to be 400 patients, if they are all kept for nothing; and if a small payment were made, which might in most cases be fairly met—say five or six shillings a week—the number might be raised to 600. This of itself would be a reform such as would spread a blessing among a large number of people. The fact is, however, that the governors have 240 persons only under their care, because they cannot get more. The friends of the insane will not send them to Bethlehem, even for nothing. The admissions of *curable cases* at Bethlehem, writes Dr. Webster, have been gradually decreasing. Thus we find that—

	Total admission of curable cases.
In the three years previous to the 1st January, 1843 ..	896
" " " " " " " " 1853 ..	898
" " " " " " " " 1863 ..	520

—being, on the last triennial period, a decrease of 378, or two fifths. One reason, I have little doubt, of this remarkable decrease in the admissions at Bethlehem, while the doors of every other asylum are besieged with applicants, is because the public view with dislike that dismal, dreary prison in the Lambeth marshes. No doubt the very best has been done for the patients by Dr. Hood that could be done; but, with all his skill, the place is dreary, desolate, dismal, and unsuitable for the treatment of recent insane cases. I knew Bethlehem Hospital well under the old *régime* of the visiting physicians, and have repeatedly visited it when under Dr. Hood's able superintendence; and I am both a competent and willing witness of the marvellous improvements which he introduced into every department of the

hospital. Still the fact remains, that when people leave Bethlehem and go to the county asylums, with their pleasant grounds and fresh air, they see that the pauper lunatic is better off, and they actually come and try to get their friends in as paupers there, rather than send them to Bethlehem. In the case of every county asylum in England there is a constant fight to strike off the parish lists persons who are desirous of making their friends paupers, in order to get the benefit of a high class of treatment, for which they are ready to pay 10*s.* a week, rather than receive it free at Bethlehem. I think this is a fact that the governors have to look to, and which hitherto they have not looked at. With regard to the offer made to them, they actually tell the public that £150,000 would not build another Bethlehem! I am prepared to build another for £100,000, and to put the £50,000 into their pocket. Lord Shaftesbury said he would build another, and put £10,000 into their pocket. The average of county asylums, containing 400 or 500 patients, have been built, and about 100 acres of land obtained, considerably under £100,000. In the treatment of the insane of the middle classes, you do not want expensive houses, with drawing-rooms and the accommodation offered to private patients. What you want is good, honest hospital accommodation. You want a common day-room and common bed-rooms, and the whole system of our county asylums, with a little better furniture and a few more ornaments, such as are required by people of the middle class and professional persons. I am prepared to say that that offer of £150,000 for Bethlehem was abundant; and the liberality of that offer is another point upon which I wish the Association to express an opinion. You are aware that the governors of Bethlehem, in their wisdom, had a scheme for building a grand Bethlehem, at the cost of the governors of St. Thomas's Hospital, who were to build it to their satisfaction. Of course it was perfectly impossible for any hospital to listen to such a proposal. As the recent events are so thoroughly in the memory of the Association, it would be superfluous for me to repeat them, and I shall now content myself with moving the resolution which I have laid on the table.

Dr. Sherlock.—I presume that Dr. Robertson, in bringing forward this resolution, wishes that it should carry as much weight with it as possible; but if it is proposed in an aggressive spirit, coupled with the remarks which he has made, I am afraid his object will not be secured. I would suggest that if our opinions are to have any weight, they should be without drawing any invidious comparisons. We only wish the hospital to be removed from a position where we think it is not calculated to afford the benefit and relief for the insane which it was intended to do.

The President.—There is nothing conveying any reflection on the management in Dr. Robertson's resolution, whatever that gentleman may have said in his speech.

Dr. Conolly seconded the resolution.

Dr. Wood.—I should like to make a few remarks before this resolution is put. I have no particular interest in Bethlehem, although I know something about it, and am, perhaps, as competent as most people to speak of its actual condition. I must say it strikes me as a most unfair proceeding for persons who have a particular view of things to come forward and so exaggerate or misstate their case as altogether to mislead as to the facts. When any one tells me that Bethlehem is regarded by the public as a gloomy, dreary, desolate place in Lambeth marshes, I say that that is so calculated to mislead that, if other people say the same, I do not wonder that the hospital has but few patients. But what is the truth? Not that the position of Bethlehem, not that its condition or its management, is all that we could desire; though perhaps, as regards position, something might be said in its favour. When I was connected with Bethlehem, there were but very few county asylums, and in those days we had a large supply of recent case

Dr. Robertson now speaks of the small number of patients there (of course he is entitled to exclude those who have been there hitherto in the criminal department). When I was there there were upwards of 400 patients in the hospital. Circumstances have so altered that there are now comparatively few patients of that class, because they are provided for elsewhere; but it is not true—I state it distinctly and positively—that it is on account of the gloomy, dreary, unsatisfactory, and useless condition of Bethlehem—those are not the grounds upon which patients have hesitated to apply for admission. The truth is, first, that they are well provided for elsewhere to a very great extent; then, I may say, they have become at Bethlehem extremely exclusive; they have declined to admit a class of patients whom I think they ought to admit; in fact, it has occurred to me at the hospital with which I am connected to admit patients who have been refused at Bethlehem, and I have had the satisfaction of seeing them go out cured. I think that is a mistake on the part of the governors of Bethlehem, which they may well remedy, and the sooner the better. If the proposition was only to consider the question how far Bethlehem might be made more available for that class, I should thoroughly have gone with Dr. Robertson; but when he prefaces his proposal by giving an account of the condition of Bethlehem quite different from the facts, I cannot go with him at all. I would ask him, if he has not been in Bethlehem of late years, to go to it now, and say if he can point out any county asylum (not excluding his own, which is admirably managed) where they have such rooms as they have in Bethlehem. I say he cannot. I do not say that in Bethlehem, as in every other house built as long as it has been, there may not be gloomy parts; but I say there is abundant accommodation for the class of patients whom I should be very glad to see there—the class of persons who are received at St. Luke's, and who, I think, might be very properly received on a much larger scale at Bethlehem. I hope the ample revenues will be applied to that purpose; in that respect, I think, the authorities are altogether wrong, and there I thoroughly concur with Dr. Robertson and Lord Shaftesbury in the proposition to make this ample revenue available for such a purpose; but I strongly feel, with the previous speaker, that if we want to make any impression upon the governing body, we must approach them not only courteously but truthfully; we must not lead the public to believe that the place is worse than it is. With regard to its removal, he must be a bold man who, under existing circumstances, would dare to express an opinion against that removal, and I do not know that I have the requisite courage. I have, however, my own opinion, and I could give reasons why I think it is open for discussion; but what strikes me forcibly is this, that there is an institution containing very excellent accommodation, which has been reared at an enormous cost. I suppose nobody knows what has been spent upon the place—at any rate, money has been spent without stint for years and years—and when the proposal is made to level that to the ground to make place for another, does it not appear a cruel waste of money? I altogether demur to the proposition that one person may say to another, "I like the position of your house, and I should like to build my house upon it. I will give my idea of its value; I am sure you will be better off somewhere else—at the top of yonder hill. Just make your own arrangements; I will give you £150,000." Twice that sum will not pay for the building, or anything like it.

Dr. Robertson.—It will build a better.

Dr. Wood.—You never will build a better; if you pull it down, you never will build anything half so good, in my opinion. I do not mean to say that it may not be better arranged, or that there may not be some great improvements in the carrying out of the designs; but I say there is no such building in the country, and if Bethlehem is pulled down there never will be such a

one. I do think there ought to be some little consideration on the part of those who are dictating to the governors as to whether the case is so bad as to render it necessary to sweep that vast establishment altogether away. I have some doubts about it in my own mind, but I am quite clear about this, that if we hope to influence the governors of Bethlehem at all, we shall not do it by treating them in the cavalier way we propose. I have no particular sympathies with the governors in the matter; I have some personal friends amongst them, whom I know to be right-minded and honest men; but I do not like to see any class of men talked down. There has been a great deal of unfair proceeding with regard to this Bethlehem question on the part of those interested in it. The governors have been put down, and accused of all sorts of unworthy motives, which I am sure do not actuate them. This question is, no doubt, one which we are competent to deal with, and fairly to discuss; and it is right, under existing circumstances, we should discuss it; it is a question that rather presses for discussion, inasmuch as whatever is done, must be done now, or it will never be done at all. If Bethlehem is to be removed, and I do not say it should not be, now is the time for its being done; if it is allowed to remain, it is likely to last longer than any building I know. I do not desire to discourage discussion; but I say you should not in the least degree exaggerate the case as against Bethlehem, or those who are acting for it.

Dr. Robertson.—I hope Dr. Wood did not understand me as finding fault with the management of Bethlehem Hospital; on the contrary, I am desirous of bearing my testimony to the manifest skill in its management; but I stated that, despite the best management, the fabric would not admit of proper arrangement, that the place was dismal, and the *entourage* so wretched that it was not fitted for a hospital for the treatment of the insane.

Dr. Monro.—This is a subject on which I should like to say a few words. I have never been connected with Bethlehem Hospital, though my ancestors have been for 130 years, so that I feel a very great interest in the institution. On the other hand, I have a very great interest in instituting asylums for the middle classes. I was engaged once with Dr. Conolly in trying to put forward such a scheme; I also took the trouble to write a pamphlet on the subject, but I am afraid it has not been read, as I think it ought to have been. I feel that both Dr. Wood and myself approach this subject with considerable discomfort; for, of course, we must be aware that whatever is said against Bethlehem Hospital must be said with greater force against our own, St. Luke's. It is a most important thing that this question should not have any personal matter mixed up with it. I have not made up my mind upon the question whether it is better to remove Bethlehem Hospital or not—it is a question of great difficulty; but I do most thoroughly agree with Dr. Wood, and with another speaker, in thinking that it will be very injurious to put forward wrong views and exaggerated statements. It is impossible that any one who knows Bethlehem can really look upon it as that gloomy hole in the marshes which it has been described to be; it is really one of the finest buildings in London, and it stands on a splendid site. I do not say that it would not be a great deal better that the patients should be in the country, but do not let us have anything like a "cock and bull story" about it; let gentlemen go down and and see it for themselves; they only need go a distance of three quarters of a mile for the purpose. I really do not believe there are better wards anywhere.

Dr. Robertson.—Surely you are joking.

Dr. Monro.—Of course Dr. Robertson puts that down to my ignorance. I know many county asylums, and I do not think that any of the wards are better than those in Bethlehem. At any rate, do not let us put forward utterly erroneous statements; let us have the exact truth, and let the

question be a fair and open one. I may have a little prejudice in favour of the place with which my family has been associated for 130 years. And then, again, I cannot help thinking that a great hospital of this kind ought to be in the metropolis. No doubt there are many arguments on the other side. Dr. Conolly mentioned one—that it is impossible to get up a school of medicine at Bethlehem—the same applies to St. Luke's. But do you think that you will get up a school of medicine more easily fifty-six, sixty, or eighty miles out of London, than in London itself? Many persons will say that it is owing to the want of energy on the part of the medical officers, or something of that sort. Be it so; but do not let us imagine that we should get up a great school of medicine at Hayward's Heath better than we should get it up in the middle of London. It should be remembered that most of the patients we receive in these large hospitals are acute cases. many of them coming from the country; and if you have this institution at a distance from London, in three out of four cases a second journey will be required. Dr. Stevens, who, I regret, is not here on the present occasion, one of the medical officers of St. Luke's, wrote some time since to the 'Times,' strongly in favour of the removal of Bethlehem Hospital; and there he virtually stated that the new Bethlehem would not be fit for acute cases; because, he said, "as soon as you have instituted the new hospital in the country, you can send your acute cases to the other London Hospital, St. Luke's." That pretty clearly indicated what his opinion was of the result. I believe that if the new Bethlehem Hospital goes far into the country, it must necessitate a second journey for many cases in which it would not be advisable, and it would put a medical school out of our reach still further than heretofore. There are, no doubt, great advantages in an institution of this kind in the country. I would not say a word against that scheme; the only question which is on my mind is, whether we should compel the governors of Bethlehem to remove. But whatever we do, let us do it in the words of soberness and truth.

Dr. Conolly.—It appears to me that my excellent friends on the other side of the table imagine that Dr. Robertson has written a challenge, instead of a resolution, and means to call the governors out in succession. (Laughter.) Really the resolution appears to me as temperately worded as it can be. It merely points out, in the gentlest language, certain advantages that we think should be kept in view, and might be obtained. First, let me say, I do not think there has ever been any intention of removing Bethlehem Hospital to any distance from London greater than ten or eleven miles, which, in these days of railway travelling, is nothing. As regards the convenience of patients, there will be no difficulty whatever in such a distance, nor would there be in reference to a medical school. Many years ago there was a kind of medical school at Hanwell, and there was no difficulty in bringing pupils down. I believe Dr. Monro did me the honour to attend that course, and I dare say he did not find it difficult or fatiguing to attend. And here let me say that I think there is no object more important than the adoption of means which will give to medical men the opportunity of studying mental disorders. It is most strange, and it will hereafter be referred to as a thing unaccountable and incredible, that the only diseases for which there is no medical instruction in England are those comprehended in that class of disorders so very ably set forth in the address of the President on the present occasion. When there are vacancies in institutions of this kind, they are generally filled up by gentlemen who profess that they know nothing of them before they go there, and there can be no doubt that many cases are mismanaged in consequence. In Scotland there are means of obtaining education in these matters, as there are in other countries, in France particularly; and I do think that until you can have a regular

psychological school established in England, from which educated men can go, bearing certificates to show that they have really studied and are conversant with mental disorders, and in which some kind of practical education can be given to male and female attendants, you will go on perpetually struggling with difficulties, and never overcome them, or make any sure progress in asylum management. Every one who has anything to do with insane patients in asylums knows that attendants are very often the torment of the physician's life, constantly counteracting all that he wishes to do, and that this arises from the want of a system of instruction for those who are to carry his intentions into practical effect. I certainly think that Bethlehem is one of the institutions which ought to provide that kind of instruction, and I have no doubt that the day will come when at St. Luke's it will also be found equally practicable and equally useful.

Dr. Duncan.—As far as I understood the controversy, it appeared to me that there was a simple difference of opinion as to the money to be paid by the governors of St. Thomas's Hospital to the governors of Bethlehem. If that be so, it appears to me to be an extremely delicate thing for an Association of this kind to interfere with the trustees of a public fund, who ought to be left untrammelled in the exercise of their judgment as to the amount of money they will take for the building they are giving up. At the same time I am not aware that there will be any difficulty in passing such a resolution as that which has been proposed. The question is a very important one, both in reference to the provision of better accommodation for middle-class patients, and also placing the institution at a reasonable distance from the metropolis. I went through the hospital when Dr. Wood was there, and I confess the descriptions given in the newspapers about it do not bear out my recollections of the place.

Dr. Tuke.—In justice to my friend Dr. Robertson, I may be allowed to read a quotation from the speech of Lord Shaftesbury, in which he gives the opinion of the Commissioners in Lunacy, who, I presume, are competent judges as to the state of Bethlehem Hospital. My friends on the other side have considered that there was a want of truth in Dr. Robertson's description of Bethlehem as a dreary, desolate, depressing place. Dr. Robertson talked about Lambeth marshes. Now, we admit, they are to some extent drained; still Bethlehem Hospital does not certainly stand on a hill. This is the opinion of the Commissioners, as quoted by Lord Shaftesbury:—"We also take exception to the present construction of the building. We maintain that it is most unfit for the purpose. In harmony with the principles now entertained, such buildings should be cheerful, open to the sun, and with nothing to depress the spirits. Without moral treatment medical treatment will often fail, and moral treatment alone will often succeed without medical treatment. This building was constructed at a time when strait waistcoats were in vogue, and every patient was immured in a gloomy cell. Though not intended for a prison, it was constructed upon the same principles as a prison." His lordship then says:—"A most important objection to Bethlehem Hospital, as a place for the treatment and cure of insanity, remains to be noticed, viz., the unfitness, according to modern opinions, of the building, in respect to its construction and arrangements. The general aspect of the hospital, externally and internally, notwithstanding the efforts made within the last few years to enliven the long corridors and day-rooms, cannot but exercise a depressing influence upon the inmates, whose means of out-door exercise are so limited and inadequate. The Commissioners, in the case of asylums for pauper lunatics, would never sanction plans upon the principle of Bethlehem Hospital." I fully endorse these opinions; and I think Dr. Robertson has not expressed his own views only, but those of the best and most competent judges, in almost their own words. At the same time no

one can doubt the great improvement that has been manifested in the recent treatment at Bethlehem within the last few years. This we owe entirely to Dr. Hood; and if, in addition to the other benefits he has conferred, he could remove the building to the country, he would have left nothing to be desired. I believe that this Association would do well to pass unanimously a vote in favour of the removal of Bethlehem Hospital a few miles out of town, where the patients can receive all the advantages of the country. I think we shall be doing service to humanity if by our vote we can assist in this matter, by bringing some pressure to bear on the governors of the hospital. I believe they will listen to our opinion; at all events, the expression of it will be another blow upon the wedge already driven in by the Commissioners in Lunacy.

Dr. Wood.—There is one matter on which Dr. Conolly has spoken, and on which no one is so competent to express an opinion—I mean with reference to a medical school. I had the good fortune to attend his lectures at Hanwell, and derived great profit from them; but there are not many Dr. Conollys. Besides, we were then provided with the inducement of a capital luncheon. (Laughter.) The governors of Bethlehem have all along attempted to establish a medical school, but they have not had a Dr. Conolly to assist them, and that, no doubt, has been one great cause of failure. At one time the examining body required a certificate of attendance at lectures on hospital practice, and we then had a very respectable class of pupils at Bethlehem. Those regulations have ceased to be enforced, and there is now no inducement whatever for a medical student, who has plenty of other work to do, to go out of his ordinary bent to attend lectures upon that subject, and I am afraid there would be still less inducement if he had to travel even eight or ten miles to hear them. It is not discreditable to Bethlehem that they have not had a medical school. It is no fault of theirs. They have been willing to do all they could to attract medical students, and they have failed from causes quite independent of the position and state of the hospital. With regard to its removal, I am not at all sure that even in its present position, if the governors would open their doors, it might not do as much good as if it were in the country. Supposing there are a good number of patients—say 400—we may presume that half of those would be female patients who do not know much about the use of the plough or the spade. Their occupations, therefore, would be pretty much the same in London or in the country; and even with regard to the male part, I think there are few belonging to the class of patients for whom such accommodation is required who know much about ploughing or spading. They are persons very much the same class as we receive for a small payment at St. Luke's—professional people, small tradesmen, officers of the army and navy, and persons who occupy good positions, but live upon very small means, and who can afford little or nothing out of the income of one member of the family. Many of these persons have not been accustomed to a country life. I do not think there is any man who more thoroughly enjoys country life than I do. It is the greatest enjoyment I know, to be at liberty to go and bask in the sunshine in a country place, where I hear nothing but the sounds of birds, so that I thoroughly enter into the feeling of those who would give the insane the benefit and quiet of the country; but I think there is a danger on the other side that we lose sight of. There is a monotony about a country life. In London and its immediate neighbourhood there are many opportunities of amusing, especially the male part of the population, which do not exist in the country; and I should fear that the class of patients who ought to be in Bethlehem might get into a dreamy, monotonous kind of existence. There is really no object in going out for pic-nics where the people are living in a state of pic-nic. They have no

opportunity of going sight-seeing, and their life must be necessarily one of a monotonous character. I think that in the treatment of insanity a little novelty is of more use than physic. I have not much faith in medicine, but I have a great deal in the idea of making people happy; and there is nothing like a little change and diversion for that purpose, which you cannot get so well in the country as in and near London. The question of cost, I think, is one which we should not meddle with; and respecting the other question, as to the advantages of a London or a suburban and a country life, they are, I think, more nearly balanced than those who have hitherto given their minds to the subject are disposed to think.

Dr. Stewart said that there was a middle-class asylum in Dublin situated in some respects similarly to Bethlehem, and containing 140 patients. Some years ago the Government inspectors found that a large sum of money—twenty or forty thousand pounds—had been accumulated, and they proposed that a hospital should be built out of the city. On examination, however, it was found that in this hospital, in the heart of the city, where there was very little ground for exercise, there was less mortality than in any of the county asylums. That result was so startling that nothing further had been said about the question of removal.

Dr. George Robinson suggested the passing a resolution assenting the propriety, as a general principle, of asylums being situated in the country.

Dr. Maudsley.—It appears to me that the question resolves itself into this—whether a hospital for mental diseases, in the midst of a large town, is a hospital for that purpose. Does it not become rather a prison? Intercourse with nature and plenty of employment on land—are not these absolutely necessary in the treatment of mental diseases? I think it must be an extremely discouraging thing for Dr. Conolly, towards the end of a long life spent in warring with barbarism, that we should be discussing these simple principles—whether it is not better for the recovery of mental health that there should be intercourse with nature and plenty of room for occupation, or whether the patients should be confined in a large town. A "hospital" for mental diseases so situated is surely miscalled.

The motion was then put, and carried *nem. con.*

Dr. Tuke proposed that a copy of the resolution be forwarded to the Commissioners of Lunacy, to Sir George Grey, and to the committee of Bethlehem Hospital.

Dr. Wood said he supposed the object was to operate upon the governors of Bethlehem Hospital, and not the Commissioners of Lunacy.

Dr. Robertson said that he had small hope of operating upon the governors of Bethlehem. His desire was simply to bear his testimony to the public.

The resolution having been seconded, was unanimously adopted.

On the motion of Dr. Robertson, a vote of thanks was unanimously passed to the President, for his conduct in the chair.

Dr. Tuke proposed a vote of thanks to the College of Physicians for allowing the Association the use of its hall for the purposes of the meeting.

The President.—I have great pleasure in seconding that motion. There is one circumstance which I omitted to mention in my address, that is, my deep regret at not having been able to attend the meetings of this Association for some years, a circumstance which arises simply from there being in Edinburgh a school of medicine where the subject of insanity is taught. I have now an excellent class attending my lectures, and Professor Laycock has also good classes.* I do not see why there should not also be classes for the same purpose in London. The students do not hesitate to come two

* The numbers on Professor Laycock's class-roll were 11 in 1862, and 26 in 1863.

miles out of town to our lectures; so that if Bethlehem Hospital were a little removed from London, you might have a clinical school there, as well as other advantages.

The resolution was unanimously adopted.

The proceedings then terminated.

ANNUAL DINNER.

The annual dinner of the Association was held at the Freemasons' Tavern, Dr. Skae, President, in the chair. There was a numerous attendance of members. Among the guests were Dr. Bucknill and Dr. Hood, honorary members of the Association; Dr. Webster, Dr. Russell Reynolds, and Dr. Charles Skae.

In accordance with the instructions of the Association, a copy of the resolutions of the meeting relative to the removal of Bethlehem Hospital was forwarded to the Commissioners in Lunacy, and the subjoined letter of acknowledgment was received by the Honorary Secretary.

LETTER FROM THE COMMISSIONERS IN LUNACY.

19, Whitehall Place, S.W.;
July 17th, 1863.

Sir,—I am desired by the Commissioners in Lunacy to acknowledge the receipt of your letter of the 10th instant, and the accompanying copy of a resolution passed at a meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane, in reference to the removal of Bethlehem Hospital, and I am to add that the Commissioners have learnt the view of the Association on this subject with much satisfaction.

I am, Sir,
Your obedient servant,
W. C. Spring Rice, *Secretary*.

Dr. Tuke.

The following letters have been received by Dr. Tuke, upon the announcement by him to their writers of their election as honorary members of the Association.

9, Whitehall Place;
July 22*nd*, 1863.

My dear Dr. Tuke,—Do me the favour to convey to the President and members of the Association of Officers of Asylums for the Insane my best thanks for the compliment which they have been pleased to pay me. I appreciate it highly, as proceeding from those whose public services and professional character are so honorable to our country.

I remain, always yours,
Very faithfully,
Wm. Lawrence.

Bicêtre, le 4 7bre, 1863.

Monsieur,—J'ai reçu la lettre par laquelle vous voulez bien m'annoncer que l'Association des officiers médicals pour les asiles des aliénés a daigné m'accorder le titre de membre correspondant. C'est une distinction dont je suis sensiblement touché et pour laquelle je viens vous prier d'être auprès de votre honorable corporation l'interprète de ma profonde reconnaissance. La science est cosmopolite; mais on est en général heureux chez nous quand une occasion propice s'offre d'ajouter un bien de plus à ceux qui unissent les deux grandes nations, anglaise et française. Tel est en particulier mon sentiment; c'est vous dire tout le prix que j'attache à vos relations et le désir que j'ai de la cultiver.

Agréez Monsieur, l'expression de mes sentiments les plus distingués.

Delasiauve.

Paris, le 7 7bre, 1863.

Monsieur, et très honoré confrère,—Je suis très honoré de la marque d'estime que vient de me donner, par son digne organe, l'association des médecins en chef des asiles d'aliénés d'Angleterre. C'est un titre au quel j'attache beaucoup de prix et je serai heureux de saisir toutes les circonstances pour resserrer des relations qui me seront très agréables.

Veuillez monsieur et très honoré confrère, faire part de ces sentiments à l'association et me considerer comme vous étant tout dévoué.

Dr. Girard de Cailleux.

Grindelwald (Suisse), 28 Août, 1863.

Monsieur,—Eloigné de Paris pour quelques semaines encore, je ne veux pas attendre plus long-temps pour vous accuser rèception de la lettre que vous m'avez fait l'honneur de m'écrire. Je sens tous le prix de la faveur que vient de me faire votre honorable et savante société, et je vous prie monsieur de vouloir bien me servir d'interprète aupres de vos collègues et de leur témoigner en mon nom toute ma reconnaissance.

Veuillez, monsieur, et très honoré confrère, agréer l'expression de mes sentiments les plus distingués.

F. Moreau (de Tours).

The Edinburgh teaching of Psychology.

I. QUESTIONS FOR THE WRITTEN EXAMINATION OF DR. LAYCOCK'S CLASS OF MENTAL PSYCHOLOGY AND MENTAL DISEASES IN THE UNIVERSITY OF EDINBURGH PROPOUNDED BY THE COMMISSIONERS IN LUNACY FOR SCOTLAND AND DR. LAYCOCK CONJOINTLY. (July, 1863.)

1. Give a synopsis and brief description of the different forms of Mania.
2. State the physiognomical aspect, symptoms, and method of treatment of Acute Melancholia.
3. Discriminate between illusions, hallucinations and delusions, and illustrate by examples the leading varieties of each of these.
4. What are the common cerebral lesions found after death from general paralysis?
5. When may insanity be regarded as incurable?
6. Under what conditions would you feed the insane artificially? Describe the process followed, and state the reasons for preferring any particular process.
7. What results may be expected from the efforts now being made for the education of idiots and imbeciles?
8. State how a practitioner should proceed in diagnosing the mental condition of a person presumed to be insane and what precautions are needed in forming and expressing an opinion.

The Practical Examination consisted in an examination of a patient in an Asylum by the candidate, and a written commentary.

II. DR. LAYCOCK'S ADDRESS AT THE CONCLUSION OF THIS COURSE OF LECTURES.

Dr. Laycock in his address observed that it was matter of congratulation for all those who took an interest in the practical applications of mental science to observe how rapid had been its progress of late years. When the present state of our knowledge of mental diseases and defects is compared with what it was a quarter of a century ago, the advance is surprising. All kinds of metaphysical questions were then discussed which it was impossible in the nature of things to solve. To have established the uselessness of speculation, and to have the proposition so generally admitted, is no small gain to mental science, because it tends to restrict our inquiries to what it is possible for man to know as to his mental nature, and in this way to promote the growth of positive as contrasted with speculative knowledge. A few well-established principles thoroughly understood will go far to dispel many errors of speculation, and therewith obviate many mistakes in practice, as well on the part of the medical practitioner as of the other learned professions. There cannot be a doubt that within the last twelve months at least one wretched man has been hung in England for a homicide committed under delusions originating in disorder of the brain; and there is reason to think that within that period more than one insane person has thus unjustly and mercilessly suffered the last penalty of the law. So long as imbecility and insanity are confounded with crime, justice cannot be done either to the public or to individuals. It is quite certain that many criminals are being continually let loose on society who have no power whatever of self-control, and are neither more nor less than incurable imbeciles, and who are utterly wanting in those mental qualities which characterise man as a social animal. I dwelt at length in the earlier lectures of

the course on all those forms of mental disease and defects which came under the ambiguous and somewhat absurd designation of moral insanity, and thus perhaps restricted too much our subsequent inquiries into disorders and defects of the higher faculties. A thorough knowledge, however, of the appetites and desires and affections, whether they be healthy or morbid, is an excellent introduction to the study of the higher faculties, because the same general principles are applicable in reality to all man's mental states; and I took particular care to explain to you the nature of a great variety of cases of disorder of the intellect which came under our notice at Milnholm Asylum. We have had every assistance from Dr. Sadlier at Milnholm, and from Dr. Rorie at Dundee, in these practical studies, and are due to both these gentlemen our warmest thanks. (Applause.) The experience of every year convinces me, as it will, I am sure, convince you, that the more it is practicable to treat the insane as if they were sane, the better for all parties. From this point of view, the visits of a class of students to an asylum are much more beneficial than injurious, if injurious at all; and I am satisfied it would greatly conduce to the better knowledge of insanity, and the better treatment of the insane, if the practical study of mental disorders and defects was not limited to the medical profession, but was included in the course of training of other professions. It seems to me that a knowledge of healthy mental action can only be considered at all complete when that of morbid mental states is added. We have to thank Dr. Gilchrist, of the Royal Crichton Asylum, for kindly encouraging your studies by offering a prize for competition by members of the class. There have been six competitors, and the prize and first certificate of proficiency have been awarded by the Commissioners in Lunacy, conjointly with me, to Mr. John Millar. It has given me much gratification to learn from Drs. Coxe and Browne that both the written answers to questions and the reports on cases in general of the class are most creditable to the competing candidates.

The Royal Hospital of Bethlehem.

I. THE ANNUAL REPORT OF BETHLEHEM HOSPITAL.

"So much attention has recently been directed to the often-raised question of moving this ancient charity into the country, and then locating St. Thomas's Hospital on its site, that the annual account of the proceedings at Bethlehem has almost been overlooked. Notwithstanding, a brief summary of the facts contained in the last Report must prove interesting to the profession.

"During the year embraced by the present report, 163 curable patients were admitted; 80 discharged cured; 48 left uncured; 10 sent out for special reasons; and 16 died, of whom 6 sank through disease of the heart or lungs, while 4 cases ended fatally from paralysis. Regarding the aggregate recoveries, the report, however, states their number was not less than the last ten years' average; and as the ratio ranged actually under fifty per cent. on the admissions, that acknowledgment shows the proportion of cures was less than that often recorded at other establishments for the insane, where a selection of cases placed under treatment does not prevail like that pursued at the important metropolitan institution at Southwark.

"In concluding this short notice of the Bethlehem Hospital Annual Report, one remark cannot but suggest itself—namely, that seeing this richly endowed charity, which, according to the official document now passed under review, possesses a net annual income of £19,816 10*s.* 3*d.*, only cured 80 insane patients during the past year, such results seem rather small from so

large an expenditure of cash, and, if cures alone be held in view, would make the average cost of every cure effected to reach nearly £250 for each patient so discharged. Of course this is not a fair mode of reasoning upon all the benefits accruing to lunatic inmates treated at Bethlehem Hospital. Nevertheless, impartial critics cannot help considering it highly desirable that the benefits of so opulent an institution were rendered more extensive, and more commensurate with its many capabilities." — *Lancet, Sept. 5*, 1863.

II. ST. THOMAS' HOSPITAL.

"The report of the Thames Embankment Committee was brought up, and stated that Mr. Baggallay, the treasurer of S. Thomas' Hospital, proposed to form a suitable site for the new hospital on the ground of the southern embankment, nearly opposite the Houses of Parliament. The committee had entered into an agreement with the authorities of S. Thomas' Hospital, subject to the approval of the Board. The terms were that the land required, amounting to about eight and a half acres, should be sold to the hospital for the sum of £95,000, the Board of Works to make the embankment and level the ground by the 31st of December, 1865. After a long discussion the report was adopted, and the chairman was authorized to communicate to Mr. Baggallay that his offer was accepted."—*Report of the Proceedings of the Metropolitan Board of Works* ('Times,' Aug. 8).

The Governors of S. Thomas' Hospital have done wisely in securing this eligible site, at a saving of £55,000 *on the price they offered for the site of Bethlehem. It remains to be seen whether the Governors of Bethlehem will be permitted to brave public opinion—supported as it is by the unanimous voice of the medical press—in leaving matters at Bethlehem as they now are, or whether they will have the wisdom to embark on the needed reforms of that royal foundation, so ably stated by Lord Shaftesbury in his speech before the House of Lords.* (*June* 26.)

These requirements may be summed up under the following heads:—

1. *The removal of the site of Bethlehem some twelve miles into the country.*
2. *The erection there of a hospital adapted for the cure of the insane in place of the present prison-like structure.*
3. *A revisal of the rules for the admission of patients to the benefit of the charity, and the removal of the present restrictions which exclude a large majority of those for whom its benefit is most needed, and would be most valuable.*
4. *The extension of the numbers by a wiser application of the large revenues of the charity, and by the admission of patients paying a portion of the cost of maintenance.*
5. *The systematic and clinical teaching of Psychology, as followed in Paris, Vienna, and Edinburgh.*

"A NEW BETHLEHEM, JUDICIOUSLY SITUATED AND PLANNED, MIGHT BE A MODEL, A SCHOOL OF INSTRUCTION, AND A BENEFIT FOR EVER. WE SHOULD THEN POSSESS A PUBLIC ASYLUM IN WHICH THE INTENTIONS OF THE CHARITABLE FOUNDERS, AND THE EXERTIONS OF HUMANE AND SCIENTIFIC PHYSICIANS, WOULD NOT BE FRUSTRATED; AND WHERE, ABOVE ALL, THE AMPLEST POSSIBLE MEANS WOULD BE FURNISHED, AND THEIR APPLICATION PERPETUATED, FOR THE RELIEF OF THE MOST TERRIBLE OF ALL FORMS OF HUMAN MISFORTUNE."—*Extract from a Letter from Dr. Conolly to the Commissioners in Lunacy, Seventeenth Annual Report*, 1863.

Female Medical Students.

It is somewhat remarkable, that in an age characterised by peculiar indications of female ambition, and even distinguished by most useful and honorable female exertions, the condition of the insane portion of the community seems yet to have attracted little attention on the part of the gentler sex. Exertions of infinite value have been made to reform the faults of schools, and prisons, and even of camps; and there are women whose names, associated with difficult labours in these departments, can never be pronounced without reverential respect: but female visitors to asylums have been few, and they have, perhaps, been rendered difficult by peculiar obstructions. Even among matrons of asylums, there have been only very few who seem to have been the cordial auxiliaries of superintendents in introducing the improved modern treatment of the insane. The zealous, laborious, and courageous investigations of Miss Dix, in America, in relation to peculiar forms of infirm mind, and to asylums, have found no imitators in the old world, or in the new, or in any part of the globe. Mental disorder attracts the curiosity of women, but would appear, generally, to produce no deeper effect. Very recently, a visit has been made to Europe by a young American lady, with the avowed intention of making herself personally acquainted with our hospitals, and more especially with our lunatic asylums. She is the daughter of the Hon. Judge Sewall, of Boston, U.S., whose attention has been much directed to the condition of the insane and the laws affecting them; and with his consent, his daughter undertook what may almost be termed her *heroic* visit. Although a card designating her as Lucy E. Sewall, M.D., was not calculated to act as a favorable letter of introduction in a country in which any departure from the conventional distinctions of the sexes is creative of something like a shudder, Miss Sewall's youth, her perfectly unassuming and feminine appearance and manners, seconded by the high testimonials with which she was fortified, caused her to be very politely and kindly received by those who had the pleasure of becoming acquainted with her in the asylums and hospitals of London, and, we need scarcely add, to be welcomed with chivalrous courtesy in those of Paris. Professors treated her with distinguished politeness, and the students with respectful wonder. As we understand that Miss Sewall has the laudable ambition to institute a sort of model asylum in her own country, it is a matter of regret to those who felt a sincere interest in her views that, either in consequence of an unexpected abbreviation of her visit to Europe, or as a result of the variety of professional objects attracting her attention in general hospitals, she returned to Boston without opportunities of making herself acquainted with the general management of our Provincial County Asylums, and departed with no more salutary impressions of the English treatment of insanity than could be received from a few visits to those in or near the metropolis, where much that would be desirable is rendered impossible, either by faulty position, bad government, or monstrous extent.—J. C.

The Naval Lunatic Hospital, Great Yarmouth.

There are now a hundred and sixty inmates of the Great Yarmouth Naval Lunatic Asylum, eighty having recently arrived from Haslar, and thirty-six having been transferred from the Sussex Lunatic Asylum, Hayward's Heath. The asylum was officially inspected in the course of last week by Sir J. Liddell, and was found to be in a satisfactory condition. —*British Medical Journal*, 19*th September*, 1863.

Treatment of Drowning.

The following Rules have been just issued by the Royal Humane Society. They are stated to be "the result of the labours of the Committee of the Royal Medical and Chirurgical Society of London."

Directions for Restoring the Apparently Dead.

I.—*If from Drowning or other Suffocation, or Narcotic Poisoning.* Send immediately for medical assistance, blankets, and dry clothing; but proceed to treat the patient *instantly*, securing as much fresh air as possible.

The points to be aimed at are: first, and immediately, the restoration of breathing; and, secondly, after breathing is restored, the promotion of warmth and circulation.

The efforts to restore life must be persevered in until the arrival of medical assistance, or until the pulse and breathing have ceased for at least an hour.

Treatment to Restore Natural Breathing.

Rule 1. *To Maintain a Free Entrance of Air into the Windpipe.* Cleanse the mouth and nostrils; open the mouth; draw forward the patient's tongue, and keep it forward; an elastic band over the tongue and under the chin will answer this purpose. Remove all tight clothing from about the neck and chest.

Rule 2. *To Adjust the Patient's Position.* Place the patient on his back on a flat surface, inclined a little from the feet upwards; raise and support the head and shoulders on a small, firm cushion, or folded article of dress, placed under the shoulder-blade.

Rule 3. *To Imitate the Movements of Breathing.* Grasp the patient's arms just above the elbows, and draw the arms gently and steadily upwards, until they meet above the head (this is for the purpose of drawing air into the lungs); and keep the arms in that position for two seconds. Then turn down the patient's arms, and press them gently and firmly for two seconds against the sides of the chest (this is with the object of pressing air out of the lungs). Pressure on the breast-bone will aid this.

Repeat these measures alternately, deliberately, and perseveringly, fifteen times in a minute, until a spontaneous effort to respire is perceived, immediately upon which cease to imitate the movements of breathing, and proceed to induce circulation and warmth (as below).

Should a warm bath be procurable, the body may be placed in it up to the neck, continuing to imitate the movements of breathing. Raise the body, in twenty seconds, in a sitting position, and dash cold water against the chest and face, and pass ammonia under the nose. The patient should not be kept in the warm bath longer than five or six minutes.

Rule 4. *To Excite Inspiration.* During the employment of the above method excite the nostrils with snuff or smelling-salts, or tickle the throat with a feather. Rub the chest and face briskly, and dash cold and hot water alternately on them.

The above directions are chiefly Dr. H. R. Silvester's method of restoring the apparently dead or drowned, and have been approved by the Royal Medical and Chirurgical Society.

Treatment after Natural Breathing has been Restored.

Rule 5. *To Induce Circulation and Warmth.* Wrap the patient in dry blankets, and commence rubbing the limbs upwards, firmly and energetically. The friction must be continued under the blankets or over the dry clothing.

Promote the warmth of the body by the application of hot flannels, bottle or bladders of hot water, heated bricks, &c., to the pit of the stomach, the armpits, between the thighs, and to the soles of the feet. Warm clothing may generally be obtained from bystanders.

On the restoration of life, when the power of swallowing has returned, a teaspoonful of warm water, small quantities of wine, warm brandy and water, or coffee, should be given. The patient should be kept in bed, and a disposition to sleep encouraged. During reaction large mustard plasters to the chest, and below the shoulders, will greatly relieve the distressed breathing.

II.—*If from Intense Cold.* Rub the body with snow, ice, or cold water. Restore warmth by slow degrees. In these accidents it is highly dangerous to apply heat too early.

III.—*If from Intoxication.* Lay the individual on his side on a bed, with his head raised. The patient should be induced to vomit. Stimulants should be avoided.

IV.—*If from Apoplexy or from Sunstroke.* Cold should be applied to the head, which should be kept well raised. Tight clothing should be removed from the neck and chest. Stimulants should be avoided.

Appearances which Generally Indicate Death. There is no breathing or heart's action; the eyelids are generally half closed; the pupils dilated; the jaws clenched; the fingers semi-contracted; the tongue appearing between the teeth, and the mouth and nostrils are covered with a frothy mucus. Coldness, and pallor of surface increases.—*British Medical Journal, Sept.* 12, 1863.

In Memoriam.

"Ac primo quidem loco patrem meum memorandum habeo. Mihi enim idem evenit, quod Heberdeno quoque juniori accidit, qui in Harveiano quem habuit sermone piam patris sui tradidit commemorationem. Et nunc meum est, optimi, et carissimi patris columnam struere. Moveor equidem quoties memoriam revoco parentis amantissimi, patris dilectissimi, cujus cura me fovit, et disciplina instruxit. Ille autem, in scholâ tum temporis celeberimâ Westmonasteriensi a primis annis instructus, cùm ad gradum Medicinæ Doctoris consecutus esset, se morborum mentis curationi totum tradidit. His autem annis recentioribus quantum insanorum curandorum ratio in melius mutata fuerit quis vestrûm ignorat? Erant in Galliâ, erant in Angliâ—(Conolleius noster (liceat mihi dicere) præ cæteris)—qui insanos non tàm cohibendos esse, et vinculis reprimendos, quàm summo studio, summâ curâ, summâ benignitate, fovendos et molliendos, et si fieri posset in sanam mentem denuo revocandos esse arbitrarentur. Hoc tantum adjicere velim, ne vobis diutius commorari videar, patrem meum hoc sibi semper proposuisse, ut, si quis morbo gravatus, consultum accederet, moribus humanis, et ratione benignissimâ sibi conciliaret. Inde factum est ut æqualibus omnibus (pace vestrâ de patre meo dixerim) longè antecederet. Decessit tandem Devoniæ in illo quem sibi præ cæteris delegerat loco: propinquis amicisque carissimus; a pauperibus autem, nautis illius loci præcipuè, quam desideratus! Decessit, cùm jam per viginti annos tranquillo vitæ cursu usus fuerat; ut (id quod perraris contingit,) post vitam cæterorum necessitatibus sublevandis, datam, curis tandem remotis, amicis et sibi, et Deo vivere, posset, et ut ex hâc vitâ, ad æternæ vitæ munera paratior excederet."—*Oratio ex Harveii Instituto in ædibus Collegii Regalis Medicorum Londinensis habita die Junii* XXVI, MDCCCLXIII, *ab Alexandro J. Sutherland, M.D. Oxon., F.R.S., Coll. Reg. Med. Lond. Socio.*

The late Dr. William Hutcheson.

We have to record the death of a physician who was not only distinguished in psychological medicine, but endeared to all who knew him by the kindness of his disposition, his various accomplishments, and his active and highly valuable exertions in the cause of the insane when their improved treatment had not yet many friends. The late Dr. William Hutcheson was a man whose name ought not to be forgotten. He died on the 24th of March last, at Wellington Square, Ayr. He was one of the original members of our Association, for many years the superintendent physician of the Glasgow Royal Asylum for the Insane; and a leading authority on lunacy in Scotland. Dr. Hutcheson was born in Edinburgh, in 1807: and received his education at the High School and University of that city. When he had completed his medical studies there, he proceeded to Paris, in order still further to extend his knowledge of the profession which he had chosen. Insanity had for some time been a subject of much interest to him, and in Paris he had the advantage of becoming practically acquainted with the phenomena of mental disease, and the treatment of the insane, under the able teaching of the celebrated Esquirol. He commenced practice in Edinburgh, and besides assisting in the editorial department of the 'Edinburgh Medical and Surgical Journal,' he contributed largely to various other periodicals of that time.

In 1838, an opportunity presented itself more in accordance with his inclination than general practice. Dr. Balmanno, one of the most distinguished medical men in the west of Scotland, and at that time physician to the Glasgow Asylum, intimated his desire, in consequence of advanced age, to have a younger colleague associated with him, to undertake the more arduous part of the duties, and strongly recommended Dr. Hutcheson, who was appointed accordingly. Dr. Balmanno died very soon afterwards, and Dr. Hutcheson was appointed physician in chief.

The new buildings at Gartnavel were erected in 1841, mainly from the designs of Dr. Hutcheson. Although compared with the modern English County Asylums, the Glasgow Asylum appears gloomy and prison-like; it must yet be remembered that it was the first Scotch Asylum built under the influence of the teaching of the new system, and that the experience of the quarter of a century which has elapsed since then, has greatly enlarged our belief in the capacity of the insane to be treated like those sick of other diseases, and that it would be unfair to expect the Glasgow Asylum to bear comparison with the new buildings just about to be opened at Inverness.

Dr. Hutcheson's annual reports were like those of his *confrère* and friend, Dr. Conolly, models of elegant and forcible language. He was an excellent classical scholar, and extensively read, not only in the literature of his profession, but also in general literature. He was an able practitioner, distinguished for accuracy of diagnosis, both as physician to the asylum, and in his wider practice as a consulting physician. He had great experience in civil and criminal cases, and brought to the witness-box the same clearness of apprehension and accuracy of judgment which elsewhere distinguished him. He had a warm and generous disposition, was scrupulously particular in regard to medical etiquette, and a sincere friend to his rising medical brethren, and those who were in distress. Alas! "the web of our life is of a mingled yarn, good and ill together." In 1848, after holding office for a dozen years, he met with a series of domestic afflictions, which, acting on a highly sensitive mind, and a body already enfeebled by previous illness, rendered it necessary that he should remit the more arduous part of his

professional duties, and he resigned his appointment, ultimately settling in Ayr, where he lived in great retirement and feeble health until his death, on the 24th March, 1863.—R. I. P.

Appointments.

WHITEHALL, July 11th.—The Queen has been pleased to appoint Sir John Don-Wauchope, Bart., to be Unpaid Commissioner and Chairman of the General Board of Commissioners in Lunacy for Scotland, in the room of William Forbes Mackenzie, Esq., deceased.

WHITEHALL, August 11th.—The Queen has been pleased to direct letters to be passed under the Great Seal, granting the dignity of a Knight of the United Kingdom of Great Britain and Ireland unto James Coxe, of Kinellan, in the county of Edinburgh, Doctor of Medicine, one of the Commissioners of the General Board of Lunacy for Scotland.

T. Allen, M.D. St. And., late Assistant Medical Officer of the Lincolnshire County Lunatic Asylum, has been appointed by his Grace the Duke of Newcastle, on the recommendation of the Commissioners in Lunacy, Resident Medical Superintendent of the Lunatic Asylum at Kingston, Jamaica.

Dr. Thomas Crowe Burton, M.D. Glasg., has been appointed Superintendent of the Waterford Lunatic Asylum.

W. Davies, M.R.C.S., has been appointed Assistant Medical Officer to the Salop and Montgomery Counties Lunatic Asylum, Shrewsbury.

J. Edmundson, M.D. St. And., has been appointed Assistant Resident Medical Officer to the Clonmel Auxiliary District Lunatic Asylum.

O. Jepson, M.D. St. And., Assistant Medical Officer to the Male Department of the Middlesex County Lunatic Asylum, Hanwell, has been appointed Resident Medical Superintendent of St. Luke's Hospital for Lunatics, London.

W. Kemm, M.R.C.S.E., has been appointed Visiting Surgeon to the Kingsdown Lunatic Asylum, Box, Wiltshire.

William Niven, M.D. St. And., Assistant-Surgeon Bombay Army, late Assistant Medical Officer of the Essex Lunatic Asylum, Brentwood, to be Medical Superintendent of the Bombay Lunatic Asylum, Colaba.

We are glad to find the care of the insane in the presidency of Bombay is thus entrusted to a member of this Association, trained in the Essex Lunatic Asylum. The Governor of Bombay deserves great credit for so wise a selection. The number of patients in the asylum is about 200, *of whom* 170 *are natives. The salary is* £570, *with a free house.*

Dr. C. B. Radcliffe, M.D. Lond., F.R.C.P., &c., has been appointed Physician to the National Hospital for the Paralysed and Epileptic, in consequence of the retirement of Dr. Brown-Séquard.

Dr. John Charles George Robertson, L.R.C.P. Edin., has been appointed Assistant Medical Officer of the Female Department of the Middlesex County Lunatic Asylum, Hanwell.

Mr. John H. Simpson, M.R.C.S. Eng., has been appointed Second Assistant Medical Officer at the Kent County Lunatic Asylum, Barmingheath.

John B. Tuke, M.D. Edin., to be one of the Assistant Physicians to the Royal Lunatic Asylum, Morningside, Edinburgh.

Dr. David Yellowlees, M.D. Edin., has been appointed Medical Superintendent to the Glamorganshire County Lunatic Asylum, Bridgend.

Death.

On the 12th July, at Cirencester, from a fall from his carriage, Albert Iles, Esq., M.D. St. And., of the Croft House, Fairford, Gloucestershire.

Notice to Correspondents.

English books for review, pamphlets, exchange journals, &c., to be sent either by book-post to Dr. Robertson, Hayward's Heath, Sussex; or to the care of the publishers of the Journal, Messrs. Churchill and Sons, New Burlington Street. French and German publications may be forwarded to Dr. Robertson, by foreign book-post, or to Messrs. Williams and Norgate, Henrietta Street, Covent Garden, to the care of their German and French agents, Mr. Hartmann, Leipzig; M. Borrari, 9, Rue de St. Pères, Paris.

The twelfth report (1863) of the District, Criminal, and Private Lunatic Asylums in Ireland, did not reach us until after the review of the English and Scotch Commissioners' reports had been sent to press. We had hoped to have received it in time to have included Ireland in our review of these official documents, and we regret the omission on the present occasion. We shall, in our next number, give a few extracts fom the Irish Commissioners' report.

The exchange numbers of the *Annales Médico-psychologiques* and of the *Archives Cliniques* reach us with great irregularity, while our exchange copies are regularly transmitted by bookseller's parcel to Paris. In consequence of this neglect on the part of the publishers of the *Annales Médico-psychologiques*, we have been unable in this number, in our *Quarterly Report on the Progress of Psychological Medicine*, to notice any of the contributions to Psychology contained in that Journal. Of the *Archives Cliniques*, we have only received the first volume. M. Borrari, 9, Rue de St. Pères, is prepared to transmit direct to us, free of charge to the French publishers, both of these periodicals. We trust, therefore, we may receive our exchange copies in future with more regularity. Twelve copies of the *Journal of Mental Science* are sent regularly, free of cost, to Paris, and the Editors feel that they have just cause of complaint of the want of attention to their repeated intimations of the non-receipt of the *Annales Médico-psychologiques* and of the *Archives Cliniques*.

The exchange copies of the *Journal de Médecine Mentale*, the *Zeitschrift für Psychiatrie*, the *Correspondenz-Blatt*, the *Irren Freund*, the *American Journal of Insanity*, and the *Medical Critic*, continue to be regularly received. The last number of the German *Archiv* edited by Dr. Erlenmeyer has not been received. Mr. Hartman, Leipzig, will transmit this and any other German work without any cost to the senders.

We also receive regularly in exchange the *Dublin Quarterly Journal*, the *British Medical Journal*, the *Medical Circular*, and the *Social Science Review*. We shall be glad to extend the number of these exchange copies, both at home and abroad.

THE

ASSOCIATION OF MEDICAL OFFICERS

OF

ASYLUMS AND HOSPITALS FOR THE INSANE.

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PART I.—ORIGINAL ARTICLES.

The Pathology of General Paresis. By W. H. O. Sankey, M.D. Lond., Medical Superintendent, Female Department, Middlesex County Asylum, Hanwell.

The term General Paresis, proposed in this Journal by Dr. Ernst Salomon, in place of general paralysis, appears to have been well received. It possesses the advantage of being distinct, and not likely to lead to confusion, and is therefore adopted here.

Perhaps no part of psychological medicine has of late received the same amount of attention as this disease. The well-worn excuse, therefore, that a disease so familiar to the specialty is still unknown to the general practitioner of medicine, must be abandoned; and, on the contrary, a writer on the subject may now take it for granted that there is no need to speak of the symptomatology.

The present article will be confined to an examination of the theories, views, &c., which have been lately put forth upon the pathology of the disease.

The following questions, or opinions, are to be found scattered through the various authors who have written on general paresis:

1. That the disease is of modern origin, or at least much more prevalent at the present day than formerly; that it is more common in certain countries, districts, climates, &c.

2. That general paresis is a complication of the different forms of insanity; that the paralytic symptoms are epiphenomena engrafted upon the original disease, and are in fact the means through which insanity often terminates fatally.

3. That, on the contrary, general paresis is a species—a *morbus per se*—entirely distinct, therefore, from all other kinds or forms of mental disease.

4. That general paresis never occurs but in connection with some form of mental aberration, as mania, imbecility, &c.

5. That the disease is not insanity complicated with paralysis, but rather a paralysis complicated with insanity.

6. That cases occur entirely without mental disturbance.

7. That there are two distinct forms—one with and one without delirium.

8. That there exist various forms, and a pseudo-form.

These different propositions may be classified under two heads. 1. Those relating to the nature of the disease; and 2, those relating to its diagnosis. To the first category belong Nos. 1, 2, 3, 4, 5, and 6, 7, and 8 to the latter.

With respect to the etiology of the disease, Dr. Skae, no longer ago than 1860, in his concise article in the 'Edinburgh Medical Journal,' still alluded "to the difficulty which he found to exist among physicians generally of recognising the disease when it exists;" and such a difficulty has in itself a pathological interest and signification, in two ways, viz., in the first place in connection with its history, and secondly, with respect to its prevalence. Since the complete recognition of general paresis is really of only forty to fifty years' date, it may be asked—Is it a new disease? for if so, we must look for its causes in something of the same date, as modern habits of life, modern hygiene, &c. But on this point there is sufficient evidence at once to settle the question that the disease is old, and that its diagnosis only is modern. Some writers believe they recognise the description of it in Cælius Aurelianus. The following is extracted from our old English author, T. Willis, who wrote in 1672, and seems to have been written with a certain familiarity of all the phenomena of the disease:

"Observavi in pluribus, quod, cûm cerebro primùm indisposito, mentis hebetudine, et oblivione, et deinde stupiditate et μωρώσει afficerentur, postea in paralysin (quod etiam prædicere solebam) incidebant, ... propterea enim, prout loca obstructa magis, aut minus ampla fuerunt, aut paralysis universalis, aut hemiplegia, aut membrorum resolutiones quædam partiales accidebant. . . .

"Particulæ oppilativæ à cerebro delapsæ, inque medullam oblongatam provectæ, nervos quærundam facies partium musculis destinatos subeunt, inque ipsis spiritum vias obstruendo, linguæ paralysin, modo in his aut illis, oculorum, palpebrarum, labiorum, aliarumque partium musculis resolutionem patiunt."—Cap. ix., p. 280, 'De anima Brutorum,' &c. Studio Thomæ Willis, M.D., Amstelodami, MDCLXXII.

These passages, and their context, carry back the date of the observation of the symptoms a couple of centuries, and prove that the knowledge of their importance lay dormant for a century and a half; for it was more than 150 years after Willis wrote the above that Esquirol published his work, and to him is due the credit, though

he attributes it to Haslam, of attracting attention more pointedly to the disease.*

Secondly. With respect to the backwardness in its recognition, which undoubtedly has existed to a great extent, and perhaps does still unduly continue, the fact possesses a pathological import, inasmuch as the cause of the difficulty may be due to an immunity of certain localities, nations, or classes of persons from the affection.

Dr. Skae writes: "In the Asylum at Montrose, with about 300 inmates, there are at present no cases of general paralysis. I single out this case, in illustration of the different prevalence of the disease in different localities for this reason, that Dr. Howden, the physician of that asylum, having been four years an officer of the asylum under my care, I feel confident that he would recognise the disease with the same certainty and facility which enabled him always to find about twenty-five cases in the Edinburgh Asylum; and the fact cannot be referred to his seeing the disease with different ideas of it from my own."

Dr. Skae writes also, that he believes, "from facts which might be cited," that the disease is on the increase. It is well known, also, that certain parts of Europe are almost free from it. This difference in the prevalence in different localities, in the different sexes, and in different classes, is doubtless pregnant with signification, if its solution could be achieved.

But to leave the general question of the etiology of the disease, and to address our inquiries into the more important matter—the nature of the disease—we find the following opinions broached:

1. That the paretic symptoms are epiphenomena. This was the opinion of Esquirol; it was or is maintained by Delaye, Calmeil, Georget, Pinel neveu; by Griesinger, and by all the German school, as far as I am able to discover, and by most of the writers of the former period. A modification of this opinion is given by Dr. Skae, who writes, *loc. cit.*—"This disease may be described either as a form of insanity complicated with general paralysis, or as a general paralysis complicated with insanity."

2. It is argued on the other hand, that general paresis is a distinct morbid species. This is a more modern and, in France, the more generally received opinion. It was first enunciated by Bayle. It has been strenuously supported by Salomon in this journal, Parchappe, Jules Falret, Delasiauve, and others.

These two propositions appear to contain all that is really important on the question. The rest of the arguments or differences that have arisen in the discussions on the subject would seem to have turned

* The rest of the medical history of general paresis is given in Dr. Skae's paper, 'Edinburgh Medical Journal,' vol. v, p. 884.—See also Morel's 'Traité des Mal. Mentales,' p. 805; and Baillarger, 'Annales Medico-Psych.,' Oct. 1859, p. 511.

upon how much or how little is to be included under the title of general paresis.

The main propositions are such as may be fairly investigated by the usual method of clinical examination, and the question resolves itself into this—Is there a disease, general paresis, distinct from all other diseases in its etiology, progress, and pathology? The question is not whether the diagnosis of such disease is yet perfect and defined. Those who argue for the specific nature of the malady would not assert that they have arrived at the last analysis of this subject; but they would seem to assert that certain cases of disease, which can be described, in a very large proportion, have a common cause and pathology.

The clinical inquiry may be directed to the history, causes, progress, and pathology.

With respect to the history of the disease, if the symptoms are epiphenomena only, or complications engrafted upon another disease, or arise at any epoch during its progress; then, firstly, all second and third attacks of insanity should be equally liable to have the epiphenomena engrafted upon them as first attacks; and secondly, the symptoms should occur in old cases, or in cases in which the patient has been insane many years, as often as in cases of more recent origin.

Firstly, with respect to the occurrence of the symptoms of general paresis in cases of second attack. I find, then, since my residence at Hanwell, I have received 2280 patients, and out of these there have been 61 affected with general paresis. At Hanwell about 20 per cent. of the cases admitted are not first attacks. Out of the gross number, therefore, of patients received, 456 of my patients were affected with second, or third, or fourth attacks of their malady.

The ratio of cases of general paresis to the admission, is therefore 2280 divided by 61 or 37; and if general paresis affected the second admissions in the same proportion as the gross number of admissions, then $\frac{1}{37}$ of the 456 patients should present the well-known symptoms. In other words, there should be 12 patients among 456 affected with general paresis. Whereas, out of 61 patients whom I have found to be actually affected with that disease, there is not one who can be strictly said to be affected with a second attack of insanity. Out of the 61 there are five cases of equivocal kind; that is to say, two of the five were reported on admission to be labouring under a second attack of insanity. The particulars of the first case are as follows: C. C.—a married woman, separated from her husband and married to another man, who is an attendant at an asylum for the insane, was taken with the following symptoms: "she wandered away from her home, and went about into the other lodgers' rooms half undressed," and was unable to find her way back. She was considered insane and sent to a County Asylum. Her disease there was entered *mania a potu*. She was discharged after six months' residence, and she

returned to cohabit with the attendant, who said she appeared pretty well on her discharge, up to the period of her admission into Hanwell, except on one or two occasions, when she exhibited certain symptoms of general paresis, which the informant, from his experience with the insane, was enabled to recognise. She "stuttered in her speech." The paralysis chiefly affected the tongue; at times she could not speak for several minutes; she "mumbled in her speech." "Since she left the asylum she has been gradually failing in her memory." She was admitted into the Hanwell Asylum twelve months after her discharge from the other public asylum, or eighteen months from the first appearance of any symptoms, and she died twenty months after admission, or thirty-eight from the commencement. This case was clearly no second attack, although it was so reported, but one in which there was simply a remission of the symptoms, the occurrence of such remissions being well recognised and fully admitted by every writer. The next case was probably of a similar kind, but not so well authenticated. A woman was seized with the pains of labour while away from home, and was delivered by the roadside, and shortly after became insane and was taken to the workhouse. The husband, an agricultural labourer, visited her there from time to time, and found her talking nonsense—"sillified, no ways raving." She got better, and returned home after nine months, and she was said to be cured. The husband considered her quite recovered, "but only more forgetful, and not so tidy as she used to be." One day, six months after this, on returning from his work he found her and all his children stripped stark naked. She was speedily sent to the asylum, and on admission had all the symptoms of confirmed general paresis. The other three cases, reported to be second attacks, were all patients discharged by myself, all known to be labouring under the symptoms of paresis when discharged. One was that of a married woman, also separated from her husband and living with another man. Her symptoms had undergone slight remission, and she was under an order to be removed to a distant asylum—the settlement of her husband. She was removed by her sons on the usual undertaking, and was readmitted after the lapse of fourteen months, having wandered away from her home and lost herself, and having been picked up by the police. The other two cases were discharged under the pressure of friends, and who remained out but very short periods—one a month only, the other nine weeks—so that, instead of 12 cases being found among the 61 cases of general paresis of patients who had been formerly insane, there really was not one *bona fide* example.

Secondly. If the paretic symptoms are epiphenomena only they should be met with as frequently among the old inmates of asylums as among the fresh cases. If these symptoms are to motility what imbecility is to the intellectual faculties, we ought rather to find

general paresis more frequently developed in the old cases than in the recent. It has been, indeed, denied that true general paresis ever occurs in chronic cases, or cases of long standing; and there are states which closely simulate the true disease. But it must be also admitted that, in a small proportion of instances, the true case of general paresis is met with in patients long resident and long insane. Among the 61 cases analysed by myself, there are 2 in which the diagnosis was entered as general paresis; at the time one had been in the asylum twenty-one years, and one twenty-four years; and such occurrence is admitted even by Parchappe,* one of the strongest advocates of the special nature of the disease. And the argument is not that insanity will give an immunity from attack of general paresis, but that general paresis does not occur so frequently, and certainly not more frequently, in older cases.

Again. From an analysis of 105 fatal cases of general paresis, occurring in both male and female departments of this asylum, and in which the duration of the attack was accurately ascertained, I find that 69 terminated before the close of the third year, and 86 before the end of the fourth year; 13 only reached the sixth year, and 5 only lived beyond the eighth year from the first commencement of the symptoms of insanity; so that at the end of five years, about 90 per cent. of the paralytics were dead, but in five years only 31 per cent. of all cases taken generally terminated by death. If, however, paresis followed the ordinary cases of insanity, the duration of the paretic cases should be at least equal to ordinary cases.

Another mode by which the question may be tested, whether the disease be a distinct disease, a *morbus per se*, or whether the symptoms are mere addenda, epiphenomena, is in connection with its etiology. As far as I am aware, the subject has not been heretofore examined in the mode about to be mentioned. It is calculated, however, to throw additional light upon the subject, and the object of the present communication is not to advocate a particular hypothesis, but to sum up the evidence which can be derived from any source, and which may at all elucidate it. It is admitted that an hereditary tendency to insanity of some kind exists in some of the subjects of general paresis. Now, when a disease is communicated by any means, the disease received should be of the same kind or species as that from which it was derived—there should be an identity of disease transmitted. It must, however, be remembered that the character of the evidence with respect to hereditary transmission is not always very satisfactory. Moreover, there are very different degrees of hereditary consanguinity, and the proof or evidence cannot be so absolutely determined as in the case of infection by personal contact.

* 'De la Folie Paralytique,' p. 27.

In the communication of an infectious disease the seed is sown and germinates almost under our eyes, and a given species produces examples of the same species, with occasional variation of type only. But with hereditary transmission it is a matter of uncertainty both what species is sown and when it is sown. Moreover, as we have all the blood of more than one family in our veins, so we may inherit the ills of several of our ancestors; and since such morbid inheritances may lie dormant in the system for an indefinite period, there is more uncertainty whence a particular disease may have derived its origin. Or, to go back to the metaphor of the seed, though we have pretty strong convictions that a seed always produces its own species only, yet we find in fresh-turned earth, weeds previously unknown to a particular locality occasionally make their appearance, which would seem to have sprung up from seed of totally different kind.

Calmeil, who does not advocate the theory of the specific character of the disease, says one third of the cases of general paralytics come from parents or families in whom hereditary predisposition to insanity exists. In 1826 he wrote: "Some of the (plusieurs) patients affected with general paralysis belong to families in which there existed hereditary predisposition to insanity. But it is impossible to determine whether the disease is more common among such than among those in which there is no such tendency."—'De la Paralysie,' p. 370. In 1859 he writes ('Maladies Inflam. du Cerveau,' tome i., p. 272): "Many families are loath to confess to hereditary tendency to insanity, and we state roundly that a third of the patients with general paralysis come from parents either insane or paralysed." This appears to express the common opinion, but our present question cannot be determined by such general statements. I have collated 41 cases of females and 68 males affected with general paresis, in which the subject of hereditary tendency has been carefully examined. The cases of the females were patients of my own; the 68 males were patients of Dr. Begley. The history of each case was received directly from the relatives. In no case are the facts entered from the order of admission, and in which the details are furnished by relieving officers, &c., and neither my colleague nor myself collected the facts in particular reference to any line of argument. Hereditary tendency was found to exist in $\frac{1}{5}$th of the males and $\frac{1}{7}$th of the females, or in 19 cases out of the 109, or between $\frac{1}{5}$th and $\frac{1}{6}$th of the whole, or in $14\frac{1}{2}$ per cent. among the females, and 19 per cent. among the males, and $17\frac{1}{2}$ per cent. among the two sexes. But hereditary predisposition among all cases amounts to 20 per cent., instead of $14\frac{1}{2}$ per cent. among the females, and 22 per cent. instead of $17\frac{1}{2}$ per cent. among the males; so that, though hereditary tendency is found to exist as a predisposing cause to general paresis, yet it less frequently predisposes than other cases of mental disease.

M. Calmeil goes further, and asserts that the transmitting disease

or the disease from which the general paresis has been inherited, may be of various kinds—in some cases mania, others melancholia, monomania, dementia, &c. He gives no data on which he arrives at this generalization, which is to be regretted. Nor were my own facts originally collected to elucidate the subject, and indeed it is not easy to collect such data, for though the histories are gathered in all cases directly from the relatives, they are often unable to say what form of disease the ancestor, or predisposing person, had. The term hereditary predisposition is in itself somewhat of indefinite signification. There are sources of error both as to the kind of disease and the degrees of consanguinity to be reckoned. Among 41 cases on which my own notes afford information relative to this point, hereditary predisposition is found reported in 6. In analysing the evidence of the 6 cases of hereditary predisposition 4 may be classified as of less doubtful character and 2 of more doubtful. Thus of four females, in whose cases hereditary predisposition was found to exist, the father of one was an epileptic; one had a sister insane; the third had two brothers paralysed; the fourth had an aunt "queer." Of the two patients whose cases are classed as of doubtful hereditary causes, one had a mother "insane at the last." The second had a sister a congenital idiot. Such is the evidence of hereditary predisposition among the females. Among the males hereditary predisposition was recorded, in 13 cases out of the 68, and my colleague is distinguished for the great care and impartial accuracy with which he collects his facts. I should class these 13 cases thus —in 8 the tendency was of the less doubtful character, 3 more doubtful, and in 2 the relationship and detail is not recorded. Of the 8 cases, the subjects of 6 had a parent insane, 3 of whom were said to be paralysed, 2 had an uncle and aunt insane. One of the patients, whose parent was paralysed, had two other members of his family stated to be affected in mind, one being an epileptic. The three of the more doubtful instances of hereditary transmission are—1, the father died of apoplexy; 2, a daughter committed suicide; 3, father had a brain fever. In the examination of the 109 cases, therefore, there was discovered evidence of a predisposition to insanity in 12 cases only, which were really unequivocal, and the consanguity was that from parent to child, or direct transmission, in seven cases, and all insane, and there was distinct evidence of paralysis in three of the seven. The evidences of transmission was presumptive only in the remaining 5 cases, the relationship being by uncle or aunt; in three cases; two said to be insane and one called "queer." The consanguinity was by brother and sister in two cases, one a sister insane, and the other two brothers paralysed. The evidence of hereditary transmission of paralysis itself, therefore, extends to 5 out of the 12 cases; and when we remember that the disease is one, which is not well known to the

general public, the above data are upon the whole favorable to the view that general paresis is distinct from other cases of insanity, both in the difference in degree by which it is liable to be transmitted, and also because there is a strong presumptive evidence that the species when transmitted is transmitted in kind.

Again, there are, or have been, at Hanwell, in the male and female departments, 55 patients bearing blood relationship to each other; 44 females and 11 males have had relatives in the asylum, all of whom have been known to me or my colleague, and the form of their disease personally verified. In one patient only did the symptoms of general paresis exist. This patient was also an epileptic. Her niece is still in the asylum affected with epilepsy, but without any symptoms of paresis at present.

Among the predisposing causes is included the peculiar epoch of life at which the affection commences, and this has been fully investigated by most authors, and is not found to differ materially from the epoch at which insanity generally commences. The different liability of the sexes is, however, well established, and adds considerable weight to the arguments for the special character of the disease. The disposition of mind or character may also act as a predisposing cause. It is not easy to reduce the data to a concise formula of expression, but I think there may be recognised among those who become affected with general paresis, a disposition or character in which the emotional feelings are not properly under control. Persons of this kind have been in some instances endowed by nature with strong emotions. Others have, by long indulgence in the exercise of these feelings, lost the due control of them, or have never possessed sufficient intellectual power to keep them in check. Whichever be the case, the animal part of their character becomes strongly expressed; they follow the bent of their inclinations; they are governed by their hopes; they are literally, whether taken in the good or bad signification of the word, sensualists. As examples of this kind of disposition, I find among my own patients, whose cases I have been examining, persons who are imprudent, reckless, extravagant, &c., and governed solely by their longings, desires, ambitions, appetites, and lusts; and certainly a very large proportion have committed sexual improprieties; many paretics also, as is well known, have previously indulged in drink.

Among the patients treated during the last few years were the following:

1. A young woman, of handsome exterior, at the age of eighteen became a mistress: passing from one man to another three times, and living on each occasion in the greatest luxury. At the age of thirty was deserted, took to drink, lived upon the proceeds of her furniture, became reduced to the lowest grades of vice and misery, and became insane.—2. A very handsome young female, was an

inmate of a public hospital, and attracted the attention of a medical student, who educated and married her. They ran through £10,000 in a very short period. The husband had to fly his creditors. She lived at first upon a pension allowed by his parents; she was found pursuing an irregular life; the allowance was stopped, and she became insane.—C. C—, married, and had a child at fifteen years of age, became irregular in her life, and was deserted by her husband, and she married another man, with the cognizance of the first husband, and also, latterly, of the second, who continued to live with her.—M. A—, a tradesman's wife, deserting her children, ran away with a gentleman, with whom she lived a very fast life. The paramour died of drink, leaving her £500, which she spent in three months, and became insane.—A married woman, æt. 54, formerly in affluence, deserted her husband, and lived with a porter at a railway.—A. S—, married at the age of sixteen, against the wishes of her parents; was ill-used by husband, and was syphilised by him. He deserted her; she supported herself by prostitution, following soldiers at barracks, and died of general paresis at the age of thirty. —A daughter of an opulent tradesman, at an early age, was found to be misconducting herself with more than one of her father's workmen, was reproved, and ran away from home. Was sent to various reformatories, but was always incorrigible. She became a prostitute by choice, pursued her course, became more and more abandoned, drank, and at length was sent to prison for theft. She died at the age of forty-eight of general paresis.

Out of 35 cases, of whom the history of the disease is complete, 11 are known to have led an habitually irregular life, with respect to sexual indulgence, and of 14 only was the information satisfactory as to the contrary state of things; and of these fourteen, one had had an illegitimate child in early life, but since, according to her mother, had lived correctly; and one other was a married woman, who left her husband on the day after her marriage.

Though the above evidence is not conclusive, it appears to show that the predisposing causes which lead to general paresis are of peculiar kind, and rather favours the opinion of the specific nature of the disease. It is corroborated by a fact, for the knowledge of which I am indebted to Dr. Conolly, who tells me that in his large experience he has never met with a case of general paresis among females of the upper classes in society. The predisposition to the disease would appear to stand in the following order, therefore. The most liable are—

1, males of the lower classes;
2, males of the upper classes.
3, females of the lower classes;
4, females of the upper classes.

And this order of sequence may be considered to be also that of the subjugation of the animal passions in the different classes.

With respect to the determining cause, M. Parchappe states that the disease is always caused by a concurrence of predisposing and determining causes, which are not, however, separably peculiar to the disease, but by their conjunction become so. The determining cause he considers to be any prolonged mental effort. In this category he includes all sensual indulgences, as drink, &c., and all those vices epitomised in the English terms of "fast life."

In the cases which have come under my own observation, moral emotions have appeared to have been the exciting or determining cause more frequently than the purely mental; for instance, I find recorded as exciting causes, "the conviction of a son for theft," "seduction and suicide of a daughter," &c. This does not appear to differ from the determining causes in other forms of insanity.

Morbid Anatomy.—The morbid appearances found after death in general paresis are (1) those found by the ordinary examination, or with the unassisted vision. And (2) the microscopical character of the various tissues. The former appearances have been repeatedly described by Parchappe, and most writers on the subject.*

But the question here is not whether general paresis presents anatomical lesions, but whether such lesions are special and confined to the form of disease, and differ from the appearances found in other forms of insanity. To examine into this question, a comparison has been separately undertaken between fifteen cases of general paresis and fifteen other cases of other forms of insanity selected indifferently, and the examination has been made in a particular manner, and always by the same observer—myself. The mode adopted requires some explanation. A table of possible morbid appearances, as far as could be foreseen, or experience had taught to be important for special observation, was first prepared; and each part of the brain has been, as it were, catechised by its aid. Thus, so far as the table goes, there is not only positive but negative evidence with respect to each appearance recorded.†

* 'Parchappe de la Folie Paralyt.,' p. 13. Dr. Skae, 'Edin. Med. Journal,' vol. v, p. 885. 'Annual Report Roy. Edin. Asylum,' 1854. Griesinger, 2 Aufg., s. 443.

† The table has been found greatly to facilitate the process of recording the morbid appearances, and not only of recording, but also of analysing them afterwards, which may be found of assistance to others. It will be seen that the table is arranged in the following method. 1, External characters, and 2, Internal. The internal appearances, are subdivided into those relating to the membranes, and 2, those connected with the brain substance; those latter again divided into the general and special characters of the cerebral matter. Under this arrangement, the particular characters are placed, and each concrete fact is numbered in the order of its sequence; the number, therefore, can be used as a symbol or algebraic formula for the particular morbid appearance: thus, the symbols B 25, 33, stand for the following facts, that the pia mater is abnormally adherent to the grey matter, and is thickened in its texture; but in analysing a number of cases, it is much easier to separate out all the

The following is the table relating to the head. Each concrete fact, it will be seen, has a symbol attached, as A 1, 2, &c. The 2nd column enumerates the frequency in which each appearance was found in fifteen cases of general paresis, and the other column the frequency in the fifteen other cases, and which consisted of the following forms of disease:—3 cases of melancholia, 1 mania, 1 folie circulaire, 2 monomania, 2 epileptic mania, 2 dementia, 1 senile imbecility, 1 imbecility and spinal paralysis, 1 imbecility following hemiplegia, 1 imbecility after epilepsy.

cases in which B 25 occurs than to go through each case separately, and by the arrangement B 25 will be always found in the same position with regard to the rest. It of course occasionally happens that a morbid appearance is confined to a portion only, that is fractional part of the brain, in which the symbol is written in the form of a fraction, thus $\frac{B\ 25}{\alpha}$, α in this case standing for the anterior portion of one of the cerebral lobes. For in order to complete the system, a table of each known fractional portion of the brain as fornix, corpus callosa, &c., has been formed, a Greek letter affixed to each item. In taking the notes, of course only the positive is stated and not the negative, but since each brain is duly submitted to examination by each item, the symbols prove also the non-existence of any particular appearance as well as the presence of others.

Examination Post-mortem.	Symbol.	Fifteen Cases of General Paresis.	Fifteen Cases of other forms of Insanity.
Head I. External characters	*A*		
A. General characters			
Form of cranium	1		
Profile			
Frontal region large and occipital small	*a*	1	1
Frontal and occipital equal	*b*	9	8
Frontal region small, occipital large	*c*	4	6
Plan, or horizontal section			
Oval form	*d*	9	10
Circular	*e*	3	0
Egg shape, larger in front	*f*	0	0
„ „ behind	*g*	2	5
Elevation			
Vertex low	*h*	13	13
„ high	*i*	0	2
Wide in parietal regions	*j*	0	0
Narrow in ditto, or conical head	*k*	0	0
Irregular form	*l*	0	1
Measurements ..... average	—	5×6¼	5×6
Hair			
Natural	2	0	0
Much	3	5	7
Little	4	6	6
Colour			
Light	5	3	2
Red	6	1	0
Dark	7	7	7
Grey (degrees DDL, DL, DLL)*	8	3	5
Integuments			
Normal	9	14	15
Abnormal			
Infiltrated with serum	10	1	0
„ „ blood	11	0	0
Adventitious tissues			
Fatty tumour	12	0	0
Purulent collection	13	0	0
Periosteum			
Normal	14	15	15
Abnormal			
Injected	15	0	0
Solution of continuity	16	0	0
Bone			
Thickness normal Diplöe distinct	17	8	7
„ abnormal			
Increased			
Dense. Diplöe indistinct	18	7	6
Spongy	19	0	2
Diminished in thickness	20	0	3
Solution of continuity			
Injuries	21	0	0
Diseases			
Caries	22	0	0
Absorption	23	0	0

* DDL, equivalent to two of Dark to one part of Light hair, &c.

EXAMINATION POST-MORTEM.	Symbol.	Fifteen Cases of General Paresis.	Fifteen Cases of other forms of Insanity.
Head I. EXTERNAL CHARACTERS—*continued.*	*A*		
Vascularity			
Normal	24	10	11
Abnormal			
Increased	25	5	4
Diminished	26	0	0
Infiltration			
Purulent	27	0	0
Sutures abnormally open	28	0	0
II. INTERNAL.			
A. Membranes	*B*		
1. Dura mater			
I. Normal	1	7	5
II. Abnormal			
Adherent to bone	2	4	3
to arachnoid	3	1	1
Altered in structure			
Increased in thickness			
Membranous	4	3	4
Bony	5	0	2
Diminished in thickness	6	0	0
Heterologous formations			
Cancer	7	0	0
Tubercle	8	0	0
Altered in colour			
Yellowish	9	0	0
Injected (degrees ′, ″, ‴)	10	1	1
Solutions in continuity	11	0	0
2. Arachnoid			
I. Normal	12	1	6
II. Abnormal			
Adherent	13	1	1
Altered in structure			
Increased or opake (degrees ′, ″, ‴)	14	12	4
Contents, abnormal			
Dry	15	0	0
Serous effusion	16	11	3
Lymph effused	17	2	1
Pus	18	1	0
Blood			
Fluid	19	0	0
Coagulated	20	0	1
Tubercle	21	0	0
Adventitious products	22	0	0
3. Pia mater			
On Surface of convolutions			
Normal (strips readily)	23	0	7
Abnormal (non-adherent)	24	7	7
Adherent to grey matter	25	8	1
Vascularity increased	26	15	7
„ diminished	27	0	2
Serum in meshes	28	9	5
Blood	29	1	0

Examination Post-mortem.	Symbol.	Fifteen Cases of General Paresis.	Fifteen Cases of other forms of Insanity.
Head II. Internal. Pia mater—*continued.*	*B*		
Pus effused	30	0	0
Lymph	31	0	0
Tubercle	32	1	1
Abnormally thickened	33	0	0
„ attenuated	34	0	0
Plexus choroides			
Normal	35	0	2
Abnormal			
Increased in thickness	36	0	2
Diminished „	37	0	0
Vascularity increased	38	4	3
„ diminished	39	0	0
Serum in meshes			
transparent	40	0	0
opake	41	0	1
B. Brain substance	*C*		
1. General characters			
Touch			
Weight			
Cerebrum	1	av. 34¼	35⅓
Cerebellum and pons	2	„ 5¼	5½
Specific gravity			
Cerebrum, white substance	3	„ 1·039	1·041
grey „	4	„ 1·034	1·031
Cerebellum, white „	5	0	0
grey „	6	0	0
Consistenee (generally) firm	7	3	5
„ flabby	8	3	4
Sight			
Colour, generally			
Dark	9	0	0
Pallid	10	0	0
Congested	11	8	5
Shape and form			
Regular	12	0	0
Irregular	13	2	1
Convolutions close	14	0	7
„ open	15	9	3
Atrophy simple	16	0	0
„ by pressure (not including pressure by limpid serum.)	17	0	0
Hypertrophy, or swollen brain	18	0	0
2. Special characters			
A. Grey matter	*D*		
1. Normal	1	0	0
2. Abnormal			
Colour, dark	2	8	3
„ light	3	3	11
Injected			
Suffused	4	12	6
Punctiform	5		

EXAMINATION POST-MORTEM.	Symbol.	Fifteen Cases of General Paresis.	Fifteen Cases of other forms of Insanity.
Head II. INTERNAL—*continued.*	*D*		
Extravasated	6	0	0
Layers distinct	7	5	7
„ indistinct	8	10	6
Consistence firmer than normal	9	5	4
Softened			
Red	10	0	4
White, creamy	11		
Abraded or eroded (v. 15)	12	0	0
Solutions of continuity			
Morbid growths	13	0	1
Mechanical			
1. Before death	14	0	0
2. By removal of membranes	15	8	1
Atrophy, simple	16	1	0
„ by pressure	17	0	0
B. White matter	*E*		
1. Normal	1		
II. Abnormal			
Colour, dark	2	2	1
„ pale	3	4	3
Injected			
Suffused	4	8	8
Punctiform	5		
Extravasated (sec 17)			
Consistence, firm, (degrees ′, ″, ‴)	6	8	4
„ softer			
Red	7	5	4
White	8		
Solutions of continuity			
a. Morbid			
I. Defined			
Cysts, containing			
Serum	9	0	0
Puriform fluid	10	0	0
Blood	11	0	0
Coagulum	12	0	0
Fibrine	13	0	0
Heterologous growths	14	0	0
Foreign body	15	0	0
Calcareous	16	0	0
II. Undefined or diffused			
Blood, extravasation	17	0	0
Puriform fluid	18	0	0
Heterologous growths	19	0	0
b. Mechanical			
Injuries	20	0	0
Œdema	21	0	0
Hypertrophy	22	0	0
Atrophy, simple	23	0	0
„ by pressure	24	0	0
C. Vessels			

The greatest difference that, from the comparison, was found to exist, was in the frequency of occurrence of effusion beneath the arachnoid (B 16), which was found 11 times in the 15 cases of general paresis, and 3 times in the other cases. A similar discrepancy existed in the increased vascularity of the pia mater, which occurred in every case of general paresis, and in 7 of the other cases. Adhesion of the pia mater to the grey matter (B 25) occurred in 8 of the 15 cases of general paresis and in one of the other cases. This appearance is not, therefore, pathognomic of the affection. The next most frequent difference was found in the state of the convolutions, which were abnormally open and wider apart in 9 of the cases of general paresis, and in 3 of the other cases. Injection of the white substance existed in 12 of the cases of general paresis, and in 6 of the other cases. The colour of the grey matter was found to be darker than normal in 8 cases of general paresis, and in 3 of the other cases. The layers of the grey matter were indistinctly marked in 10 of the cases of general paresis, and in 6 of the other cases; and the white matter firm in 8 of the paretic cases, and in 4 of the rest. On the other hand, the periosteum of the calvaria was found more frequently normal in the paretic cases, in the proportion of 12 to 4 of the other cases. There was a difference also between the colour of the grey matter, which was of lighter colour than normal in 11 of the other cases, and in only 3 of the paretic; and the pia mater stripped readily from the convolutions in 14 of the other cases against 7 of the cases of general paresis.

These facts are evidence in favour of the difference of general paresis from other cases of insanity, although they fix upon no particular morbid appearance as distinctly pathognomic of the affection.

Microscopical Anatomy.—During the last few years there have been thrown out various surmises with respect to the condition of the grey matter of the hemispheres in general paresis. Since Parchappe directed attention to the portion of the brain, it has received a very large amount of attention from pathologists, and especially from microscopical pathologists. But no writer, perhaps, has so plainly asserted the morbid condition of this portion of the brain in general paresis as Dr. Ernst Salomon, in this Journal. The pathology of the disease, as it may be read there, is, as it were, settled and determined; nevertheless, my friend must allow me to submit his article to a little critical examination, as it is also my intention to submit the author's facts whom he quotes to the test of the microscope. Dr. Salomon writes—"The honour of having demonstrated the anatomical changes in paresifying mental disease belongs to the Vienna school (Wedl, Rokitansky)."

"K. Wedl has in every case of general paresis demonstrated an hypertrophy of connective tissue on the small arteries and veins in

the pia mater and cortical portion of the brain" (p. 377, No. XLIII, 'Journal of Mental Science').

I have Wedl's 'Beiträge zur Pathologie der Blutgefässe,' Wien, 1859, before me, which is the treatise Dr. Salomon refers to and quotes, and I cannot find a single word about general paresis under that or any other name alluded to. The opening words are—"Die Atrophie der Gehirnrinde ist, wie bekannt, insbesondere an mit Blödsinn behafteten Individuen vertreten; Sie tritt um so prägnanter bei den blödsinnigen Griesen hervor," which appears in English to be—"Atrophy of the cortical substance of the brain, it is known, occurs especially in individuals affected with imbecility, and is particularly observable in the imbecility of the aged." The fact actually being that the Germans do not separate the cases of imbecility with paralysis from that without, and do not treat general paresis as a distinct disease. Dr. Salomon continues quoting still from Wedl:—"On the outer wall of the vessel is a hyaline, imperfect layer of connective tissue, studded with oblong and rounded nuclei. This layer of connective tissue, projecting over a greater or less extent of the vessel, undergoes, with the nuclei occurring in it, in the direction from within outwards (from the periphery of the vessel towards its centres), a fibrillar change." This passage appears to be quoted from the following:—"An den peripheren Schichten dieser hyalinen Anlagerungen scheinen solche Stellen, wo schon ein fibrillärer Zerfall in einem kleinen Bezirk eingetreten ist, darauf hinzuweisen, dass die fibrilläre Umwandlung der glashellen Schichten mit ihnen Kernen von der Peripherie gegen die Lichtung hin erfolge." If what takes place 'in the pia mater and cortical portion of the brain' in general paresis be described on the authority of this passage, it is somewhat singular that Dr. Salomon should not have read the first part of the paragraph from which the above words were taken. The paragraph commences thus:—"A very favorable place to follow out the hypertrophy of the walls of the vessels, and their transformation into variously swollen cellular fibres, is the walls of the ventricles in chronic hydrocephalus;" that is, the appearance is said to occur, not in paresis, but hydrocephalus; and not in the cortical substance of the convolutions, but in the walls of the ventricles. So that, so far from Wedl proving a lesion to be special to paresis, he proves the contrary, and that the lesion in question is at least common to other cerebral diseases and to other portions of the brain.

Wedl's treatise is not on the state of the brain or insanity at all, but on the blood-vessels. The argument of the treatise may be thus briefly stated:—That the small blood-vessels and capillaries generally, play an important part in various morbid processes, that a prolification of cells takes place on the walls, and which, variously modified, are concerned in the formation of pus, cancer, tubercle, &c. Or, by the shrivelling and subsequent atrophy of the cells, an oblite-

ration, by shrinking, of the vessel itself, occurs, and a consequent conversion of the obliterated vessel into bands or fibres of connective tissue; that the atrophy of the capillaries is followed by a defective nutrition of the part concerned.

By the aid of Wedl's very excellent treatise, I have myself submitted a number of cerebral vessels to microscopical examination, and have compared the state of the vessels in persons dying sane, and in various forms of mental disease, with the vessels of those dying by general paresis. To examine the capillaries, the best mode appears to be to take about a cubic inch of the cerebral substance from the summit of the brain, together with its investing membranes, and carefully to submit it to the action of a stream of water until the whole of the cerebral matter is removed. It is necessary to be careful to use filtered water only after the membranes are completely washed; they may be stained with a colouring matter, but my own preparations are immersed in a strong solution of litmus, and are preserved in Goadby's B. Fluid, which is a strong solution of salt in water. The vessels will be completely coloured and fit for examination on the second day. The following account of the various morbid appearances found in the capillaries is given by M. Wedl:

1. A wavy, longitudinal marking in the structureless connective tissue of the walls of the vessels, and which he considers to be due to a shrivelling of the nuclei, and which ultimately results in an obliteration of the passage of the vessel. This appearance I have not recognised in my examinations of the brain.

2. He notices the appearance of fine, transverse ridges, which at first are only visible next to the margin of the vessel, but which subsequently can be traced further towards the axis, and at the same time the wrinkling becomes more irregular and assumes a brownish colour. This appearance is exhibited in fig. 3, *b*, from one of my own cases of general paresis. He believes these transverse markings proceed from the shortening of the vessels. To my mind, the contrary appears more probable, and that the shortening is produced by the contraction of the substance which he names hyaline deposit.

3. Besides the atrophy described above (§ 1), he has met with hypertrophy of the walls in different forms of chronic mental disease, forming a bulging or bump-like hypertrophy of the walls, and which does not correspond to aneurismal enlargements of the channels; and he believes he has seen these elevations that have become transformed into a finely striped mass of connective tissue. This appearance is also described by Rokitansky,* who gives two figures of the appearance, copied and reduced in fig. 1. He describes this appearance thus:—Anomalies of the calibres of vessels are met with in two forms—1, as a simple enlargement, with or without elonga-

* 'Lehrbuch der Pathol. Anat.,' B. ii, s. 381.

tion, with winding, twisting, or hank-like doubling (fig. 1, *a*), more common in the skin and mucous membranes; and, 2, as a circumscribed, spindle-shaped, one-sided, sacculated, bulging of the vessels, as aneurisms in the small and capillary arteries and

Fig. 1.

Fig. 2.

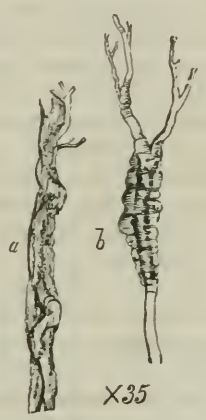
Fig. 1. Reduced from Rokitansky.
Fig. 2. From preparation in possession of the author.

varices in the veins (fig. 1, *b*); and he describes the latter to be met with in the brain in old encephalitic centres. In my own earlier examinations I believed I had detected this aneurismal enlargement or bump-like swelling of the vessel, and sketched several such appearances from two cases of general paresis, in one of which cases the preparation has been saved, and is the specimen from which fig. 2 is copied, and which, in the bare outline, will be found to be very similar to fig. 1 from Rokitansky; but a more thorough examination brought to light the real nature of the preparation, and showed that the appearance was due to a varicosity of the vessel rather than to an aneurismal condition. The verification of the convolutions of the vessel, enclosed in a somewhat dense sheath of homogeneous membrane, beset with earthy particles, needs the strong light of the achromatic condenser, and ¼-inch object-glass to render its definition perfect. In nearly every case of general paresis since examined by me there has been discovered some disposition towards a similar condition.

4. Wedl also describes a layer of hyaline embryonic connective tissue on the outer walls of the little arteries and veins, beset with oblong and grouped nuclei, which project in the form of nobs, and which he considers are due to hypertrophy of the connective tissue. "These hyaline deposits of the little arteries and veins amount to

one fourth, one half, and one third of the transverse diameter of the vessel, or at times exceed its diameter altogether. They occasionally form the nidus of olein, of reddish-yellow, brown-red or deep-yellow grains, of different sizes, and amorphous calcareous salts." This appearance is familiar to me in my own preparations, and is shown in fig. 3, *a*, taken from a patient who died of general paresis.

Fig. 3.*



5. Wedl also examined into the condition of the blood-vessels, especially in reference to the prolification of cells in the walls. The consideration of the question would lead me too far from my present argument, which is whether there exist essential histological differences in the minute anatomy of general paresis and other forms of mental disease.

There is to be found, in fact, a slight or apparent difference between the views propounded by Wedl and those of Rokitansky, and which the former thus alludes to, and endeavours to avoid by saying that, though he considers that the capillaries are converted into fibrous cords, that this does not necessarily imply that such is the only mode by which an excess of connective tissue occurs:

"Um etwaigen Missverständnissen vorzubeugen, erlaube ich mir gleich hier zu bemerken, dass aus dem Gesagten Keineswegs noch mit Bestimmtheit sich folgern lässt, die bindegewebigen Wucherungen überhaupt, also auch die interstitiellen nähmen stets und nur ihren Ausgangspunkt von den Gefässwandungen."

My own examinations of the capillaries in about twenty cases of insanity, and of which seven were from patients who died of general paresis, lead me to the conclusion that the capillaries of the cortical substance are more or less diseased in every case of general paresis. I do not find, however, that the amount of alteration bears any relation to the date, degree of imbecility, or impaired motility; nor have I detected any correspondence between the diseased condition and the etiology; but, on the other hand, I have not found the same amount of abnormal appearance in the capillaries of the other cases. My own observations will be better understood if postponed until the views of Rokitansky, in the treatise to which Dr. Salomon alludes, have been considered. Rokitansky's treatise is entitled 'Ueber Bindegewebs-Wucherung im Nervensystem,' or, 'On the

* Fig. 3. From preparations in possession of the author.

Exuberance or Overgrowth of the Connective Tissue in the Nervous System.' Like the treatise of Wedl it was a contribution read before the Academy of Sciences of Vienna, and it was written, the author says, to bring together subjects which, from the plan of his large treatise ('Lehrbuch der Pathol. Anat.'), were necessarily disjoined. There had been long known to him, he says, an appearance in the spinal cord, and which he had described, consisting of a softened substance, which is homogeneous in its composition, and which, on cutting through the cord, appears to run over the margins of the incision. On examining this substance, there arose the question whether it was to be considered (1) as a new product, or (2) as an exuberant growth ('Wucherung') of the normal tissues; and next, what changes it undergoes, and what is its relation to the induration of nerve substance. He states that the microscopical examination of this matter shows it to consist of a ropy, formless moisture, interspersed with little granular, glistening nuclei, in varying quantity.

On the addition of acetic acid, the substance becomes imperceptible from transparency. The naked cell-nuclei, in an unexpectedly great number, mostly sharply defined, become clearly distinguishable; and Rokitansky looks upon this matter as analogous, if not identical in nature, with the normal tissue as found in the ependyma in children. He says that originally the whole nervous centres are, as it were, developed in, and held together by, a similar or connecting mass, which is continuous throughout the nervous centres, and that the ependyma in the matured texture of the brain is nothing more than this connecting medium coming out on the free surfaces, outside and in. This connective tissue, according to Rokitansky, undergoes various morbid changes, viz.—1, an hypertrophy or overgrowth; it may then gradually harden, and finally undergo transformation into fibrous connective tissue.

When hypertrophy of connective tissue occurs in the brain, Rokitansky says that the essential elements, or other normal elements, of the cerebral matter, as ganglion-cells, vessels, &c., are thrust apart or separated by the interposing substance. "*In the grey substance the ganglion-cells appear inflated, their continuations are undoubtedly torn, and the nerve-tubes penetrating the grey substance*" are destroyed. The substance in question undergoes a transformation into that of a fibrous connective tissue. It loses its hyaline quality, and becomes of a greyish-white; and it appears as very fine, sometimes softer, sometimes stiffer, filaments, which cross each other in the most variable directions. Occasionally a still further transformation of this substance takes place, and it becomes a stiff, greyish-yellow mass, and which is usually circumscribed in extent.

In connection with the hypertrophied tissue is found amyloid corpuscles, turned blue by iodine. Bodies resembling these, but ren-

dered brown only by iodine, which he calls colloid corpuscles, and here and there a fatty or earthy granular, aggregate and agglomerate, fat-granules and incrustation-cells. These Rokitansky believes proceed from a retrograde metamorphosis of the nerve elements.

The process described occurs in various forms of Nerve-disease, in the brain, spinal cord, or nerves, at times in circumscribed spots, at times more widely or even universally diffused. It may commence in a small focus, and spread; it occurs as an acute or slowly invading disease. Rokitansky believes that it is *not* to be looked upon as *an inflammatory affection*, since exudation and its elements are absent, as well as extravasations in any quantity. He writes—"The forms of the disease, of which the overgrowth of the cellular tissue of the nerve-centres must be considered as the essential anatomical element, are very manifold." With respect to his investigations particularly directed to cases of general paresis, with the 'monomanie des grandeurs," Rokitansky found that the changes stand in intimate relation to the pia mater, and occur usually and primarily in the convex surface of the brain. He says that he has found frequently that the white layer interspersed between the ganglion substance has disappeared. The microscopical examination exhibits appearances which differ according to the stage of the disease, and are—(*a*) an unusual quantity of connective tissue, forming the bed for the nervous elements, and which is sticky and tenacious, give the gray matter a loose or succulent character. In older cases it becomes stiffer. Lastly, it becomes fibrous, and retracts, causing adhesion of the pia mater. (*b*) Tlie nerve-tubules he found to be varicose, broken, and the pieces are formed of various forms—club-form, pestle-shaped, rings, &c. The ganglion-cells appear distinctly inflated. (*c*) But with the above there are seen colloid and amyloid bodies.

The changes in the pia mater consist in adhesion to the surface of the brain, in varicosity of the veins, in their winding, tortuous, coil-like, twisted course, and in aneurismal dilatation of the little arteries.

My own examinations have only as yet extended to the capillaries, but I have, of course, incidentally examined the brain substance, but at present must confine myself entirely to the vessels.* There appears to be some amount of tortuosity in the capillaries in every case of general paresis. This tortuosity in places amounts to a simple, sharp curve or twist; in places to a kinking of the vessel (fig. 3, *a*); in others to more complex twisting, until it forms, in fact, little knots of varicose vessels of very complicated kind (fig. 2). I have not found

* The preparations illustrative of these conditions I shall be very happy to show to any member of the Association.

this appearance in any other form of mental disease, but it is described as existing in other cases both by Rokitansky and Wedl.

I have never been able to convince myself of the existence of anything like aneurismal dilation. Can it be that these little knots of varicose vessels have been mistaken, as they were at first by myself, for aneurismal enlargement? It must be borne in mind that the two are very different conditions pathologically, and a multiplicity of aneurisms confined to one set of capillaries is not a morbid state that analogy of other morbid states would lead us to expect. Varices of vessels confined to circumscribed localities are at least more common.

Another appearance which my preparations show is what is called a hyaline deposit around the capillaries (fig. 3, *a* and *b*,) fitting, as it were, more or less closely to the vessel, in greater or less degree of transparency and extent, in some cases approaching a brownish hue and marked by transverse lines like commencing contractions. This appearance I have found more common in cases of general paresis, but in one case of epileptic mania a corresponding appearance was present. The character of the surrounding substance was somewhat different in character.

The presence of this hyaline around the capillaries, the frequent occurrence of fibres traversing the preparations of cortical substance of general paresis appear to be due to an excess of connective-tissue fibres in these cases. Whether this excess is from what Rokitansky calls 'Wucherung,' or overgrowth of the original connective medium, or is thrown out by the capillaries, or is formed conjointly by both, is and must probably remain hypothetical; but excess of connective tissue, I think, can be demonstrated.

To me it appears highly probable that the hypothesis of Rokitansky is correct, as well as that of Wedl, relative to the formation of connective tissue from a material thrown out by the capillaries, and that in the first stage this material is hyaline; that it afterwards contracts; that in contracting it throws the capillary into bends or kinks, as in fig. 3, *a*; that as it goes on contracting it becomes less hyaline, more fibrous, and at length like a sheath; that if converted into fibres, it has no share in the formation of the innumerable fibres that can be seen lacing and interlacing across the field when a portion of gray matter of a paretic brain is under the microscope. It appears more probable that these are formed as Rokitansky suggests.

With respect to the essential nature of this morbid substance, Rokitansky says it is not to be considered as a heterologous formation, nor a product of inflammation.

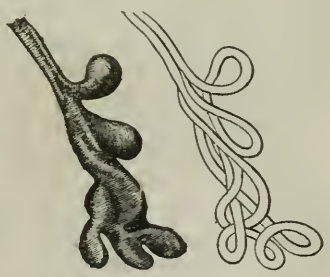
Its relation to the phenomena of general paresis cannot yet, in my opinion, be clearly defined. The condition is not confined to general paresis. Rokitansky, as already described, met with it in other

forms of disease. It can, therefore, only be the essential morbid change in paresis by occupying a particular seat, as the cortical surface of the brain, or by a special rate of progress, as by being chronic in one disease and acute in another. The peculiar relation of the exuberant development of the connective tissue, and the condition of the capillaries and small vessels, is another point on which more information is desirable.

Bearing in mind this variation of the seat of the affection and rapidity of morbid processes, it may be asked whether those allied affections which have been alluded to in previous pages of this communication, under the name of pseudo-forms and several distinct forms, may not be nearly allied, and vary in their symptoms by varying in the seat and activity of the morbid growth.

A case having certain characters of general paresis, yet differing widely from the typical cases, lately occurred to me, and in which the following appearances were found after death :—On cutting across the right crus cerebri, it was found to be evenly spotted with red points of the size of pins' heads. On opening the cavity of the fourth ventricle a growth was found to fill up the whole of the right side of the cavity, and the substance of the cerebellum was pressed upon by this growth. It had the external characters of encephaloid cancer. Microscopically, it was found to consist of a homogeneous, viscid substance, interspersed with nucleated, angular cells, resembling epithelium-scales, but of small size; but scattered through the substance were numerous capillaries arranged in loops, surrounded and imbedded with this ropy matter. These vessels were distended with blood; they appeared to be all of uniform size, and without branches. Some of the loops were simple, some were very short, but they appeared at the periphery of the morbid growth to terminate in complicated hanks, each hank being closely surrounded with a layer of the viscid substance. The appearance of these vessels is shown in fig. 4. This disposition of the capillaries in connection with this growth, which in ordinary language would be called cancer, is interesting in connection with the varicosity of the capillary vessels in the exuberance of connective tissue in general paresis.

Fig. 4.*



×35

And the symptoms are no less interesting in relation to the question of pseudo-forms of paretic disease. The patient was reported to be

* Fig. 4. Capillaries from a case of so-called cancer of the cerebellum.

labouring under a second attack of insanity. On this subject there was doubt, however. She had been insane, at all events, above nine years before any paralytic symptoms occurred. The difficulty of motion commenced gradually in the lower extremities, and gradually increased, and she died about seven months after. Her tongue was slightly affected. She had slight difficulty in pronouncing the labials. The memory failed towards the last, but the mind improved in other respects. There was no *monomanie des grandeurs*. There was no increase in the difficulty of articulation at the last, and no difficulty of swallowing. The lower limbs were drawn up about three or four days prior to death. So far as the difficulty of movement in the limbs, the slight mumbling articulation, and some amount of imbecility, the case might be considered to belong to the category of paresis. But in investigating the pathology of general paresis, it is obvious that such cases should be separated from cases of truer type; but the growth, though circumscribed and more obvious than the exuberance described by Rokitansky in the cortical substance of the hemispheres, is apparently not widely different from it in nature; and if so—if this growth has an affinity to the exuberant growth of paresis—the symptoms were modified by its circumscribed position, and by its rapidity of development, probably. On the other hand, if such growths really are allied to cancerous affections, then the affection described by Rokitansky, 'Bindegewebs-Wucherung,' and which, he says, is not the product of inflammation, and not a heterologous formation, may be nearer to cancerous or allied diseases; and the modern views in respect to the latter affections renders such approximation in kind between these diseases less improbable than was formerly supposed.

In conclusion, it must be acknowledged that there is much which is undetermined with regard to the pathology of general paresis, and especially as to its anatomical character and diagnosis from allied affections. The labours already expended upon the subject are approaching or surrounding the truth, probably, but the truth is not yet eliminated in a form in which we can consider it free from admixture of doubt. With respect to the symptomatology, certain cases appear to have a great resemblance to each other; still many cases occur in every asylum with admixture of paretic symptoms, which have yet to be clearly explained—for example, cases complicated with epilepsy, cases which recover, those clearly resulting from excessive drink, besides those called chronic alcoholism; and explanations are wanting why, in some cases, the disease commences in the motor and in other cases with the mental symptoms. The microscopical examination of the brain substance itself, both of the cerebrum and cerebellum and cord, is a work which requires to be more fully prosecuted, and is obviously one which must yield important results. I am enabled to assert this from the progress I

have already made, and I am happy to say I have enlisted my friend Dr. W. H. Dickinson, of St. George's Hospital, to assist me in prosecuting an inquiry into this part of the subject.

Chance. By J. Stevenson Bushnan, M.D. Heidelb., Fellow of the Royal College of Physicians, Edin., Resident Proprietor of Laverstock House, Salisbury.

"There is no such thing as chance," cries the would-be philosopher. How, then, should there be such a word representing, as it surely does, a distinct idea? Our confident friend will hardly deny that equivalent to chance there is in every language not merely one but many words, each conveying the same definite thought from one mind to another, from boy to boy, from girl to girl, from woman to woman, from man to man. Does Tom speak unintelligibly to his fellows when, seeing Jack throw a stone and hit a bird, he shouts out, "Ah! by chance. Jack is no marksman"? When Jane threads her needle more cleverly than her more expert sister Mary, is she reproved for obscurity if she confesses to her superior readiness that time having been by chance? When Miss Emma writes to her dearest friend how she begins to suspect it can hardly be by chance that Mr. Edward meets her so very often in her walks, does her dearest friend fail perfectly to understand her meaning? When B. says that C. and his partner were winners at whist last night by the mere chance of good cards, is there any one so dull as to misapprehend the observation? When the traveller views Stonehenge, he pronounces it at once a work of design. When he gazes on Staffa or on the Giant's Causeway, in spite of the perpetual intrusion of the idea of these being works of art, he satisfies himself at every moment, by a slight reflection, of their being the effects of chance; and so, likewise, of the Grotto of Pausilippo, and many other natural appearances over the world.

What, then, is the idea which passes thus currently from mouth to mouth and from mind to mind, wrapt up in that word which our small philosopher is so desirous to blot out?

Chance is a negative term. It refers to something void of design. Chance is the negative of intention. Chance events are events which come to pass without any intelligent agent having put things in train for their occurrence. If the term negative offend our opponent, we will describe chance as the complement of design. Whatever does not happen by chance, must happen by design; and,

conversely, whatever does not happen by design, must happen by chance. Chance and design divide all events between them. Yet the proof is not always unequivocal of an event being by chance and not by design, or of an event being by design and not by chance.

Does our philosophic friend, then, by saying there is no such thing as chance, proclaim his belief that nothing occurs except by intention or design? His words bear this interpretation. But what is he muttering? A complaint of being wholly misapprehended. That there is no such thing as chance signifies, he says, that nothing comes to pass except in obedience to the properties of matter and the laws of nature. His belief, then, is that in the properties of matter and the laws of nature was shut up at the beginning all the future of the universe; that all events whatever are the result of the original properties of matter and the original laws of nature—as well those which to the unsophisticated mind of man represent themselves as the effects of chance, as those which represent themselves as the effects of design.

Our friend, to do him justice, does not question the fact of men by nature distinguishing, in the clearest manner, all events into chance events and designed events. But this distinction he describes as a distinction without a difference, representing the foundations of it, broadly defined as it is in the mind of man, woman, and child, as an inherent fallacy of belief, which cannot be too soon eradicated. It is of importance to remark that he does not controvert the existence in the human mind of an intelligible distinction between chance events and designed events. He admits the breadth of the distinction, but denies its reality. In short, he will not dispute its vividness, allowing it to be equal to the vividness of the distinction which, apart from its reality, the rational follower of Pyrrho admits to exist between self and an external peopled world. Here, then, on behalf of the reality of the distinction between chance and design, we are not refused leave to put in a claim resting on the common sense of mankind.

But let us proceed to compare more narrowly our philosophic friend's description of events in general with our description of chance events. His description of events in general is that they are the result of the properties of matter and the laws of nature. Our description of chance events runs in the same terms, with the single addition of the phrase "without direction." Between these two descriptions there is no difference, and for this reason, that it will presently appear that our sciolist friend attaches to the expression "without direction" no signification whatever. If, then, the distinct and intelligible signification attached by mankind at large to chance events be identical with the idea entertained by our sciolist friend of events in general, his legitimate conclusion is not—

there is no such thing as chance, but what you call chance expresses my idea of the manner in which all events whatever take place. He cannot deny this coincidence. What we call chance he calls the course of nature. We say chance operates when things happen in mere obedience to the properties of matter and the laws of nature, as often as these properties and these laws exhibit no evidence of being endowments expressly conferred with a view to a particular design. He says on the properties of matter and the laws affecting it the course of nature is exclusively dependent, and in the course of nature he includes, not only the operations of the physical world and the acts of inferior organisms, but the thoughts, works, and transactions of men.

Here we begin to understand in what sense our sciolist friend declares there is no such thing as chance, namely, in the same sense in which, had there never been light, it might have been said there is no such thing as darkness—if there be no design, neither can there be any such thing as chance. When, then, he says there is no such thing as chance, it is nothing short of an announcement of there being no design in the works of nature, no design in the entire phenomena of the universe.

The changes which men have wrought on the surface of the earth strongly contrast, in the mode of their production, with the mode of production, on that surface, of the original distribution of land and water, plain and mountain. Both these kinds of changes are the immediate results of the properties of matter and the laws of nature; but in the former case these properties and these laws, within prescribed limits, are made to operate in subjection to man's designing will; in the latter case there is no direction, no control, no isolation—the results are ruled by chance.

If we attend to the common course of building a house, we may remark how man brings the properties of matter and the laws of nature to bear on his purpose. The labourers dig the foundation by the help of certain tools, such as spades, pickaxes, wheelbarrows, all of which become fit for their several uses by the properties of the materials of which they are constructed; and, for one example of the application of a law of nature to use, we may take the case of turning over a wheelbarrow to empty it of its contents, with which particular instance of the great law of gravitation the labourer is perfectly familiar. The stones are taken from the quarry by the action of gunpowder: here man wields the force on which earthquakes depend — the sudden conversion of what is dense into volatile products of many times greater volume. By the power of steam, the stones are brought to the place where the building is going on: man has learnt to make the pent-up vapour of boiling water strike a piston within a hollow cylinder alternately on one side and on the other, so as to drive it hither and thither; and this

is his masterpiece in the application of the properties of matter and the laws of nature to accomplish his purpose. The stones being hewn, are next to be cemented together: here a chemical principle is pressed into man's service, one of those by which in nature loose mineral dust becomes concreted into rocks.

But it were needless to dwell at greater length on the lessons taught by the mode of building a house. All man's works exhibit a like character. In the infancy of his progress he imitates the natural operations which he sees going on at the earth's surface, with but little effort to reach a principle or law. Yet his mind is full of activity; he is unceasingly laying up the results of chance as materials for future design. If he is less prone to detect laws of nature than at a later period in his progress, he has greater acuteness in the observation of the properties of bodies. Nevertheless, philosophers do our unlettered predecessors wrong when they deny to them altogether a capacity for inductive conclusions. This kind of research, within somewhat narrow limits, is obviously coeval with man's earliest endeavours to obtain a mastery over nature. This will hardly be called in question if it be considered how many and how diversified are the kinds of wood, what the number and the variety of the kinds of stone, to which, in the infancy of knowledge, man's attention is directed, and how unreasonable it would be to deny the name of induction to the mental process by which are brought out the two propositions, "wood floats," "stones sink." As a test of the existence of these two propositions as laws of nature in the minds of men at a very rude stage of advancement, let it be considered with what surprise one of these supposed embryo philosophers would see for the first time a billet of lignum vitæ sink or a pumice-stone float. The more profound laws of nature plainly cannot be reached till, by division of labour, science has become a separate occupation.

Hitherto reference has been made only to physical nature; but even in physiological nature things occur not unaptly described as happening by chance. Physiological laws, or the laws of organic nature, are among those which, as we think, contain within themselves the evidence of design; nevertheless, all the peculiarities of culinary vegetables, flowers, and fruits, arise at first by chance, that is, by accidental external circumstances, modifying the ordinary laws of vegetation in a particular species. Seizing upon the plant which has thus by accident acquired some valuable peculiarity, or upon its seed, the horticulturalist accommodates its culture to its character, and makes it the parent of a new variety of vegetable nature. And to accidents of a like kind, under man's direction, must be referred the numerous varieties among dogs, horses, cattle, sheep, and other domesticated animals.

Thus, by whatever light we view man's operations upon earth, we

find him continually observing what occurs throughout the three kingdoms of nature, in obedience to the properties of bodies and the laws of nature; and by combining, modifying, and isolating these, ready to continue new designs accommodated to the purpose which at the moment he had in hand.

The great boast of our sciolist friend is that he assumes nothing; that he observes things as they are, without seeking after the origins of things; that by confining himself to this course, he follows up in the strictest manner the precepts of the Baconian philosophy; that he knows nothing of purpose, final cause, or design; that he inquires into nothing but law in nature, and that the term cause, in the sense of efficient cause, has no place in his vocabulary.

This boast, however, is more easily made than realised. Our sciolist is often to be caught falling into day dreams in the forbidden field of assumption. According to the rule by which he professes to walk, he is not to assume the existence of any properties of bodies or laws of nature which have not been determined by observation, and he is not to omit in these respects any particulars bearing on the subject in hand which observation has disclosed. Nevertheless, we continually hear him discoursing of a law of nature developed at a particular epoch, by which so many mineral substances, water, air, and some saline matters, passed into the vegetable organism; and of another law by which that vegetable organism laid the foundation of the animal organism; and of a third law, or series of laws, by which the first simple vegetable and animal structures underwent transitions into more and more complex structures, until all the varieties of species, such as now exist upon the earth, were produced. Again, forgetting his first principles as to the observation of particulars being the foundation of all general laws, and as to the omission of no kind of particulars from an induction, he is often found setting aside the notions which arise in every human breast under the exercise of the sentient, the perceptive, and intellectual faculties, as results of no value. Here he stands on much the same footing on which one might say—it is a fact worth observing that certain bodies, in passing from the state of fusion or the state of solution into the solid state, assume regular forms, or crystallize; but to study the laws of crystallization, or to draw inferences from the observation and comparison of the numerous regular forms assumed by such bodies, is wholly unphilosophical. This is to omit a whole science because it suggests conclusions adverse to one's humour at the moment. But to what use in philosophising has the knowledge of crystallization been applied? Surely to none more frequently, however ineffectually, than to second the conclusions of materialism. But is it the simple observation that bodies assume regular forms in passing from the state

of liquefaction to the solid state which is brought forward to countenance these materialist conclusions? How feebly would this simple fact bear on the views sought to be impressed? Is it not by the number and variety of the crystallized forms of bodies, and their intimate relations to each other, that an impression is sought to be made favorable to the idea that, by the exercise of the more natural properties of bodies, apart from all design, effects almost unlimited in their extent, and striking by their appearance of arrangement, regularity, and symmetry, are produced? But the analogy which it has been tried to establish between the symmetry of crystals and that of organic living bodies has wholly failed. Yet would it have been fair to pronounce that such a failure had occurred, without taking into account, not only the mere fact of bodies passing into regular forms from the state of liquefaction, but also all the whole varied extent of the forms which they assume, and the relations which these numerous forms bear to each other? So it is unfair, in framing a general system of the universe, to draw nothing more from the history of man than the simple fact that he is variously susceptible of consciousness, instead of incorporating with such a system the essential character of those thoughts which become known to the race by that consciousness with which it is endowed. Our sciolist friend ignores the results of mind in his system of the universe, classing these, as the mere indications of consciousness, with the general phenomena of vegetable and animal existence.

Nevertheless, these results of mind, which he so contemptuously ignores, suggest a totally different philosophy from his, namely, that there are certain rules of belief under which, by the constitution of his mind, man, when left to his natural suggestions, must perceive nature, while the doctrine of mere law, as applied to the phenomena of the universe, is very far from satisfying these rules; in short, that these rules add by compulsion a feeling of the exercise of power to every case in which there is the observation of the operation of a law of nature.

But our would-be philosopher not merely refuses to make the peculiar character of man's thoughts an element in his reasonings as to the system of nature, but he pronounces all man's thoughts, words, and deeds, to be the result of a necessity of his nature; and here, beyond doubt, he makes a new assumption. No such notion exists naturally in the mind of man. Every man acts daily, and at every moment, on the firm persuasion of being a free agent—of being responsible for every act; on the eve of every word and act, of having it in his option to give or withhold utterance, to nullify or realise performance. Our sciolist friend says it is a deception. Is not this an assumption? It is not, indeed, impossible to conceive all human actions to be the result of necessity, for of other animals subjected to instinct all the acts are believed to be of necessity. The

difficulty is to reconcile man's irresistible persuasion of the freedom of his acts with the assumption of their necessity. Shall we admit it to be possible for man, by the constitution of his nature, to be subjected to this deception? Were such an admission made, where is the line to be drawn? What assurance would remain of there not being a like source of fallacy in every one of the received criteria of truth? But let us rather say, man's persuasion of the reality of his freedom is a sufficient proof of its reality, according to the standard of common sense. For to assume his acts to be of necessity, involves the same disregard of the suggestions of his mental constitution, as if it were assumed, that for any proof existing to the contrary, two and two might make something else than four. A difficulty remains of another kind, not to be confounded with that just discussed, namely, how to reconcile the freedom of man's will with a predetermined course of human affairs. This is one of the questions, like those relating to infinity of time and to infinity of space, which must be set aside as transcending the faculties of the human mind.

But the case in which our sciolist friend offends most grievously against his own principles by numerous assumptions, is when, forgetting how fundamental in his system is the repudiation of the origins of things, he enters upon speculations as to the primordial state of the natural universe, and the use of organic species. All that is consistent in his system is drawn from materialism. Materialism proceeds on the idea of the eternity of matter, the eternity of its present properties, the eternity of its present laws. It recognises no design; it treats man's pretensions to power, will, and purpose, as chimeras. If matter, characterised by a uniformity of properties and laws, be coeval with eternity, nothing in the universe can be in a first state of origin, development, or progress. The events contemporary with us must be either the repetitions or the analogies of events, which must have come to pass not merely many times, but an infinite number of times before. If our solar system arose by the gradual concretion of particles originally existing in an aeriform state, diffused through space; and if the planets are approaching, however imperceptibly to us, nearer and nearer towards the sun, into which they are finally to be precipitated, these transitions must be merely repetitions of changes which, in an infinity of time, must have happened infinitely often before. To offer an explanation of the origin of a solar system from a diffused atmosphere of matter, is to leave half the phenomena unexplained, unless it be shown how the sun, after having swallowed up the planets, becomes again resolved into aeriform matter, so that the round of changes by which eternity should be filled up may, time upon time, be renewed.

The assumptions required to proceed on this plan are so numerous

as to be wholly at variance with the kind of principle on which materialism sets out. But to form hypotheses explanatory of the successive construction and disintegration of worlds, clearly lies within the compass of that philosophy which acknowledges, in the arrangements of the universe, the existence of proofs of the continual exercise of power.

This persuasion of the exercise of power in the succession of phenomena is one of the lessons gathered from the workings of the human mind itself—a lesson teaching irresistibly—with the force of instinct—on the same authority on which the whole being greater than its part, is received; that every event has a cause—that is, that every event takes place through the intervention, more or less immediate, of an intelligent agency, or that the power which is felt to operate in the production of any physical phenomenon, however decidedly that may be a particular instance of a general law, is more or less remotely the will of God.

The assumption of the materialist that without the interposition of a designing intelligent power, the mere laws and properties of matter could produce all the works of nature, inanimate and animate, rests on no grounds of science. It has arisen out of the rash and unsupported inference of the existence of many universal laws operating, like the law of gravitation, on every particle of matter, whether embodied in inorganic masses, or in living organic bodies. But besides the assumption being gratuitous of the existence of such laws, how would their perpetual clashing with each other be obviated, so as to afford anything like symmetry or regularity in their results? Let it not be forgotten how remarkably an inextricable confusion is the result of the simultaneous operation of numerous natural laws. Thus, for example, what but intelligent direction more or less remote, can satisfactorily explain to the human mind the concurrence of numerous particles of the common mineral matter of the universe into a most complex system of the utmost regularity of character, such as an organic body represents? and how are such results compatible with the perpetual interference of numerous general laws thus necessarily affecting the particles of matter composing a living organization? How many laws must be assumed to explain the isolation of organic phenomena from the general phenomena of the universe? that is, the isolation of laws which exhibit themselves in the conversion of certain elementary particles of mineral matter into organic structures, destined, under an unceasing change of their elements, to attain a certain magnitude, and to assume a definite form, and to perform certain functions; and then, rebelling against the laws to which they had remained subject for a time, to restore their present constituent particles, together with the laws which they had obeyed, to the inert mineral state from which their original constituent particles had arisen.

The law of gravitation does indeed account for many phenomena, at once of great complexity and of singular regularity of character. But it is easy to see how completely the very universality of this law, that is as subjecting every particle of matter in the universe to its operation under the simplest rule of variation, renders it *sui generis*, and how by forgetting this peculiarity, and taking it for a type of the laws of nature in general, as far as disclosed by the inductive sciences, we are momentarily deceived into the belief of there being no need of design in the production of the phenomena of the universe.

As respects cosmogony, the philosophy which denies the evidence of the operation of power in the universe, stands on a very different footing from that which recognises its operation in every phenomenon of nature. In the former, when properly understood, cosmogony holds no place; and yet how often is this overlooked by those who profess to have adopted this philosophy! We have continually to remind them that their laws can have no existence except in an existent universe; and that they can make use of no hypothetical laws, drawn from ideas of the human mind, as to the fitness of means to ends; their laws have no existence till established by induction—they never were conceptions of the divine mind about to be realised in the course of nature. On the contrary, to him who, professing an opposite kind of philosophy, infers in obedience to the constitution of the human mind, that power operates more or less remotely in every event of the universe, it is permitted to conjecture that the Great First Cause has, at certain epochs, communicated by his word properties to matter of which it was not before possessed, so as to give new determinations to the course of nature.

The philosopher who acknowledges the evidence of power as displayed in the universe, commits no solecism when he assumes that the atoms which at present compose the heavenly bodies, may, at one time, have existed diffused throughout that part of space now dotted with nebulæ, like that which our solar system and our constellations constitute.

There are certain properties which do not seem to be essential to the mere existence of matter, namely, the several kinds of attraction, gravitation, cohesion, and affinity. It is conceivable that, at a certain epoch, matter existed destitute of these properties, and that notwithstanding the low temperature which would then prevail in the regions of space now occupied by the siderial bodies, it would exist in the aerial state, each particle repelling instead of attracting, as in the atmosphere at present, every other particle. So long as no kind of attraction existed among the constituent atoms of matter, each substance would be of uniform density, from the centre of the mass to its circumference; and each substance would have a definite circumference, determined by the greater or less exhaustion of the

repulsive property between the atoms of one kind, in accordance with the views taught by the doctrine of the finiteness of the earth's atmosphere. Thus it is not necessary to suppose that matter in this state of diffusion should be of infinite extent. It is correct to suppose it filling enormous portions of space in detached masses, so as yet to leave indefinite portions of space unoccupied. Each mass would be a huge atmosphere containing all the various kinds of substances, reciprocally penetrating each other, like the gaseous constituents of the earth's atmosphere. While it seems correct to represent each kind of matter as forming one continuous extension of uniform density in the mass to which it belongs, yet it cannot be pronounced that every kind of matter must have the same density with every other, since gaseous bodies under the same temperature and similarly situated as to the centre of gravitation, are very different in density. Hence, in accordance with this idea, each great mass would not be of uniform density throughout, but denser towards the centre where every kind of matter, whether in large or small proportion, would necessarily exist; and this would happen even if it should be determined, by assuming the difference in the density of gaseous bodies to be dependent on gravitation, that all kinds of matter in the case supposed would have the same density; for even on this supposition the mass could not be of uniform density throughout, unless each kind of matter were present in exactly the same quantity. On the atoms composing the enormous detached masses which represent, we shall suppose, those nebulæ of the heavens of which our solar system and the constellations of our firmament form one among many, let the three kinds of attraction, gravitation, cohesion, and affinity, be all at once conferred. Since cohesion does not operate in the aeriform state, and affinity is not exerted between simple bodies in general without heat, the effects of gravitation would be first developed in a higher degree than those of the other two kinds of attraction. The first effect would be a sudden condensation towards the centre of each aerial mass, accompanied with an enormous development of temperature, by which the two other attractions could not but be brought into activity. And as soon as under the influence of these attractions, and the enormous pressure exerted near the centre of each nebular mass, liquid and solid bodies, whether simple or compound, begin to form, a still greater development of temperature will take place. Under this high temperature the whole hydrogen will burn with oxygen into water, the carbon into carbonic acid gas; and as often as hydrogen is slowly set free from water by decomposition in contact with nitrogen, ammonia will be formed, thus being produced the three chief supports of organic nature. Potash and soda, even without a high temperature, would form as soon as their atoms, somewhat condensed, came into contact with oxygen; and these, again, would

speedily unite with carbonic acid. In like manner would the lime and magnesia, the silica and alumina, originate, which constitute the substance of the crust of the earth. Then would phosphoric and sulphuric acids originate quickly to unite with potassa, soda, lime, and magnesia. The atoms of silicum, aluminum, and oxygen, the most abundant substances in the crust of our earth, being most probably in great abundance throughout the whole of each sidereal mass, and disposed to unite together independently of a very high temperature, would concrete into nuclei, which, attracting to themselves the adjacent minor masses, would form the rudiments of future worlds. If we assume the amount of caloric to be the same as at present, it would be largely developed in those condensations, and by this development of temperature the union by combustion of the various simple combustible substances with the several simple supporters of combustion would be strongly determined; so that the universe, before in darkness, would be illuminated by thousands of glowing masses. Numerous causes would concur to throw the solidified masses into motion, and by degrees would be established such regular motions of the minor masses around the greater, and of the nebular systems among each other, as now form so large a subject of investigation in physical astronomy.

Let us next suppose that in process of time all the planets and secondaries of our solar system, and of every similar system, have fallen into the central sun,—and even that the several nebulæ of stars, like that formed by our sun and the neighbouring constellations, have coalesced, what more is required to restore the universe to that state from which we have attempted to trace its progress, but an Almighty fiat depriving matter of these three kinds of attraction of which we have been speaking. Let gravitation, cohesion, and affinity again cease, and matter would again diffuse itself through the same tracts of space from which it had been collected, and this diffusion being accompanied with a corresponding absorption of caloric, the universe would again return to its pristine darkness.

But the physical universe may be given over to the materialist, without compromising the evidence of the existence of design in the works of nature. It may be that the several kinds of attraction are essential to the very existence of matter, and that these properties must come into operation at a period coeval with its first origin. Here for a moment we abandon the idea of a creation, and leave the materialist in possession of the field, to triumph in the thought that matter is eternal. But his triumph will be short-lived. There was a time when our earth was plainly incapable of maintaining any green or living thing on its surface. Whence then, let him say, did its green and living things originate? Let him show by what process a law, which he says is eternal, came into operation at a certain epoch. Let him state the facts which prove that the

mineral elements can, under any conceivable circumstances connected with the history of the earth's surface, pass into organic existences.

Here our sciolist friend snatches the case out of the materialist's hands, and cries,—we admit the power at the very commencement of things, but deny its exercise in the progress of time. But on what does our sciolist rest the evidence of the power which he admits? If he reject the conviction impressed on the mind of man by its inherent constitution that every change, phenomenon, or event in nature has a cause, which cause is found to imply the more or less remote exercise of a power, that is, of an intelligent power, he has thrown away the only natural source of our knowledge of that power, and therefore he has delivered himself up helpless into the hands of the atheist. If, on the other hand, he freely admit his notion of power to be derived from the inherent convictions of the human mind, why should he make gratuitous assumptions as to the epoch of its exercise, reasoning so that, while he is unsupported by any warrant from the rules of philosophy, he is exposing himself to attack on opposite sides at once from the theist and the atheist.

Having, however, once distinctly admitted his conviction of the real exercise of power, more or less remote, in the production of the phenomena of the universe, as afforded by the natural working of the human mind, he is then entitled in the way of hypothesis to exercise his ingenuity in considering whether any light can be thrown on the construction of the universe by the exercise of power developed at particular epochs, as in the specimen afforded above in reference to the hypothesis of the endowment of matter with the several kinds of attraction. Then our sciolist will say, Are we not at one? You contend there is an exercise of power implied in the contemplation of every event in nature, but you leave it undetermined at what epoch that power was really exerted. Why not say with me, all changes in the universe are the result of the properties of bodies and the laws of nature, which properties and which laws have been established from the first by an omnipotent power. To which we must answer. The difference between us is in appearance very slight, but really great, because you make that omnipotence a mere assumption without proof, whereas we contend that the individual proofs of the existence of that omnipotent power are offered in every thought which man directs towards the phenomena of the natural world, while we refuse to limit the operations of omnipotence to any epoch in time or in eternity.

Our argument hardly needs recapitulation. It is itself but a summary of well established views.

We would, however, press on the attention of those who are apt to be led away by the apparent simplicity and grandeur of the idea that everything takes place by law, that they should be on their

guard against admitting for a moment that there is no distinction between chance and design, notwithstanding that both are correctly described as the result of laws of nature.

The just view is, that the notion of power and design is a necessary and indispensable element in that operation of the human mind by which it contemplates the phenomena of the universe; hence, that while it recognises the laws or conditions under which such phenomena take place, it is naturally, or instinctively, impressed with the conviction that power and design are concerned in the determination of these laws.

Our argument is directed, in the first place, against the growing opinion that all the operations of nature may be referred exclusively to law without detriment to the belief that all laws, and all series of laws, can be ascribed on grounds of science, to the original fiat of an omnipotent intelligent cause. Our counterstatement is, that if we accustom ourselves to regard all the operations of nature as simply the effect of law, we teach ourselves to omit from our views of nature an instinctive feeling of our minds in the contemplation of her operations, suggestive of the exercise of power in the original establishment and continuation of such laws. In other words, that the limitation of the attention to law destroys the natural idea of the continual exercise of power in the phenomena of the universe, and that after having thus trained the mind to a limited aspect of things, the evidence on which rests the belief in the existence of an omnipotent intelligent cause, is also thrown aside, and when sought for in other lines of research, is nowhere to be found. Hence, then, to refer everything in nature to mere law, and to neglect the evidence of design everywhere discoverable, comes finally to the same as the profession, that there is no creative intelligence.

Our argument points out that the human mind uniformly recognises the distinction between things happening by chance and things happening by design; and yet, that everything which takes place, whether by chance or by design, occurs in strict obedience to laws of nature, while in design the laws that operate are held in definite control by an overruling influence.

But to sum up: since it is manifest that the human mind cannot comprehend infinity, all the laws of nature known to man are merely results of his own reflections on the universe; but if he confines himself to a one-sided reflection, without taking in all the suggestions which the contemplation of natural phenomena supplies, his final judgment cannot but be erroneous, one-sided, and wholly illogical.

Considerations with regard to Hereditary Influence.

By Henry Maudsley, M.D. Lond.

(Continued from vol. viii, p. 512.)

Es glaubt der Mensch sein Leben zu leiten, sich selbst zu führen, und sein Innerstes wird unwiderstehlich nach seinem Schicksale gezogen.*

Goethe's 'Egmont.'

Passing on from the consideration of influences which, before an individual's birth, and during the act of his generation, seem to have much to do with the determination of his destiny, it remains only to indicate the circumstances which may affect his nature during embryonic life. And although the effects which may then be produced are not truly hereditary, but in strict language connate, it is generally quite impossible to discriminate between them and such as are really inherited. There is no need to quote here any of the multitude of examples on record, testifying to the influence of the mother upon the embryo during gestation. It might be amusing, but it would scarce be profitable, to relate how that when Persina, Queen of Ethiopia, as Heliodorus tells, saw a very beautiful image of Andromeda, she brought forth a child, which was not only not an Ethiopian, but which was very like the image; how that children were born during the French Revolution who, as they grew up, were subject to unnatural terrors, and easily became insane, as Esquirol witnesses; and how that Hippocrates saved a woman who had a black child of a white husband, and who was thereupon accused of adultery, by attributing the result to the portrait of an Ethiopian on which the woman had gazed. Suffice it to say, that the direct influence of the mother's state of mind upon the embryo, has been popularly accepted at all times. Good use was made of the fact by the Jewish patriarch, who certainly never lacked advancement from want of worldly cunning, when he peeled the rods and "set them up before the flocks in the gutters in the watering troughs, when the flocks came to drink," so that the flocks "brought forth cattle ringstraked, speckled, and spotted," "and the man increased exceedingly."

Although it has been denied by good physiologists, chief amongst whom is Müller, that the so-called mother's marks are due to the influence of maternal states of mind, and there seems to be a great probability that the popular opinion upon that matter is a popular fallacy, yet it is admitted that a powerful mental shock in the mother may so far interfere with the nutritive processes of the em-

* Man fancies that he determines his life, that he guides himself; and all the while his nature is an irresistible part of his destiny.

bryo, as to cause a positive arrest of its development. It is natural to suppose, therefore, that important, though less marked, effects upon the delicate and developing nervous system of the fœtus, may proceed from less violent and sudden mental disturbance in the mother. There are not wanting facts which testify to such influence by the mother on the mental potentiality of the fœtus. In no other way is it possible at times to explain cases in which children have become insane at early ages, or in which infants have been maniacal almost immediately after birth. In the same category with such unhappily constituted creatures might be placed some of those children who are born plainly non-viable, and who perish in convulsions soon after their entrance into the world. Convulsions and fury are but different manifestations of the degeneration of vital force; and as the convulsions of an epileptic paroxysm may on some occasions be replaced by a maniacal attack, so the instability of infantile nerve-element may be displayed in madness or in convulsions. It is probable that the illegitimate infant sometimes owes its peculiar liability to a still-birth, or to madness, to an instability of organic element, produced by the agitation of its mother's mind during her gestation, as well as to the desperate shifts to which she is put in order to conceal its existence. How dark, indeed, is the outlook, and how malign must be the influence, of a mind which oscillates between a memory quivering with remorse, a turbulent agitation of present feeling, and forecastings gloomy as the grave! The mother's terror and grief at her necessities make terror and grief a part of the necessity to which her child is doomed. On the other hand, it is not inconceivable that a woman of strong mind might bring good out of the evil of an unmarried pregnancy, thus supplying another reason for illustrious bastards. If she calmly accepts her position, and soberly determines to abide by the consequences, to suffer and be strong—that is not an unhealthy frame of mind. To be self-denying, self-reliant, and self-contained, is to have arrived at a high degree of mental development; and an infant formed within such a mould, or rather *informed* by such a force, may well be supposed to acquire admirable constitutional qualities. It will be possessed of an innate adaptation to the trying circumstances of life—it will be in a sort of pre-established harmony with nature.

Every one readily perceives the marked effects of the passions upon the processes of organic life, and finds no difficulty, therefore, in admitting the probability of the mother's passions influencing her fœtus; but it may be doubted whether sufficient importance is generally attached to the quiet and gradual manner in which the organic life incorporates habitual frames of mind and grows to habitual modes of exercise. There is an evident law by which the organism developes in accordance with circumstances, so that an individual who at first acts artificially in a certain way, often comes

in the end to act naturally in that way, the act through organic adaptation becoming his nature. Many persons who begin by being false and hypocritical, end by being true to their acquired natures and sincere; they are then the worst hypocrites, for they are unconscious hypocrites, the falsest liars, for they know not when they are lying. Throughout life, indeed, conscious formation for unconscious action is a law of mental development. Many conscious efforts, for example, are needed in childhood to learn to walk; but in after life walking becomes an unconscious act, which scarce even demands a conscious effort to begin it. In like manner habits of thought are formed, and a strong character is one in which through conscious exercise a habit of willing has been formed, so that the will becomes almost "reflex." The culture of the mind has an ennobling influence upon the body, especially upon the countenance, and the evil passions in which an individual indulges are written down there by an unerring handwriting. Now it is of great importance to bear in mind that this law of organic adaptation operates through generations, so that the acquired nature of the individual by no means ends with him. On the contrary, it is certain that in some cases the habit or acquisition of the parent becomes the instinct of the offspring. Is it then anywise extravagant to conclude that the habitual frame of a mother's mind during gestation, must affect, in an important way, for good or for evil, the nervous potentiality of the child which she bears?

Do the circumstances of parturition themselves exert any considerable influence on the child's nature? Some observers have thought that they do. The only circumstances, however, which can justly be supposed to affect the child at that time, are the mechanical impediments which a large fœtal head, a small or deformed pelvis, or other accidental conditions, may place in the way of successful parturition. There seems to be no doubt that parturition takes place with greater ease and expedition amongst barbarians than in civilized communities. Travellers tell of the negro women retiring for such purpose for a short time from her labour into the bush, and then returning to her work; and we have the authority of the Abbe Frère, and that of Prichard, for the fact that the skulls of civilized people are larger than those of their barbarous ancestors. Nevertheless, if it be true that positive injury to the fœtal brain may be produced in certain labours of extreme difficulty, it is as true that in the great majority of difficult parturitions, as far as evidence reaches, no such mischievous effect is produced. And the supposition which connects in causative relation the difficulties of parturition with the greater frequency of diseases of the brain among the children of the civilized, is as negligent in what it omits as it is unwarranted in what it assumes. For there are very many circumstances which have gone to constitute the whole of the ante-

cedent influence exercised upon the offspring up to the time of its birth, and which are plainly more numerous in civilization than in barbarism, the influence of which should not be forgotten.

Thus far the circumstances which seem to be of consequence to an individual before his generation, during his generation, during embryonic life, and during parturition, have been indicated. In so complex a matter it will evidently be exceedingly difficult to distinguish the cause of any effect; for the cause may be far back in the distant past, or it may be only in the immediate past; it may be the inheritance of generations or only the unwelcome acquisition of the preceding generation. Nothing is strictly predicable; it is not absolutely certain that the child will inherit the infirmity of a vicious parent, nor is it absolutely certain that the child of a virtuous parent will not be infirm; that which is the true test of a science, the power of predicting results, here fails altogether. Still, beyond the reach of particular uncertainties, one conviction does issue with certainty from such considerations; it is a conviction of the wondrous power of what might seem to be the most trivial circumstances in determining the destiny of the future. How many a false deed would have remained unacted; how many a wicked lie unuttered, could the authors of them but have sincerely realised the eternal nature of action! On every moment hangs eternity, on every act immortality.

Intermixture of species and varieties.—It might naturally be supposed that the results of the intermixture of different species and varieties of animals, and of the different varieties of men, would furnish some data for the determination of the ways of hereditary action. The results are, however, so various, complex, and seemingly inconstant, that it has not hitherto been possible to use them with any success. When animals of different species are induced to cohabit, it often happens that there is no conception, and when conception does take place, abortion not unfrequently follows. Whenever real hybrids are produced, they are either barren or so little fruitful that the stock soon becomes extinct. Nature thus distinctly refuses to intermingle species; in organic as in inorganic nature there are properties of different elements which are hostile to combination. Strangely enough, however, too great similarity between the elements is also hostile to proper combination in organic nature. Families which breed in and in, until all variety is lost, and each individual is saturated with a certain family likeness of composition, become degenerate, sterile, and die out. Mixed offsprings originating from different sorts of animals within the limits of the same species, are said to exceed the parent races in vigour and in the tendency to multiplication; and in the human race the best result seems undoubtedly to proceed from two individuals belonging to the same variety, who yet differ considerably in character of body and mind.

When each possesses the qualities which the other wants, so that they complement one another, then the individual produced by their union under favorable circumstances realises in its nature the unity which they together make. It is a stable and excellent compound, a manifest development of organic nature. The statement as regards man is true only of individuals belonging to the same variety of the race; it is certainly not true of the union of the highest variety with a much lower variety, as, for example, of an European with a Bosjesman. Though the result in that case might be an exaltation of the Bosjesman it would certainly be a degeneration of the European; and although the Bosjesman and the European are not supposed to belong to different species, the result would unquestionably be very much like that which does proceed from the union of different species. Major Burton, indeed, says of the half-breeds of North America, that they are, like the mulatto, quasi-mules or hybrids, physically and morally degenerate, and often sterile. As their mission evidently is to die out with tolerable rapidity, it would appear that the tendency of natural law, in the intermixture of varieties of mankind, is to perpetuate the higher types.*

The infertility of hybrids, when we reflect upon it, would appear really to be a result of the operation of a law which is recognised as fundamental in organic development, namely, the law of progression from the general to the special, from the general tissue to special tissues, and from the general structure to special organs. For if hybrids were fertile, it is evident that species, which implies special organic adaptation to conditions of existence, must by intermingling be abolished. But as the special plan of being is in exact harmony with the external conditions, whether determined to such development by them or not, it is plain that the general plan could not be in such exact and excellent harmony with the external, and must either adapt itself thereto, in other words, develope into the special type, or must perish from inability of adaptation. It is very important to keep in mind that ascending vital manifestation through the animal kingdom thus signifies an increasing speciality and complexity of the relations of the individual with external nature. Even the superiority of the greatest philosopher over the ignorant clown or the miserable savage, lies essentially in the greater speciality and complexity of his relations with external nature; the ideas in his mind are developed as correlates of the laws in nature, and such

* According to Mr. Huxley, all that the hypothesis of Darwin requires, in order to place it "beyond the reach of all possible assault," is a demonstration of the possibility of developing from a particular stock, by selective breeding, two forms which should either be unable to cross with one another, or whose cross-bred offspring should be infertile with one another. Is not this practically the result in the case of half-breeds? And is it not possible by selective breeding, to obtain in time, from healthy human beings, idiots which cannot cross, or whose cross-bred offspring is infertile?

ideas are produced by a cerebral reaction to, and assimilation of, the impressions of nature. He illustrates, in fact, the operation of the law of natural selection; and it can admit of little doubt that but for his labours and moral action, the less favoured clown would degenerate into something very like a different species, and be compelled to give way to the higher species or more special organic adaptation which the philosopher represents. It is true that the union of a philosopher and a savage might be expected to be fruitful; but if we suppose the union of him with a being more degenerate than the savage, as, for example, an idiot, then the result would resemble that which follows the union of different species of animals.

Thus the differences between the varieties of men may be carried to such a degree as to render union between them unfruitful, and so far to render the differences equivalent to those which exist between species.

Such reflections would appear to suggest that there is some general plan or law in nature which, beyond the reach of individual peculiarities, governs the intermixture of different varieties of animals or of different individuals of the same variety—that there is the indication of some far-off event towards which the whole creation moves. Let us conceive, for illustration, the idea of a perfect dog, a dog which shall be strong and courageous as the bulldog, sharp-sighted and swift as the greyhound, of a scent as delicate as that of the bloodhound, and sagacious as the poodle, which shall, in short, have all the virtues of all the varieties of dogs. The imagination may represent to itself all the varieties of dogs as resulting from the splitting up of such an ideal dog; and the aim of canine development may be supposed to be to reconstitute this ideal in nature, to realise it in the concrete. Accordingly the introduction, in interbreeding, of any element which is wanting, and the addition of which will carry the result forwards towards the ideal, will be more likely to have a lasting effect upon the offspring than with the introduction of an inferior or degenerate element into a superior type. The courage of the bulldog will be more apt to abide in the offspring of it and a greyhound, than the want of scent of a greyhound to endure in the offspring of it and a bloodhound. How, indeed, should that which is a defect, or something wanting, have an equal probability of persistence in the order of nature with that which is perfecting, that which is exemplifying, the increasing speciality of adaptation to the external!

Similar speculations may be applied to the interbreeding of different varieties of mankind. Having formed the conception of an ideal man, it may be supposed that every element contributed by the parent which may tend to carry the result forward to the ideal, will have a much better guarantee of permanence than any element which is a degeneration from the ideal. In the struggle of the individual mind for development, there is simply a reflection in consciousness of

the deeper law which is in operation throughout organic nature; it needs no lengthy disquisition to prove that the human mind, in the aspirations of growth, is accustomed to set up an ideal of itself, the perfections of which it then labours to imitate. This it does simply because of the natural law of progression from the most simple and general form of life to that most complex and special development thereof, which is represented by the highest mental cultivation. Thus, then, this striving after a mental ideal is not merely a human and conscious manifestation, but is the evidence of a law, in the operation of which mankind is but an event; a law which extends far beyond the earliest commencement of man upon earth, and will continue probably beyond his latest existence. It is in accordance with this law that we assume the existence of an effort, so to speak, throughout nature to eliminate sooner or later any element which, in the propagation of life, is unfavorable to the plan of progress, just as on a small scale in the individual organism tainted with the syphilitic virus there is a continual effort to get rid of the poison and to revert to the sound type. If we endeavour to rise beyond that narrowness of view which regards everything as entirely in reference to the self, it must appear that, in the conception of a general plan of nature, a vice of disposition is no less morbid a taint than a vice-produced poison, and is as little likely to be endured longer than is necessary. But as the inferior race of man perishes when brought into contact with the superior race, or as monsters and other imperfect individuals are nonviable or unfruitful, so in the union of an individual of a superior character with another of an inferior character, other things being equal, the good, viable, perfecting elements of the former will endure, while the bad, defective, nonviable elements of the latter will tend towards extinction.

Hereditary action in disease.—The pathological action of hereditary influence is quite as difficult and obscure a subject as the physiological action thereof. Indeed, it is not altogether improbable that, if the latter were well understood, it might be possible to predict with tolerable accuracy the phenomena of the former. For the laws of health and disease are not different laws; and any science which professes to explain the laws of health, is radically imperfect if it cannot explain those of disease. A mental philosophy which ignores the lunatic, as so many systems of philosophy have done, is a mental philosophy which cannot be surely established; and the physiology which quietly dismisses an interference with its system as disease, is no science at all. Disease is as much a part of the history of life as health; and to die is quite as natural as to be born. The study, therefore, of the laws of morbid hereditary action might profitably be undertaken with the hope of throwing some light upon physiological action.

Observation shows that some diseases are transmitted from parent

to offspring with greater frequency than others, but that no disease is transmitted with absolute certainty: every disease may, in fact, pass from parent to child, but no disease must necessarily do so. Inasmuch, however, as reproduction is a general function, it has naturally been said that general disease will be most likely to pass by hereditary transmission. But as a single organ of the parent may in some mysterious manner transmit its infirmities through the spermatozoon to the offspring, why should hereditary influence be limited to general diseases? There is neither blood nor nerve to be found in the spermatozoon, but it contains somehow the potentiality of every histological element of the individual from whom it proceeds. Clearly, then, it may contain also the morbid disposition of any such potentiality. If a minute quantity of the virus of smallpox and a similarly minute quantity of the virus of typhoid fever were submitted to the experienced pathologist, he would be utterly unable to distinguish between them; but let them be introduced into a human body, and how great and manifest are the differences between their effects! In the smallest appreciable quantity of organic matter, or even in an inappreciable quantity thereof, there may plainly exist most various conditions which are not recognisable by our present science, but which very distinctly declare themselves when the due conditions of development are supplied.

It is furthermore evident that the actual disease is never transmitted by the parent; that which is inherited by the offspring is the potentiality of the disease or the conditions of its production under certain circumstances. When tubercle is said to be transmitted by hereditary influence, there is no tubercle in the spermatozoon, and when cancer descends in like manner there is no actual cancer in the elements of the semen. In however decided a manner a disease may descend, its appearance in the offspring must be a question of time and condition. It may manifest itself in the fœtus before birth, as with syphilis; or in the child immediately after birth, as is sometimes the case with tubercle; or perhaps not till late in life, as generally happens with cancer; but it certainly never does exist as an actual disease in the elements at the time of conception. Before the tissues are themselves developed, degenerate conditions of them or specific deposits in them, plainly cannot take place. The conditions of a disease of any structure are, then, in the so-called hereditary transmission of disease, intimately or indissolubly bound with the potentiality of the structure which there is in the spermatozoon; and the disease cannot declare itself before the development of that potentiality into an actuality, and will only declare itself on the supervention of that condition of the actual structure, which, together with favorable external circumstances, constitute the conditions of its development.

In the natural course of the development of the body a certain

tissue makes its appearance at a certain time, or at another period of life undergoes a certain exaltation of its functional activity. If there is not, by reason of an inherent infirmity, force sufficient to develope rightly the tissue, histological elements of an inferior order or lower species may be produced—and that is a diseased product. Or after the tissue has been produced, it may not be capable of the functional exaltation which is natural to it at a certain period. There is an instability of organic element which renders it unequal to the strain which is put upon it, and the unsuccessful attempt to respond is displayed in the degenerate tissue of the morbid material.* Diseases, especially those which are hereditary, are then more liable to appear at certain ages, because the organs or tissues in which they do appear then arrive at a certain activity. In infancy, for example, the lymphatic and nervous systems predominate, whilst the skin is soft and tender; and accordingly infancy is liable to scrofula, nervous affections, particularly convulsions, and variola. As years go on the muscular system developes more and more, and with the approach of puberty the arterial system attains to a greater predominance. Hence there is at that period a tendency to inflammatory diseases and hæmorrhage, and the foundations of phthisis are sometimes then laid. So far the organic activity has been directed chiefly to physical development; but after puberty, the sexual activity declares itself in the brain by exciting new desires and ideas, so that in addition to hysterical affections, hereditary mania with love notions is apt to appear. In manhood, rheumatism and gout; in more advanced age, abdominal diseases, hypochondria and melancholia; and in old age, relaxation of the nervous system and apoplexy, testify to the respective predominance of the different tissues and organs at these different periods.†

At the time of its birth an infant may suffer from pathological hereditary action in three different degrees, which, although they run insensibly into one another, it is convenient to distinguish. It may have a particular organic disposition, so that under certain circumstances the disease will certainly be produced, when it would not appear in a perfectly sound constitution under the same circumstances. There exists in such case a constitutional predisposing cause. Secondly, the actual germ of the disease may appear to be present, and may develope of its own energy, however favorable the external circumstances. And, thirdly, the disease itself may exist. As we travel backwards, however, from the time of birth to the period of conception, there must obviously be a time when there was no actual disease, no actual germ, but only the organic predisposition or particular constitutional idiosyncracy.

* This is treated of in an article on "The Theory of Vitality" in last number of 'Brit. For. Review' (October, 1863).

† Petit.

Let us consider the first of these conditions. Life in every form, physical and mental, is a relation; its phenomena result from the reciprocal action of an individual organism and external force; and disease, being a particular manifestation of life, is necessarily a relation also. Health is the consequence of a successful adaptation to the conditions of existence in the struggle of life, while disease is produced by a failure in such adaptation; hence health implies development and the continuance of the organism, and disease leads downwards to death. Now, the harmonious relation which must exist between the organism and the external in health, may obviously be disturbed either by a cause in the organism or by a cause in the external circumstances, or by a cause which springs partly from one and partly from the other. So that, assuming life, disease might properly be defined as an altered (unharmonious or discordant) relation of organic element to external nature, depending for its production on either singly, or on both conjointly. It is the last form of production that we are at present concerned with; we have a cause of disease arising from a natural infirmity of the organism, and from an order of circumstances positively unfavorable to the inherent feebleness. Were the organism in a state of perfect soundness, and in possession of that reserve power which it then has of adapting itself within certain limits to the condition of the external, those circumstances might not be sufficient to disturb the relation, and thus to initiate disease. Or, again, if the circumstances were of an extremely favorable character, and yet there did not exist an organic infirmity, it is possible that even then with due care the relation might not be disordered so far as to produce disease. But when there is plus unfavorable action from without with minus sound action or reaction from within, the sure conditions of disorder are established, and the evil must declare itself. Plainly, then, in such case the individual does not inherit the disease, nor does he inherit the certainty of it; all that he does inherit is a certain organic disposition which, on the occurrence of a certain order of external circumstances, will surely give rise to disease.

When we speak of the hereditary transmission of insanity, it is this first degree of pathological action that is implied. A particular disposition of nerve element has been inherited, which renders the individual liable to suffer from the ordinary circumstances of an average life. A person of the soundest constitution, whilst suffering temporarily from nervous exhaustion by reason of some great mental anxiety or some physical cause, may, if certain unfavorable external conditions happen to occur at that time, break down in mind, just as a strong man temporarily heated and exhausted by a great exertion may, from exposure to a powerful draught, get an acute pneumonia. In him the organic infirmity was a temporary and accidental production, and he needed only to have exercised due care whilst suffering,

to have avoided the unfavorable conditions, and he would have escaped the disease. But in the individual who has inherited an unfortunate disposition of nerve element, there is an innate and ever present infirmity; and the careful avoidance of unfavorable circumstances becomes a continual and almost hopeless task. For the organic infirmity may exist in every variety of degree, from a condition scarce distinguishable from perfect soundness to that worst of conditions in which insanity is produced on the first play of external circumstances, when, in fact, the infant becomes insane immediately after its birth. It is evident, also, that although great care will be necessary at all times when there is an organic predisposition to insanity, it will be especially necessary at those periods of life when there is a change in the physiological activity of the organism. For a considerable change in the relations of an infirm organism to the external, whether the cause be in one or in the other, must necessarily always be very critical. The times of puberty, of childbirth, and the climacteric period, will especially demand the most favorable collocation of external circumstances.

When the germ of a disease exists in the offspring at the time of its birth, it may happen that no external circumstances, however favorable, succeed in preventing its development. Still, even in that case, it is not to be supposed that the actual virus of the disease is transmitted in generation, though the certainty of the disease be so transmitted.

In the third degree of morbid hereditary action, the disease itself may exist in the infant at the time of birth. Under such circumstances, it may sometimes have been communicated by the mother during gestation. Thus, the mother suffers from smallpox, and the child is born with the smallpox, or she suffers from syphilis, and the child is born syphilitic. The disease is then not really hereditary, as it is not the result of any organic disposition transmitted in generation—it is connate. Practically, however, it is impossible to maintain the distinction; for a disease which is supposed to be connate may often be partly hereditary also. Thus, when M. Esquirol states that during the French revolution many idiotic children were born, he assumes the cause of the idiotcy to be in the terror and agitation which the mothers underwent during gestation. When, however, the child of an insane person is an idiot, the evil is strictly hereditary. But who can justly say, in the first case, how much may be owing to the parental mind before and during generation; and, again, who can say in the latter case that part of the ill effect is not produced during gestation? Without doubt, if our knowledge of the subject were definite and satisfactory, it would be necessary to distinguish between the infirmity which a child has inherited from infirm parents, that which has been communicated by sound parents during generation, and that which has had its origin during gesta-

tion; but in the present vague and uncertain state of knowledge, such precision can be nothing more than a devout imagination.

An accurate account of hereditary morbid action is rendered further impossible by the combination which seems to take place between diseases in generation. The father has one disease, and the mother has another; but the child has neither the disease of the father nor that of the mother, but a different disease of its own. Has it then inherited it? Here manifestly we come upon the law which has been found to be of so much importance in physiological action, the law, namely, of invention or combination—the variety-making law which is in regular operation throughout organic nature. There may be in generation a pathological as well as a physiological compound produced; and the compound in pathology as in chemistry, may not resemble in properties its constituents. The interbreeding of diseases may, like the interbreeding of different species of animals, give rise to hybrids; and there is not at present any exact knowledge of what forms the hybridism of disease may assume. When the parents are syphilitic some are of opinion that scrofula is produced in the child. When the parents are scrofulous, the child may have tubercle in its meninges or its mesenteric glands. When mania in the father combines with melancholia in the mother, the result, when there is one, is neither mania nor melancholia, but idiotcy—a further degeneration, as it were, in the retrograde metamorphosis of vital compound. Lugol finds insanity to be by no means rare among the parents of the scrofulous and tuberculous; and in one chapter of his work treats of hereditary scrofula from paralytic, epileptic, and insane parents. Whether or not it be true, as Virchow maintains, that there is not a single morbid product but what is a physiological element in some part of the organism at some period of life, it is evident that we may legitimately expect in pathological combination variety in the character of the morbid result and in the seat of it. The metamorphosis of morbid kinds in hereditary action is at any rate a subject which is deserving of investigation; and it is not improbable that its careful study might throw some light upon the obscurity of physiological action in generation.

Hereditary action in moral phenomena.—Dismissing now the phenomena which testify to the existence of laws governing hereditary influence with a full conviction of their certainty, though unable to discover what they are, it remains only to indicate their important bearing on certain facts in human life, in the consideration of which their influence is scarce sufficiently weighed. In truth, man finds it necessary to make divisions in his knowledge of nature; and then, fancying that the fact in nature must be conformable to his idea, believes that such divisions actually do exist. But nothing like a line of division does exist between one part of nature and another; and even the distinction made between life and death is a distinction

which human finiteness alone demands. One fact in nature, or one part of nature, however seemingly insignificant, has, properly looked at, relations to the all; and the laws which govern the motions of the smallest atom that floats in the sunbeam, or the minutest molecule that vibrates within the little world of an organic cell, are bound in inextricable harmony with the laws by which spheres revolve in their orbits, or those which govern the marvellous creations of god-like genius.*

The consideration of the order of physical facts, as concerned with man's nature, cannot fail to suggest reflections on their relation to his moral nature. As it appears that disobedience to the physical laws of nature by parents may be the cause of intellectual or moral idiotcy in children; and as it is certain that infraction of moral law may result in physical infirmity, it is plain that we cannot justly consider the moral and physical laws quite separately. The idiot, if we reflect, is not an accident; nor is the irreclaimable criminal an unaccountable casualty. They belong to the order of physical facts, and cannot be ignored by a philosophy which undertakes the conscientious explanation of natural phenomena. Moral responsibility and physical law must be brought into harmony if each is to preserve its reality; and the want of 'innate idea' in the idiot, and the absence of 'moral sense' in the persistent criminal, must receive their natural explanations.

It has been previously said that the phenomena of life result from the action and reaction between the individual and the nature which is external to him. As such relation becomes more special and complex in the higher forms of life, we designate it as cognition and action, or science and art. Experience teaches the individual that for the maintenance and successful development of his nature he must observe attentively the relations of things around him, and conform to the laws under which they exist; or, in other words, to the increased speciality of external impressions corresponding internal adaptations must take place. He burns his finger, and learns the properties of fire; he is poisoned by the marsh miasm, and he is moved to avoid or to drain the marsh; he observes the direction of the magnetic needle towards the pole, and he learns to navigate the seas; he studies the physical laws, and in the relation between him and external nature strives to place himself in conformity with them. Thus he has behind him the physical forces; thus he obtains the true development of his nature; and thus does the development of nature through him take place. Art, in truth, is not the reproduction of nature, but the development of nature through man; it is

* Denn wo Natur im reinen Kreise waltet
Ergreifen alle Welten sich.—*Goethe.*

Wherever nature works in one pure circle, all worlds are comprehended.

not the imitation of nature, but nature with a human element added. The perfection of art corresponds to the degree of science or knowledge acquired, and the degree of science represents the speciality and complexity of human adaptation to external nature.

An individual has not, however, merely to deal with inorganic matter and physical forces, but he has to deal with organic matter and so-called vital forces. Every other being is external nature to him. It is evident, then, that he must study, not only the laws of the physical forces, but also the modes of action of human force; it would be almost as foolish for any one to ignore the law of gravitation in the affairs of life as to ignore the passions of human nature in the conduct of life. The laws to which every one should conform in his intercourse with human nature are called moral laws; they are the natural laws governing his relations with that which is the highest development of nature. Any one may certainly disobey these laws, as he may disobey the physical laws, but he cannot do so with impunity; suffering will teach the error of disobedience to them as it teaches the error of disobedience to physical law. An individual, therefore, looking round at the external nature in harmonious relation with which he should develope, and wishful to form for himself rules of conduct, might thus subdivide natural laws:

Subdivision of the laws of nature, which are to be recognised, as the condition of successful intercourse with it.

a. Moral Laws; or the natural laws which are concerned with the intercourse between man and man, the knowledge of which is Moral Science.

b. Organic Laws; concerned with the production and development of organic bodies, the knowledge of which is Biology.

c. Chemical Laws; concerned with chemical combinations, and formularised as Chemical Science.

d. Physical Laws proper; concerned with ordinary matter and formularised as Physics.

Suppose, now, that any one should determine to confine his observations to one department of natural laws, and to study these without regarding their relations to other laws—should determine, for example, to examine into the laws of organic action without reference to chemistry or to physics—and what must be the result? Barren as the east wind, and even in so far as any result was obtained, positive error. An organic science is admitted by every one who has any knowledge of the subject, to be impossible, save on the basis of physical and chemical science; and by some it is soberly maintained that physiology is nothing more than applied physics and applied chemistry. And what better hope can there justly be of a moral science which is constructed independently of biology? It has already been shown that the drunkenness of parents may become the idiotcy

of children; and it is acknowledged that the propensity to drunkenness, like the propensity to thieving, or other crimes, may descend through generations. The moral character of a young fox which is born where foxes are hunted, is different from that of the young fox whose ancestors have never been hunted; there is in the former case much more cunning independently of individual experience. In like manner those who are born of inveterate criminals inherit a nature which exhibits an elective affinity for crime. Moral character is experimentally fashioned by us in the interbreeding of animals; and 'Ethology' has been proposed by Mr. J. S. Mill as an appropriate name for the science of the formation of character among mankind. Differences in the moral sensibility of the individual are again notably produced by bodily causes. The presence in the blood of some matter which should be excreted from it, influences the feelings and renders the ideas of the relations of external things inaccurate and unjust; and while temporary causes may thus produce temporary effects, causes which are constantly operating produce permanent effects. Seeing, then, that morality might even be described as applied biology, how is it possible to study moral science quite independently of biological science? The sciences are not distinct and independent growths like different trees on a certain soil, but interdependent like the branches and trunk of one tree. Cut off one science from the rest, and it is as a branch cut off from the vine which beareth no fruit, but speedily withereth away. In a vital unity with one another they reflect the unity of nature.

If the sciences are thus closely interdependent it becomes an important question whether they admit of different methods of investigation. It is generally acknowledged that an acquaintance with physical laws is obtained only by the careful observation and interpretation of nature; and the system, which at one time prevailed, of looking into the mind and of then transferring the feelings which were found there into objective realities as laws or principles of nature, has been abandoned in physical science. The inductive method has received universal sanction in its application to the physical, chemical, and organic laws of external nature; every one is content to allow that in the large department of nature over which these laws hold sway, he must regulate his conduct according to the generalisations which he has arrived at by means of observation and experiment. No unerring internal sense, no implanted or innate ideas are assumed to be available for obviating the necessity of tedious investigation or correcting the errors of hasty generalisation. But it is supposed to be different with regard to moral generalisations. A special 'moral sense' and certain 'innate ideas,' or the innate capacity of certain ideas, are generally assumed in moral phenomena. Morality is not, according to such view, a science arrived at by induction, but a revelation resting on principles inherent in the consti-

tution of man anterior to all observation. While the individual must labour to discover and develope his just relations to the whole of inorganic and a great part of organic nature, he has within himself principles of action with regard to that part of the organic world which humanity constitutes.

If the view which has been before taken of morality as a science existing in vital and indissoluble unity with other sciences be correct, there is obviously a great presumption against any proposition which disclaims the adoption of the inductive method. It will appear, *à priori*, improbable that the individual should have implanted in him certain guiding principles with reference to a particular department of nature. It will be furthermore impossible to define the extent of this special department; and there will arise the danger of a want of harmony, or of a positive contradiction, between the unalterable innate principles and the generalisations which are obtained by observation and ratiocination. Thus, for example, moral responsibility, which is the necessary correlate of the existence of a 'moral sense,' is irreconcilable with that which scientific investigation of the phenomena of hereditary action teaches with regard to the nature of certain constitutions. To look for moral action from certain natures is, in a scientific point of view, as vain and unreasonable as to look for grapes on thorns, or figs on thistles. Genius is not the individual's merit, and the moral idiot is so, not by virtue of his own choice, but by virtue of natural law.

It is not the place here to bring forward examples of the contradictory principles of morality which have prevailed amongst different nations for the purpose of exhibiting positive evidence of the non-existence of a universal moral sense; it is sufficient to say that the most earnest believers in the moral sense have been obliged to abandon the notion that it discerns what is right or wrong in the particular case. But as there is a right or wrong in the particular case, there must be some way of ascertaining it otherwise than by moral instinct; and if that other method is sufficient in one case, it is difficult to understand why it should not be sufficient in other cases, why, in fact, it should not be *the* method. There is good reason to believe, as has been already indicated, that this method, which is really the inductive method, is sufficient of itself, and alone meets all the difficulties of the subject.

What conclusions then, does the unbiassed observation of individuals teach with regard to the nature of moral sensibility? In the first place, it compels the admission that a special moral sense is not the invariable endowment of every human being; that the sense to discern what is right and what is wrong does not exist in like manner as the sense which discerns objects or the sense which hears sounds. In the second place, it is a necessary induction from the facts that there do exist differences between the moral sensibilities of

different individuals. Wherein then lies the difference between men in regard to their moral sensibilities? It is not owing merely to a greater or a less sensitiveness of nerve element, as it unquestionably happens that some who will faint at the sight of blood, weep at a harsh word, and in other ways evince their exceeding sensibility, may be cunning, vicious, deceitful, and in a moral point of view contemptible. On the other hand, an individual of somewhat obtuse sensibility, who cannot shed tears of compassion over a dead or dying ass, cannot fall into hysterical incoherencies on the news of a friend's death, cannot be grievously afflicted by the sufferings of a pet terrier, may yet be sound-hearted, honorable, utterly incapable of deceit, and painfully disgusted at the exhibition of it in another. Though a person of great sensibility might not unnaturally be supposed to feel ideas more acutely than one of duller sensibility, it does not thence follow that it will be a moral feeling of them; rather is it to be presumed that the former, being possessed with a feeling by which self is so vividly affected, will lose in accuracy of perception according to the degree of feeling, and will be unable to rise from the representative ideas of perception, and the attendant emotional affection, to the conception of ideas of the various relations of the object and the moral feeling which should accompany such general or abstract ideas. Thus a great sensibility may even act as a bar to the progression from the egoistic state of mental development to the altruistic stage. And it is accordingly a matter of observation, that some who possess great sensibility, and even considerable æsthetic feeling, are in a moral point of view very questionable mortals.

It cannot, again, be justly said that the moral differences between men are determined altogether by the degree of intellectual development. Given two individuals of exactly similar physical constitution, and it might perhaps be successfully argued, that the moral stature would be dependent upon the intellectual culture. But when the facts of life are appealed to, it is abundantly manifest that cleverness is not synonymous with moral feeling, nor dulness synonymous with vice. No rascality equals in selfish earnestness, cruel deliberation, and unfeeling abandonment, that of the educated criminal. The obtuse and ignorant labourer who, in a dull flare of half brutal passion, murders his wife, in all likelihood feels a horror of himself afterwards, and is burdened with the misery of an unaccustomed reflection, while the educated and polished scoundrel, with cool ingenuity and artistic execution, accomplishes crime after crime, and appears to be untroubled by the shadow of a remorse. The stories of the greatest criminals reveal, indeed, such a grievous absence of moral sensibility, that it might be truly said that an ingenious and educated mind, with the absence of moral sense, are the due conditions of a great criminal. The unlearned rogue, again, has a sort of

professional conscience, and will hold it a disgrace to betray his comrade, while the man of education, who has given himself up to a selfish and deceitful system of personal aggrandisement, is stayed by no sense of thieves' honour, and will with the utmost unconcern calmly undermine his nearest friend: all considerations seem to be absorbed in the cleverness of the intellectual game which he is playing. Devoting himself to a well-considered plan of accomplishing his self-centred purposes, he is emancipated from the restraints of moral feeling, and uses without compunction weapons which a better man would disdain. It is very certain that there may be great intellectual development of a sort without correlative moral development.

Meeting, then, as we unquestionably do, with sensibility of disposition without moral feeling, and insensibility of disposition with good moral feeling, intellect without morality, and stupidity with morality, it is an unavoidable conclusion that the moral sense or moral sensibility is not a constant gift of nature, but, like the musical sense, or great æsthetic feeling, an excellent endowment of some constitutions—that it may exist in different degrees in different persons, and that it may unhappily in some cases be absent altogether. It is certainly not a special sense which is present, even when it is not exercised—has not a potential existence in each individual—but it appears to be an excellent quality in the constitution of nerve element, whereby this reacts or vibrates to certain impressions in the high harmony of moral feeling; or, in other words, it is an altruistic feeling of the mind, whereby the individual places himself in the position of others and realises their relations. Hence it is that, as being the most delicate quality of nerve element, moral sensibility quickly suffers from anything which affects the condition of the nervous substance of the brain; as, for example, a blow on the head, a poison in the blood, or disease of the brain; while moral alienation is the most constant symptom, and, according to Esquirol, the proper characteristic, of mental derangement. Like a large and well-formed brain, then, or like a sound constitution, a good moral sense is a blessing to be thankful for, and certainly not any merit of the individual, who in such matter might well put up the prayer of the Arabian philosopher:—"O God, be kind to the wicked; to the good thou hast already been sufficiently kind in making them good."

If the moral sense be not an invariable endowment of every human being, but an acquisition in the course of human development through the ages, how is it determined in the individual? The obvious answer is, that what is innate in one man and not in another, must be determined by some law of hereditary influence; what other law, in fact, than that by which parental virtues and parental vices are not disappointed of their effects, but the good

man leaves an inheritance to his children's children, while the sins of the wicked are visited upon his children unto the third and fourth generations? When the fathers have eaten sour grapes, it is not a meaningless outburst of poetical imagination, but an actual law of nature, that the children's teeth are set on edge; and it may be acknowledged with Sir T. Browne as a truth, which observation establishes, that there is "a contrariety of vice unto the individual's nature," when "honesty and virtue lay in the same egg with him."

A life passed in obedience to the physical and moral laws of nature, notably fulfils those conditions which are necessary to the production of the greatest vigour and well-being while itself endures, and furthermore establishes such conditions as are most favorable to the production of future sound and vigorous life. The parent in such case may be said to transmit his virtue to his offspring in a pre-established harmony of constitution with natural laws, an innate tendency, as it were, to conform to them. And this tendency or heritage is, in reality, that potentiality which, according to the mode of its display, has been described as moral sense or innate idea; for the principles which account for the origin of the moral sense will be found to be applicable also to the production of so-called innate idea. The mode of origin of this innate potentiality, whether of moral feeling or of idea, affords indeed an example of that incorporation of conscious acquisition as unconscious stored-up power, which is constantly taking place in the individual life; it is as when those who migrate from their native land to other climes endow their progeny with an inherent adaptability to the new conditions; or it is as when the young fox or young dog inherits as an instinct the cunning which the parent has acquired by experience.

It might seem unnecessary to lay stress upon the great importance of an individual's inborn character, his *nature;* but it is remarkable how much this is generally overlooked or disregarded. The influence of systematic culture upon any one may unquestionably be great, but that which determines the possible extent of culture, the foundation upon which all the modifications of art must rest, is the inherited nature. Many an experience in life teaches the individual happily situated as regards his parentage how incalculable is his debt; and many an experience reveals to the observers of him who is unhappily situated as regards his parentage how certainly evil reproduces evil through generations. When the favorably endowed being has been compelled to act hastily, or under difficult and trying circumstances to which he was not consciously equal, or under great temptation to wrong, or in any other case in which his art was unavailable or ineffective, with what a lively thankfulness might he sometimes bless the nature which he has inherited, the reserve force of a sound and vigorous character which his parents have endowed

him with, and which has enabled him, as his leisurely consideration proves, to have done rightly when he knew not what he was doing! Again, how often is a man indebted to the nature which lies beneath his art for benefits which he does not appreciate? When, for example, he elaborately displays himself in accordance with certain rules of his art of self-formation, and thus represents himself as such and such a creature, it is often a positive blessing to him that, notwithstanding his efforts, his inherited nature peeps through all artifice, and reveals to men that he is not the fantastical fool which he would consciously appear.

Though industrious mediocrity labour earnestly day after day, from the rising of the sun to the going down of the same, yet will it not attain to the intuition of genius; what man is there that can by taking thought add one cubit to his stature? "Where natural logic prevails not, artificial too often faileth. Where nature fills the sails, the vessel goes smoothly on; and when judgment is the pilot, the insurance need not be high. When industry builds upon nature, we may expect pyramids; where that foundation is wanting, the structure must be low. They do most by books, who could do much without them; and he that chiefly owes himself unto himself, is the substantial man."* The man of great genius sometimes writes what appears to be mystical, or perhaps unmeaning, and mortals of much inferior mental capacity will helplessly wonder, complacently smile, or sneeringly deride. And yet the truth of the matter often is that the seemingly mystical man, being really a man of genius, is constitutionally in harmony with nature, and instinctively or intuitively feeling his harmonious relations, expresses them without a clear consciousness. Accordingly, others coming afterwards and labouring consciously to acquire that which the happily endowed being has inherited in his nature, by degrees find out the genuine and true signification which there was in his apparent mysticism. It is not the merit of genius that its insight should be great, as it is not the fault of idiotcy that its intellect should be deficient; in the mysterious course of events a particular organic compound has been formed, and the display of its properties is determined by a necessity as rigorous, though not as manifest, as that which governs the activity of a chemical compound or the blossoming of a particular plant.

Like considerations should rightly be borne in mind when dealing with the moral sense. As in the man of genius there is the innate capacity of the highest ideas, and as in the congenital idiot there is the innate incapacity of any ideas, while between the two extremes every gradation exists; so there is in certain constitutions the innate capacity of moral development, or, as might be said, an innate moral sense, while in others there is an innate incapacity of moral development, or an innate immoral sense —and between the extremes there exists every gra-

* 'Religio Medici.'

dation. And although we may not be able to point out those laws of hereditary action by which an excellent result ensues, there is the strongest reason to believe that a conscious or unconscious conformity to physical and moral laws through preceding generations is essential. This, at any rate, is certain, that those who systematically through life ignore moral obligations do curse their posterity with an innate deficiency, or complete absence, of moral sense. Even the merchant or man of business, who, forgetful of the reality of moral law, has laboured with persistent selfishness to gather together riches in the hope and expectation of founding a family, fails for the most part in his purpose, because he has striven to build a house, not upon the rock of eternal law, but upon the shifting sands of short-sighted selfishness.

That innate idea and moral sense should have been pronounced the invariable endowments of all mankind, has been due simply to this fact, that it is the men of a certain intellectual culture who write books and promulgate systems. These philosophers have in this matter, as is customary with them, converted the subjective phenomena of their consciousness into objective realities, and have declared that which was true of their minds to be true for all humanity. All, meanwhile, that they were really entitled to say was, that moral sense is something which is necessarily acquired in the course of human development through the ages. Let us briefly point out, then, the probable manner of its acquisition.

The infantile condition of mankind, as exhibited by barbarians, never offers a pleasing spectacle; for the innocent simplicity and stern virtues of the savages, like their superior strength, exist only in the imagination of the novelist. Cruel, sensual, and deceitful, they are as ignorant of the laws which should regulate human intercourse, as they are of the physical laws. The experience of suffering which sooner or later moves a people to an observation of the physical laws, reveals the necessity of some laws to regulate intercourse between man and man. As a social being man early perceives that the uncontrolled indulgence of the desires of the individual is incompatible with the rights of others, and will not be endured by them. Whosoever, obeying only his own instinct of self-conservation, strives for all the gratification which he can obtain, regardless of others, arouses the antagonism of their self-conservative instincts, and suffers for his inconsiderate selfishness. But as man is not, like the animals, entirely under the sway of his instincts, but is endowed with an intelligence which discloses to him his manifold relations to others, he soon learns that the true good of each individual is attainable only by a regard to the good of all; and he accordingly makes certain simple generalisations, which are the crudest recognition of moral law, just as his simple generalisations respecting inorganic nature are the crudest recognition of physical law. If we suppose the simple savage to take to his arms a squaw of whom he has children, then

the feeling which he had for himself alone will expand so as to include his family; he would now resent an injury to his family as he formerly resented an injury to himself. But he has sufficient intelligence to perceive that what would be an injustice and something to be resented if inflicted upon his family, is an injustice which will be resented if inflicted upon another's family. There arise then a desire and a determination that the offender should be punished. Hence it is that the primitive justice of mankind is always a simple vengeance—it is the *lex talionis*, the eye for the eye and the tooth for the tooth. But as the fierce vengeance of the Jewish law developes into the gentle holiness of the moral code of the New Testament, so an advancing nation proceeds gradually from the primitive justice of stern retaliation to the moral justice which strikes regretfully, rather in sorrow than in anger. That which begins as a moral cognition becomes in the course of generations, under favorable circumstances, an instinct of the being; and it is then called a moral sense. It is a painful illustration of the difficulty, if it is not a proof of the hopelessness, of implanting a moral sense in mankind generally, that even at this stage of civilization the brutality of the savage's nature should now and then break triumphantly forth, and brand that which is the highest development of humanity in an opprobrious sense as humanitarianism.

Regarding, then, the genesis of intelligence in mankind, it is evident that, in the order of existence, intellectual cognition does and must precede moral feeling. The moral endowment of the individual must depend, therefore, greatly upon the age and the country in which he is born; he will to some extent reflect the spirit of the times. Born in an age of great intellectual culture, he may possess a moral sensibility and the capacity of certain so-called innate ideas; born in the lower stages of human development, he will probably possess neither one nor the other. But within the general influence of the condition of the age, the moral nature of the individual will be determined by his ancestral conditions. If he has the misfortune to be born with little or no moral sense, education and a favorable collocation of circumstances are the means to be used to remedy the deficiency. An endeavour must be made to implant during a single life that which should have been forming through generations; the individual has to begin for himself that which his ancestors should have laid the deep foundations of. Even then, however, unfortunate as he unquestionably is in view of the difficulty of implanting a moral element in one generation, he is not beginning entirely from the beginning; for he has in his external circumstances the advantage of the development of humanity. The social conditions by which he is surrounded exert their influence upon him from the moment of his birth; in the language which he is taught and uses, there are summed up the results of ages of human experience; in moral science, indeed, as in physical

science, he is the inheritor of the acquisitions of the past. It is impossible to dissociate from any individual the influence of the culture of humanity; and it is impossible, therefore, to draw from the individual life a just argument as to the mode of origin of the moral sense. A true induction must include much wider ground than the individual.

If the foregoing account of the origin of the moral instinct or sense be correct, it may be asked how it is that it has not long since developed into a feeling of all the moral relations of nature. Much might be said in reply; but the reasons may be shortly described, as, first, an erroneous method of moral culture, and, secondly, the imperfect state of intellectual development. If any one will take the trouble to ascertain what it is which really influences those who are abandoned, and seemingly destitute of any morality, when they do not indulge the passion of the moment, but exhibit a self-denial which a monkey would not do, he will learn that there is no moral feeling in such primitive morality, but simply a rational conviction of the ultimate advantage of such conduct to themselves. The worst classes have their morality, though it is not the world's morality; and it does influence their conduct because it is founded on the principle of utility. It may appear strange, but it is nevertheless true, that a thief will refrain from injuring his fellow-scoundrel, and will feel positively uncomfortable if he has done so, though he has injured society all his life without any compunction, and that, not simply because he fears the other may find him out and retaliate, but actually because he has a conviction that such immorality will not in the course of nature go unpunished. He fears that he will have 'bad luck' in consequence. Now, would it not be an excellent thing, and, indeed, the proper system, to instil into his mind and into every mind the conviction that all sin must in the long run inevitably bring bad luck? It is no dream of the fancy, but an actual law of nature, that it does sooner or later thus revenge itself; and the belief does operate to a much greater extent than is commonly supposed in preserving the morality of the world. Acknowledged or unacknowledged it is, too, the fundamental principle of all practical morality. Let it then be recognised as the basis of a science; let the conviction be produced in the minds of men of the advantages of morality in this life, of the actual necessity thereof for the avoidance of suffering and the prevention of misery; and is there not reason to suppose that the moral feeling would be strengthened, and become more widely diffused in human nature? When morality is acknowledged to be a science which must be built up on the inductive method, men will find their profit in practising it, as they now find their profit in applied physical science.

A second consideration is the condition of intellectual development. That a science of morality should receive but little acceptation among men need excite no surprise when we consider its

relation to the other sciences. The period since the first systematic application to the true method of gaining knowledge by the observation and interpretation of nature can scarce yet be counted by centuries; and as moral science relates to the highest and most complex department of nature, it plainly cannot be rightly built up except on the foundation of the less complex sciences. In the order of the development of nature moral development is the last and highest manifestation; the inductive philosophy demands, therefore, that it should be the last and highest study. Past experience completely confirms in this respect philosophical theory. When moral phenomena are treated of as belonging to a distinct and independent order of things, facts invariably drag the unwilling dogmatiser into the domain of organic law; his head may be in the clouds, but his feet must be on the earth; dealing with one part of nature he cannot escape the laws of the rest of nature. To an acquaintance with the physical laws mankind are rapidly passing; they are laying, therefore, the true foundations of a moral science which must influence conduct as it will supply plain utilitarian reasons for moral principles which the intuition of the inspired has always recognised.

Some sanguine mortals seem already to discern the dawn of a brighter era, whilst others of less ardent faith may see on the distant horizon the gathering clouds which are destined to overspread the whole heavens. Let the pessimist and the optimist each cherish undisturbed his favorite fancy. What unhappily admits of no dispute is that even at the present advanced stage of civilisation it is not the blessing to an individual which it should be when he is born with a fair amount of moral sensibility. The world receives him, and, instead of placing him in circumstances in which the very delicate shoot might be sheltered from rude storms, and find the most favorable nourishment so as to develope into a holy moral life, it rather surrounds him with circumstances in which it is a mercy and a miracle if the tender shoot is not at once blasted. Lies disguised as conventionalities, hypocrisies as respectabilities, the direst selfishness as legitimate trade, are nothing less than actual poisons; and it would be almost as easy to make an animal breathe and live in an atmosphere of carbonic oxide as to make the moral sense live and develope under such killing conditions. Inasmuch as men, with a profession of faith in their mouths, which angels might adopt, do notably act in a way which devils could not disdain, it would appear that there must be some unrecognised good in thus making of human life an organised hypocrisy and a systematic inconsistency. Between nations it would be deemed puerile or fanatical to speak of morality; patriotism is in such case the highest virtue, and it is deemed a greater merit to a statesman to have maintained the honour of his country than to have maintained the honour of humanity. And yet if moral laws do exist in nature, a simple-

minded mortal might consider that they concerned nations just as much as individuals! Let us return to the developing savage; he has already passed from the stage of individual selfishness to that of family selfishness; and we may now suppose him to undergo further development, and arrive at a love for his tribe. By how much love of family is a greater virtue than love of self, by so much is love of tribe a greater virtue than love of family. But his tribe increases and multiplies, becomes a powerful nation, enslaves other peoples, takes possession of their lands, and, if they resist, blows the rebels from the ends of guns; it has become a mighty empire, on which the sun never sets. Unfortunately, this ideal savage cannot stay his development at that stage of selfishness which patriotism represents; he actually sympathises with the down-trodden and afflicted, thinking that the love of humanity surpasses the love of country in as great degree as the love of country surpasses the love of family. Such an one would surely be rejected by the nineteenth century as an impracticable fanatic. Does not such a state of matters prove, however, that there is great need of a moral science?—a science which shall be formed by careful induction, shall recognise the activity as well as the passivity of man, and make human action consistent with human profession. Perhaps, in place of asking how it is that men have not fully recognised their moral relations, it might more justly be asked how it is that they have contrived to develope so much moral feeling. Had it not been that in the helpless infancy of human reason the intuition of the prophets came to the rescue, the outlook for humanity must have been exceeding dark.

In conclusion, then, it may be added that the supposition that definite laws of organic combination do exist and determine the nature of the individual as surely, though not yet as clearly, as the laws of chemical combination determine the nature of a chemical compound, can afford no possible excuse for the selfish indolence of an inactive fatalism. Rather is there imposed on every one a very serious responsibility, seeing how much the destinies of coming generations is in the power of the present generation. Neither the evil nor the good which a man does is interred with his bones; and long after the individual has gone to sleep, posterity may be receiving the benefit of his virtues or paying the penalty of his vices. If we could only read his words in their natural sense, it would appear that Solomon simply gave the results of his observation and reflection when he said that the "good man leaves an inheritance to his children's children;" and it is a simple scientific truth that the "sins of the father are visited upon the children unto the third and fourth generations;" *denn alle Schuld rächt sich auf Erden.**

* For all sin is avenged upon earth.

German Psychiatrie; an Introductory Lecture, read at the opening of the Psychiatric Clinique, in Zürich (*Summer Session*, 1863). By Prof. W. Griesinger, M.D., Author of 'Die Pathologie und Therapie de Psychischen, Krankheiten.' (*Translation from the German.*)

Gentlemen,—Rarely has a survey of my labours in science, and as a teacher, afforded me so much gratification as on the present occasion. It has been my good fortune to bring about for the first time the introduction into the course of our medical studies, in this place, of a clinical course on Psychiatrie, thus claiming for this branch of medicine its true position as a proper and profitable subject of study, and as one demanding alike systematic and clinical instruction. And, in the first place, it behoves me to express my thanks to all those magistrates who have furthered, in the most intelligent and effective manner, my endeavours to establish this new clinical course. It is about a year since I first mooted the question of the institution of this *clinique*, and I had the gratification of seeing my ideas rightly understood, and favorably received. Moreover, in the course of the previous winter, the offer was made to me by the government, to undertake the professional direction of the lunatic asylum, an offer which I readily accepted, with a view to this plan for clinical instruction in mental maladies. Hence the speedy establishment of the course. For twenty years, indeed, I have publicly claimed for Psychiatrie its recognition as a regular portion of medical education. Whilst in many other places prevailing difficulties and scruples have defeated the project, we have here speedily found the means to commence this admittedly judicious and useful work, and thereby to secure a new and valuable addition to the educational advantages of our University.

In some respects the subject of Psychiatrie will of course be new to you; in others it may be readily understood, or may easily be made clear by clinical observation. For Psychiatrie has two sides, and must be considered from two points of view, which may not at first seem equally intelligible to the physician. Thus, first of all there are observed, in regard to the insane, those facts that of themselves constitute them insane, viz., their speech, demeanour, and actions, which differ from those of persons of sound mind, are evidently dictated by different motives, derive their origin from other sources, and are rightly viewed in a medico-legal light, as so many indications that their judgment is warped, and unlike that of sane persons. This is the psychological side of the subject. It is the only one which is tangible to the non-medical observer, or which appears interesting and piquant. Indeed, it is not long since scientific psychiatry was

occupied almost entirely with this side of the question; and at the present time it may more or less satisfy those so-called psychological physicians, who, taking their stand upon the popular aspect of the question, find little or no interest in Psychiatric, save in the silly words and acts of their mentally disordered patients. Yet, although such a one-sided view is to be rejected, this consideration of mental disorders from a psychological point of view, is nevertheless both necessary and serviceable to a firm and constant connection with the other aspect of the subject to be next spoken of. It is rightly incumbent upon the physician to be able, at least to some extent, to distinguish the departures from the normal mental manifestations; and it is the more necessary to impose this duty upon him, inasmuch as in such a wide study of mental disease, such as is to-day possible, this the metaphysical method, must not entirely be replaced by the positive method, and it will be my endeavour in these lectures to make this side of the subject, which in fact gives to Psychiatric its characteristic as a special branch of medicine, as clear as possible to you. Yet, despite the metaphysical characteristics of Psychiatric, it is still only in its relations to practical medicine that we are really concerned with them. It is the problems, the hypotheses, and the methods of medical experience which here, as in general pathology, we seek to unfold. There is also a second, and in a narrower sense, a medical aspect of mental disorder, viewed from which point, what the patient says, does, or expresses in his gestures, excepting as they relate to his delusions, are of little or no value, while the results of our observations on his physical organism are of the highest, indeed the only value. This double aspect of the subject is of course familiar only to the well-educated physician, and he only can be a true physician of the mind, who knows how to use every available means known at the present day for their investigation, and who has earnestly studied how to form a diagnosis, and to apply treatment according to the teaching of modern medicine. Diagnosis and Therapeutics are also in Psychiatric the end and aim of our art.

On a closer consideration of the subject of diagnosis in mental disorder, it is seen that it is not so distinct, and its objects not so well understood, as is the diagnosis of ordinary disease. In these introductory observations to our clinical course, it will, therefore, be well worth inquiring what there is in the diagnosis of mental disorders of a special nature and importance, what are the peculiar diagnostic ends and purposes to be attained, and in what manner these can be best secured. In the discussion of these questions, which are familiar to the minds of all of you in respect to general medicine, but which, in reference to Psychiatric, have not been generally sufficiently recognised and examined, we shall deal with one of the practical and fundamental problems of this branch of medicine.

Usually, and at the present day, in all instances, the question in the diagnosis of insanity to be solved, is, first of all, the determination of the species of mental aberration. This is very natural. When the first and fundamental fact is arrived at, that an individual is insane, the next question that occurs is how, or in what manner, is his mind disturbed, how are his bodily functions disordered? In seeking for an answer to this question, the endeavour is to refer the case to one of the classes and categories into which disorders of the mind have been divided. All such divisions hitherto contrived, excepting a few partial and unsuccessful attempts of very recent date, have been projected in a psychological point of view. They are very various in their plan, for whilst one has in constructing his divisions kept in view the psychical disturbance in its entirety of phenomena, another has seized on the presumed defects of certain mental powers or faculties, such as disorder of the emotions, of the intellect, of the will, or made use of the fact of the general or partial nature of the insanity, or has contrived some other principles of classification. In my writings on mental disease I have adopted the simple division into psychical depression, psychical exaltation, and psychical debility. Without claiming for this scheme a character for completeness, it appears to me to be tolerably comprehensive, and of easy application and use. It has the advantage of applying equally to the course and to the prognosis of concrete cases; for in the great majority of cases these three primary divisions stand in the relation to each other of three fundamental phases, which become developed in succession, the last of them, the state of weakened powers, of psychical debility, representing under almost all circumstances, an incurable secondary condition or stage. It is as well to allude to the circumstance that this division admits of comparatively great expansion, and would be preferred by many, from a wish to render the subject more perfect, if it were artificially broken up into a number of defined classes and sub-classes.

But as is always the case with these classifications, even with the best, they represent only the signs of abnormal psychical conditions, and besides supplying designations for the species of mental disturbance, have no other value. And in many respects, as in connection with forensic Psyshiatrie, it is, without contradiction, of great value to be able in this manner to designate in brief and appropriate terms the species of the disordered mental state. But it may be asked, is the medical problem of diagnosis exhausted by the determination of the fact that a patient is melancholic, or maniacal, or demented? Is not such a result both inadequate and of slight value? There are indeed cases, where such an indication and naming of the variety of insanity is attended by considerable difficulty, yet as far as concerns the greater number, an intelligent and experienced attendant can arrive at an equally accurate diagnosis!

No, the settling of the position of a case in one of these psycho-pathological categories cannot constitute true diagnosis. Those classes themselves are not so distinctly defined and limited that special diseases can be discovered in them; many conditions fall under this or that head; mania occurs as a variety of itself, yet it is also ofttimes a complication of a state of dementia. Nymphomania is a form of mania, of psychical excitement, but it is often varied by a marked melancholic stage, and then bears the external impress of depression. How often, too, do we see a sudden transformation of exaltation into depression? Now and then external circumstances exert an influence; it can possess no special interest in diagnosis if the patient be to-day somewhat more excited or more depressed; whereas, in a practical point of view, there are probably conditions present, quite of another sort, which are of weighty importance and influence, with respect to his actual state and prospects, as for instance, inequality of the pupils or stammering of the tongue. And, even were this not true, and did we refuse to allow the practical aims of our art to determine the question, yet still it may be asked of mental depression and mania, as only forms of delirium, to what diseases does the delirium belong? On this question, on the actual changes existing in the organism, next to nothing is predicated when the ability has been acquired of being able to designate, according to the system under consideration, in brief terms the form of disturbance of the intellectual functions.

These .considerations inevitably lead to the conclusion that the psychical disorder is only a symptom or a group of symptoms; in short, a symptom of an affection of the brain, a delirium resulting from those discovered psychical manifestations whose seat and organ is the human brain. That most devoted cultivator of Psychiatrie, Jacobi, more than thirty years ago propounded the doctrine in Germany, that in reality, mental disorder has no actual existence, but that insanity is associated with bodily lesion; that madness consists in a chronic delirium, which, like the acute, may depend upon various diseased conditions, and that the investigation of these morbid states is the primary object of the physician. The particular way and manner whereby Jacobi sought to establish these propositions, and to solve the several problems, of which I cannot now further speak, I have been unable myself to apprehend; but the symptomatic significance and nature of insanity are under all circumstances most completely and satisfactorily demonstrated by him.

In the present state of our knowledge of mental disorders we are called upon to recognise in them the symptoms of lesion of the brain and nerves; and the admission and right conception of this hypothesis render the end and aim of diagnosis in that disease clear and distinct. *To determine not merely the character of the mental aberration, but, as far as possible, the nature of the lesion of the brain*

and nerves; this is the real problem for solution, the special business of diagnosis in insanity.

Melancholia may be detected with six or ten, and dementia with twenty different cerebral affections. These subsisting lesions constitute the real subjects of treatment, and their discovery is the true province of diagnosis. Thus is Psychiatric intimately allied with the whole subject of cerebral and nerve pathology. What Psychiatrie is, is understood by him alone who comprehends this intimate alliance, and he only who has been duly instructed in the difficult questions of diagnosis in cerebral and nerve diseases can embark on these problems respecting mental disorder with hope of satisfactory results. As yet, indeed, it is not within my power to present to you in this almost untrodden path any finished results, or any completeness of information; but it is my duty to point out the direction for research, and to indicate the way whereby the goal may be attained. And, first of all, pathological anatomy, whereby the palpable changes of the brain are unfolded, opens the way through which these cerebral diseases should be studied. And assuredly this must be zealously pursued. We very frequently observe in organic lesions of the brain, in the case of tumours, of atrophy, of widely extended hydrocephalus, of hæmatom, of cysticerces, &c., manifestations of disordered psychical action; of phenomena which may with facility be referred to melancholia, maniacal excitement, or to dementia, and may always be presumed to be associated with the grosser anatomical lesions of the cranial cavity; whereas the determination of the character of these lesions, by means of rules founded on clinical observation, which will occur to your minds, is the true primary object of diagnosis. Here occur the questions whether the disease be diffused or localised; where the centre of disease (or deposit) is, and of what nature it is? In centric disease the psychical disturbance is often decidedly connected with concurrent active pathological alterations within the cranium, as effusion into the ventricles, compression of the brain, general cerebral anæmia, &c. Moreover they take the form rather of mental weakness, and, in the later stages, symptoms of drowsiness and coma supervene.

Nevertheless, anatomy gives us no extensive insight into the nature of insanity. Many chronic cerebral affections no more present us with any palpable results in the shape of tangible post-mortem changes, than do the vast majority of cases of delirium connected with acute diseases. The long abiding and active delirium of typhus, usually leaves no definite cerebral changes discoverable after death; the same holds true in numerous instances of mental disease. This statement applies more especially in the case of recent, or of primary forms of this malady, for in its many secondary forms with which some degreee of mental weakness is most frequently associated,

we frequently find some alteration of the brain, such as a reduction of its volume, or the existence of chronic hydrocephalus. But it is a fact again, that at present we cannot detect these usual changes from the symptoms exhibited in individual cases, and even in the singular group of symptoms characterising dementia with progressive paralysis,—a morbid state common in asylums, and to which a tolerably definite anatomical history attaches, admit of no specific anatomical diagnosis being deduced from them in concrete cases, inasmuch as there is constantly a great diversity in the changes existing in individual cases. Thus we see the most accessible and surest basis of diagnosis,—the anatomical, elude our grasp. How then, it will be asked, are we to solve the problem of being able to diagnose the pathological state of the nervous system in insanity? Does not its solution threaten thus at the very outset to escape our hands?

We express the symptomatic character of such cerebral disease approximately, and also partially, when we assert that it is dependent on excitement or on depression of the brain, or raise the question of the existence of irritation or of depression, or of actual weakness and paralysis of the cerebral functions. The recognition of these mere differences, the formation of a diagnosis even of this general character, has a high value in respect to the therapeutics of the malady. In fact we often possess no other rational basis, and we treat a case presented to us simply in reference to this general pathological character, as one of cerebral irritation, and in so doing act both rationally and beneficially. Nevertheless it must be granted that these characters, although by no means valueless, point only to what is very general with respect to the actual condition, and do not in any instance render the interpretation of the phenomena, for the purposes of classification, either more clear or more certain. At all events there is nothing of completeness in all this; on the contrary, we must further prosecute our inquiry in the direction of what experience can teach us relative to the complex cerebral and nervous symptoms which are met with in the insane. In so doing we examine these phenomena as they actually present themselves, or as they make their appearance out of the entire complex mass of diseases complicated with insanity, and seek as a preliminary measure to throw them into a certain number of groups, constructed as far as practicable in harmony with the whole collection of cerebral, and especially of nervous disorders.

Such a grouping of phenomena is always one of the primitive stages in the development of natural science. The existence of common external relations or of partial homologies, serve as the first bases of separation or of combination in the absence of the proper principles of classification. Thus, for example, in chemistry, the old groups of fats, of acids, &c., which were for the time of much value, have, with the advance of a more thorough knowledge of the elementary combinations of bodies, become broken up or been

completely transformed, and other divisions founded on surer principles substituted in their stead. In the same way must we proceed in forming groupings in Psychiatrie, contenting ourselves in the first instance with a preliminary effort to educe from the great heap and complexity of concrete cases some leading typical symptoms derived from experience with the newest affinity, without any pretension to completeness, and whether they be many or few.

An example will best illustrate what I mean by this symptomatic grouping. The collection of symptoms known as epilepsy presents no such numerous and extreme varieties as does that which we call "insanity;" nevertheless, it permits of the formation of several very proper and practically important groups, of which some are based on symptomatic and others upon etiological grounds. Thus there is an evident distinction between epilepsy which is attended throughout the year, and at almost all times of the day, by quite slight, incomplete, and short fits, lasting only a few seconds (such we meet with in practice among children), and that form of epilepsy which produces a perfect fit every second year, or that one which is coupled with hemiplegia, or that which is complicated with progressive anæsthesia, or lastly those varieties of it that are associated with original dementia, or with some other form of mental disturbance. Should we seek to establish our symptomatic groups not on the psychical features alone, but on the entire collection of nervous symptoms, we must particularly remark if, and in what manner in the case before us, the sensitive and motor mechanism, apart from the psychical functions, is disordered; whether and in what degree serious anomalies of sensation and motion are present, and are combined with insanity in a single comparatively constant group of symptoms. From the diversity of symptoms we may infer a difference in the condition and operations of the nervous apparatus, and obtain a clue, not indeed to an anatomically founded diagnosis, but to a symptomatic-physiological one. In this way cases of mental disease can be separated into several groups, some of the most suggestive of which I shall now point out by way of illustration and example.

I. Those cases where the psychical disorder is connected with *considerable anomalies of sensibility*, and more frequently than not actually depend upon them.

1. Foremost among these abnormal conditions may be mentioned a very frequent, and in my judgment most interesting and weighty one, which constitutes a very common form of primary mental disorder, to which I shall have frequently to call your attention in the wards of the asylum. It presents itself under the form of an essential constituent portion of the entire affection, and consists of a morbid sensation in the neighbourhood of the sternum, or in the epigastrium, of a feeling of pressure, weight and positive pain, from

which follow an intense depression of the mind, a feeling of mental anguish and of fear, with corresponding ideas and habits of thought. These sensations in the epigastrium, or as the patients themselves, who all point to the same spot, say, "at the heart," usually make their onset suddenly, and may as quickly vanish, though this is far less common than their gradual decline; moreover, the melancholic agitation of mind induced by them, assumes in very many instances in a certain degree the form of positive excitement, breaking out at times in downright desperation. The prognosis in such cases is in general favorable.

It is at present quite unknown to what this sensation is rightly to be attributed; it has been for the most part regarded as purely a nervous condition, and possibly this notion may be correct. It is a remarkably frequent circumstance in these cases, to find a very perceptible thrusting upwards of the diaphragm, with a corresponding amount of displacement of the heart towards the middle line, and a state approaching emphysema, with more frequently than not distinct symptoms of congestion of the pulmonary circulation. I am not clear as to what part these conditions play in originating those sensations which so wonderfully react on the psychical functions; and at present we must look upon the condition in question as especially a sensation, an anomaly of sensibility, and make use of it as such to characterise a group—the *præcordial form.*

2. Another, though much rarer symptom, occurring only in the first stages of the development of cerebral disorder, that gives a certain peculiarity to a set of cases, and sometimes reveals the basis of an early and severe complication, is a high degree of vertigo. This symptom can also exercise a material influence on the features of insanity; but its true origin—perhaps essentially an anomaly of muscular sensibility—is unknown. The small group it characterises may be designated the *vertiginous form.*

3. The sometimes primarily, at others subsequently produced conditions, marked by comparatively severe anomalous sensations in single parts of the body or throughout it, are of extreme interest. The patients themselves variously describe these sensations, as waves, streams, or draggings, as electric shocks, as the pulling of cords, or the enveloping of the body in a web, &c. They are moreover at times connected with weakness of the lower extremities. In some few instances we observe these sensations affecting nearly the whole body, but always progressing and increasing in severity in a gradual manner, and unaccompanied by insanity. In this form we usually find them associated with the comprehensive family groups of hysteria or hypochondriasis, under which so many heterogeneous things are brought together. When associated with insanity they constitute its material feature, and their unfortunate sufferers attribute them to the machinations of strangers, and numerous are the

books and brochures, some of them with illustrations of the supposed mechanism whereby their torments are produced, which have been penned by patients afflicted with this form of insanity. These conditions are referable to the several named and rather artificially contrived varieties of anomalous sensations of the skin and of the general sensibility, and may be constituted a group under the name of *paræsthetical forms.*

4. Related to this group are those conditions marked by decreased sensibility, by anæsthesia or analgesia. The psychical anomalies are here different. In each variety of psychical derivation, in both primary and secondary forms, the loss of sensation may be rather circumscribed, or more diffused, and exhibit itself by the absence of pain in the skin, muscles, and many mucous membranes. Such anæsthesia gives rise to frequent self mutilation. Last week we had an example in a rather maniacally excited man, who, in part from wantonness, and in part to compel the attendant to send for the physician, had deliberately smashed the first phalanx of his thumb with a brick. This man told me he had not suffered the least pain, nor did he exhibit any at all eight days after, when it became necessary to open an abscess formed in the abdominal wall. This diminution of feeling, and similar severe lesions of the general sensation, are in some degree the cause of the delusions that certain parts of the body are absent, or that they consist of foreign substances. Hysterical anæsthesia may probably be connected with these symptoms; but in the group of what we may term *anæsthetic forms,* these anomalies of sensibility are not uncommonly seen in men and under circumstances where the question of hysteria cannot enter.

5. Those instances in which numerous and distinct hallucinations are present, require only to be briefly mentioned. An example of mental disorder, which is based almost altogether upon hallucinations of sight, hearing, and smell, clearly exhibits in all its relations very marked peculiarities. Such examples constitute *hallucinatory forms.*

II. In very many cases of insanity, we notice among the symptoms of brain and nervous disease, considerable disorder of the motor power, and we may hereupon create the following principal groups:

6. The state of dementia and its allied forms, so often met with in numerous organic diseases of the brain, and in many of their after results, are almost without exception associated with slighter or severer paralytic symptoms, mostly of a hemiplegic character. I would remind you here, simply by way of illustration, of the mental weakness which not unusually follows recovery from apoplectic effusions, and likewise often accompanies hæmatom of the dura mater, &c. But further, we also not uncommonly in chronic forms of dementia observe, even without the customary changes during life,

and sometimes without being able to detect the anticipated coarser structural lesions after death, a more limited degree of paralysis, usually of the hemiplegic form, and stationary, and attended by contractions of particular muscles, as, for instance, contortion of the head, often with progressive degeneration and atrophy of the muscles, paralysis of the tongue, &c. All such may be grouped under the title of *stationary paralytic forms,* recognising of course, at the same time, the necessity for further subdivisions. Among patients of this class, for instance, some are found to whom the term "insanity" applies with the slightest scientific value and weight. Among many, too, such as those who suffer with certain affections of the speech, as with confusion of words, the question may be debated whether there is only bodily disorder, or whether the mind is also involved.

7. Progressive general paralysis is a form of cerebral disease of a peculiar kind, found in connexion with insanity. It first shows itself in the tongue, then in the lower extremities, and subsequently extends to all the voluntary muscles of the body. This form has from the commencement of the scientific study of Psychiatrie attracted much attention, and the conviction was at an early period distinctly arrived at that psychological symptoms alone are not always the most essential. It is of much moment to distinguish this *progressive paralytic form* from all other varieties of paralysis accompanied by mental aberration, as, for example, from progressive spinal paralysis, which is a more accidental complication, or becomes associated only in its later phases with insanity; to make this distinction, however much its practicability has been discussed, is not a very difficult matter. I shall be able to show you only a few instances of this disease in our asylum, though it is very common in many places; for although our institution swarms with individuals suffering with the stationary paralytic forms, progressive paralysis seems to be in this country relatively an uncommon variety.

8. The combination of mental disorder with epilepsy does not offer the same well-defined group as do the progressive paralytic forms, yet the contemporaneous existence of epilepsy lends to cases of this sort a sufficient characteristic and one of importance, for example, in relation to prognosis. The different relations in which epilepsy stands to the mental affections, permits of the construction of certain principal subdivisions, not indicative, however, of a singular and special nature. These subdivisions are :—*a.* Cases where the mental disorder makes its appearance only in consequence of the epileptic paroxysms, following immediately upon these in the form of wild maniacal excitement, or of dementia, or of failure of memory, a sort of mental oblivion, or of intense melancholia :—*b.* Cases where the mental alienation is chronic and extended throughout the periods of remission of the fit, a class admitting of further subdivisions, according as both forms of disordered action are of

equal duration, as happens not seldom from the earliest years, or as the psychical disturbance ensues in the course of the epilepsy, or, which is the most rare, has supplanted it.

9. The group of psychical disorders connected with *chorea* present very similar characters to the last. For here, likewise, the affection of the mind may be immediately associated only with the paroxysm, or may accompany it and complicate it, or, again, which is more unfortunate, it may persist along with continued derangement or mental weakness, in the form of chorea-like and convulsive movements, as a permanent, or almost permanent, condition. The former of these varieties are especially prevalent among children, and give rise to a peculiar form of insanity in early life, whilst the last is observed among adults, though at times antedating from childhood, and is, in general, of a very unfavorable prognosis. There is also another combination of mental disturbance with anomalous movements of a choreitic character, very interesting etiologically, attributable to protracted rheumatic affection of the brain, and at times of considerable duration.

10. In connection with insanity, we moreover frequently encounter the multiform symptoms of hysteria. The psychical phenomena are in such cases uncommonly varied, and we have very acute mania, all the diversified degrees of nymphomania, stupor, simple chronic capriciousness, &c., but the simultaneous presence of hysterical convulsions or paralysis, and at times the sudden interchange of insanity with these, give a striking peculiarity to these *hysteric* forms.

11. Lastly, there is a symptomatically very well marked form, exhibited by a general enchaining or rigidity of the reflex functions, both in their narrower motor relations and in their psychical sphere. External impressions, and the ideas of the patients themselves, are in these cases incapable of arousing internal motor impulses, such as follow in healthy persons. Dumb, speechless, motionless, sometimes in spite of the most vivid appeals of the senses, or of the most intense feeling of suffering, these cases make an approach to the so-called state of ecstasy. Many such patients have the aspect of dementia, a condition with which indeed theirs has been frequently confounded. But neither the older name for this state, "*Melancholia attonita*," nor the newer one, "*Melancholia sine stupore*," is completely expressive and satisfactory.

At present I refrain from enumerating any more symptomatic groups of a similar character. Nevertheless, by the completion of such a series of typical groups, a diagnostic insight would be obtained into the differences and peculiarities of diseases of the brain and nervous system associated with insanity, whilst the disorders of the organs of sensation and motion which prevail among the insane would not only arrest attention but be also applied to the determination of the variety of the mental disorder. Probably many other

minor peculiarities might he usefully employed in the differentiation of cases. For instance, cases of acute dementia occur with an extremely slow pulse (just as we now and then meet with neuralgic attacks with retardation of the pulse), a special morbid feature which might probably contribute much light towards their physiological interpretation. The diagnosis which we have in view consists therefore in gathering from all the symptoms of nervous disorder present, some indications of what is the nature, circumstances, and possible seat of the malady in the nervous system, so as thereby to arrive at the clearest insight possible respecting the concrete case.

An objection may be raised against the foregoing statements. All the groups mentioned hitherto, it may be said, are based simply on the occurrence of certain complex collections of phenomena. But are there not numerous cases where no other nervous symptoms, except the mental disorder itself, are observed, where the psychical manifestations alone are deranged, and the sensitive and motor powers, on the contrary, unaffected? And are we not therefore called upon to adopt the leading characters of the psychical symptoms themselves in framing our groups and in attaining a diagnostic principle in dealing with such cases? On this matter experience, indeed, teaches us that there are cases characterised by active psychical anomalies, and deficient of all other symptoms referable to the nervous system, which may justly be distinguished as pure cases of psychical disorder of the brain (*folie simple*). However the frequency of these cases is not to be estimated by the observation of patients with secondary morbid conditions, with evident remains of past diseased processes in the brain. Among such patients we find tolerably frequently, fixed ideas, general delirium, &c.; and in such instances, we ought not to be satisfied with a superficial observation. At the present time we have an incurable monomaniac in the asylum, in whose case commonplace observation and his general symptoms would discover only the confusion and false direction of his ideas and feelings; whereas a closer investigation will reveal that his legs not unfrequently tremble, and that when so affected, one of his pupils is considerably dilated. From my own experience, I am of opinion that those cases are comparatively rare which, when examined from their commencement through their whole course, do not exhibit any considerable motor or sensitive symptoms; at the same time I do not for a moment deny that such instances do occur. It is to be understood that though we may in these cases refer to the character of the psychical disorder in framing the divisions, we are not bound to adopt the same course alone in the classification of the other much more numerous class of cases. And it may be farther noted here, that besides the customary categories of melancholia, mania, &c., there are certain more general qualities of mental derangement applicable to the right understanding of cases which have hitherto not been sufficiently consi-

dered. Thus, I look upon it as a very essential point to remark, whether a case presents the character of a profound state of reverie, or of complete and thorough wakefulness, or of an intermediate, fluctuating condition, between these two; a circumstance which, looking at it from a practical point of view, appears to me of great significance in the medico-legal aspect of a case.

III. So must we next proceed to consider the etiological and pathogenetic phenomena as a whole, as we have done with symptoms in general in their relation to the diagnosis of cerebral affections; and as we have made an attempt to group these diseases from a symptomatic point of view, we may repeat it in like manner from an etiological and pathogenetic one. This latter plan will moreover be found productive of manifold, and as I believe, of practical advantages with reference to the therapeutics.

Here likewise we may again employ as the primary basis of our division or classification, certain general relations of the origin of the disease. Thus, mental disorders, just as in the instance of epilepsy, have been divided in reference to their origin, into primary idiopathic, and into secondary and partially symptomatic forms. These categories may be extended, with probably the same justice as in epilepsy, so as to allow us to speak of *reflex mental disorders*. However, these pathogenetic distinctions into primary and secondary are rather of a theoretical than of practical value; and in the majority of cases accurate facts fail us in our attempt to refer them to one or the other, and not unfrequently it is altogether an arbitrary or uncertain conclusion as to which category the case belongs. A general classification of this sort is therefore valuable only so far as the great majority of cases accommodate themselves readily to it.

The scheme will also be justified when it is employed to fix the empirically determined circumstances of the origin of diseases, as far as observation can effect, by the construction of independent groups, with an entirely practical design or object. To revert again, by way of example, to some of the most important of such differences.

1. The origin of mental disease under the influence of *anæmia*. At times, but assuredly in only a comparative small number of cases, the cause rests upon a special anæmia of the brain, but oftener upon general anæmia, probably due to the injury to the nutrition of the brain through a watery condition of the blood. The poverty of the blood, and the most varied chlorotic states here play the same weighty part as they do in a number of other diseases of the nervous system, such as hysteria, chorea, many neuralgiæ, and even in many cases of epilepsy. It follows, therefore, that the most marked examples are furnished to us especially among women, although not a few undoubted cases occur also among men, having clearly an anæmic origin. In all instances of this sort the pathogenetic basis is much more valuable in a practical light than the mere symptomatic

or psychological-symptomatic. The most varied phenomena of profound hypochondria, of intense melancholia, of the wildest mania, and the heterogeneous forms of the capricious insane, may all originate from the same cause, and be successfully treated by the same simple means, nourishing diet, the administration of iron, &c.

2. Agreeing in part, but only in part, with the preceding group, but having many peculiarities, are those disorders of the mind which *originate after acute diseases.* They may be viewed as analogous to paralysis, anæsthesia, and at times neuralgia often seen to be consequent upon acute diseases; and likewise agree with these secondary affections, in admitting generally a favorable prognosis. We most frequently encounter them after typhus, occasionally after cholera, after pneumonia, &c. At this moment we have one of these remarkable cases under treatment, and I have seen several in the course of my experience, where there is intense mental disturbance as a sequel of pneumonia. During the first week of the attack of pneumonia the patient was quite free from delirium, but afterwards this set in and increased until it grew to a state of general excitement; at the end of fourteen days he was brought to the asylum; the lung disease was in course of resolution, but there was still some infiltration at the upper part of the right lung. He was completely delirious, and in the most profound state of mental bewilderment; at night was noisy and restless, but lay all day on his back mostly without moving, and quite taciturn. By the employment of baths and opium, the patient became quieter after eight days, and for five or six days past (five weeks from the beginning of the disease,) he has aroused, but has very little recollection of what has transpired during his mental aberration, although in other matters his mind is clear and quiet.

3. An equally natural group of cerebral disorders with preponderating physical symptoms, derive their origin from *the effects of syphilis.* These cases do not always depend upon painful affections of the joints; occasionally they are the consequences of prolonged meningitis, and these lesions may exist without any material palpable changes. The forms included in this group differ very widely, and are attended by the most active, or by slighter and more protracted, or periodical mania, varying to the most profound state of dementia; nevertheless the originating cause and the appropriate therapeutical agents indicated by it, are determined as soon as the actual etiological connection of the cerebral disease with syphilis is recognised.

4. For some years past I have directed attention to *rheumatic affections of the brain* as the basis of mental disorder, a relation hitherto almost unrecognised. Severe acute cerebral complications attending acute rheumatism have for a considerable time been remarked; the more chronic cases, which besides being at times complicated by pericarditis and endocarditis, present also a certain modification of the rheumatic affection of the joints, and of the

psychical derangement, seem no more than in the acute disease to be traceable to actual palpable changes within the cranium. Of this uncommon variety of mental disease, we likewise have at present an example in the asylum. The first attack of mental alienation in the patient, a woman, fifty years of age, occurred in the course of the sixth week of an acute attack of rheumatism complicated with endo-pericarditis. It rapidly terminated, although the rheumatic affection was much protracted; the second onset of mental disturbance took place three months afterwards, is characterised by a maniacal and melancholic condition, has lasted above six weeks, and from the debilitated state of the patient the prognosis is very doubtful. (Since the lecture was delivered the bodily health of the patient has much improved, but she continues insane.)

5. Another class of mental disorders, united by an important etiological tie, are those of a *toxic* character. The most frequent of these are those morbid psychical conditions induced by the abuse of spirituous drinks, varying from slight delirium to acute attacks, from the most fluctuating symptoms of delirium tremens to the chronic and permanent conditions of mental stupidity and imbecility in the spirit drinker.

6. Mental disorders associated with the act of "*intermittence*," stand towards this process in different relations; they sometimes constitute the intermittent phenomena of acute disease itself, just like other neuroses noticed in connection with the so-called larvate intermittent fever; at other times they arise as sequels of an intermittent malady, and resemble rather those mental disorders originating from acute diseases or from anæmia, or else they leave their traces in the form of pigmentary lesion of the brain. Notwithstanding these differences, they concur in this important practical feature, their common connection with the phenomenon of intermittence as the cause and as the associated morbid condition.

7. The *sexual organs*, both by their development and their diseases, play an equally important part in the pathogeny of many cases of cerebral irritation attended with psychical symptoms, as they do in many other neuroses. Moreover they are more evident, more frequent, and more severe in the female than in the male sex, in which, if they are less distinct, they often exhibit a higher intensity. Many of these sexual states are operative, not simply by the agency of irritation, or as we may say by reflex action, but are also called forth as a consequence of anæmia; indeed, the peculiar sub-order of mental alienation connected with the sexual system as its basis—puerperal mania—is evidently in many cases dependent upon or brought about by anæmia.

A number of other similar groups built up from a consideration of the conditions principally concerned in their causation, might be established; as for instance, of the important but little-

known mental maladies produced by *rigidity of the arteries,* or of those connected in their origin with *tuberculosis,* or of those which make their approach in the course of *injuries to the head* at a late period, yet nevertheless clearly connected with the original mischief, &c.; enough, however, have been detailed to serve for examples. They illustrate the nature of the object to be attained and the manifold ways in which the problem of diagnosis may be sought to be solved, in a purely scientific manner, in mental maladies as in all others, and the principles upon which the superstructure of a special pathology of those cerebral diseases accompanied by a preponderance of psychical symptoms may be reared, in accordance with the knowledge possessed at the time. There is besides a symptomatic, yet not simply a psychical-symptomatic mode of viewing matters, which we have asserted to be necessary, and this etiological diagnosis ranges itself with it in constant connection. Moreover, it is seldom possible to express a correct diagnosis of individual cases by a single term, as we can do when we speak, for instance, of pleuritis, or of cirrhosis of the liver; and it is usually necessary, in order to satisfy the requirements of diagnosis, to employ several significant expressions to indicate the symptomatic and etiological peculiarities associated together in a given case.

But it may be asked, is the determination of the character of disordered psychical function, the determination of psychological varieties a useless proceeding? Is the psychological aspect of Psychiatrie to be deprived of its significance, and shall some of our first established groups be placed in the room of the psychological divisions? certainly not. For whilst they do not offer a solution of the problems of diagnosis and medical practice; whilst they cannot make us acquainted with the special diseases of the brain productive of mental alienation, nor supply us with the means of constructing a special pathology of diseases complicated with insanity, we must still assign a high value to a correct psychological classification. However, my belief is, that a complete psychological understanding of mental disorders is only one element in their general pathology. In treating of Psychiatrie in general, the knowledge of the disordered psychical manifestations and of the divisions of mental disorders based upon the differences observable in it, must be daily set forth. In fact, Psychiatrie has not as yet advanced very far beyond the recognition of a general condition, and the greater portion of my work on mental diseases is devoted to their general pathology, as an introduction to the exposition and creation of a special pathology of cerebral affections associated with insanity. This mode of viewing the matter will supply the best answer as yet possible to the question before put—what are those diseases associated with delirium which can be termed mental diseases? In the clinical study of mental disease, however, both sides of the question must be examined, the

psychological equally with the medical and practical, and both simultaneously and in an equal degree. The attractive interest of the psychical symptoms must be admitted. Even, however, as I have in my early writings on Psychiatrie recognised and enforced the doctrine of the equal interest and scientific value of the two questions, the psychological analysis of insanity and the practical medical problems respecting the diseases complicated with insanity, so now I have to reiterate the fact, that a true insight into mental disorders is only to be attained by an appeal to both those modes of investigation. It is by aid of these fundamental principles of diagnosis that I propose to myself in this *Clinique* to analyse the several cases of mental disease which I shall bring to your notice.

CLINICAL CASES.

Cases illustrating the use of Digitalis in the treatment of Mania.

By C. L. Robertson, M.D., Cantab.; Medical Superintendent of the Sussex Lunatic Asylum, Hayward's Heath.

I placed on the *Agenda* of the late Annual Meeting of the Association (July, 1863), a notice that I would read a paper on "The use of Digitalis in the treatment of Insanity;" an old remedy, which I had been led to try at the suggestion of my friend Professor Garrod, of King's College. The time of the meeting was more wisely given to the important discussion on the reform of Bethlehem Hospital (see 'Journal of Mental Science,' October, 1863, Part IV, Notes and News). My paper (which was not read) was subsequently published in the 'British Medical Journal' for October the 3rd. It consisted of three sections:

I. *History of the use of Digitalis in the treatment of Insanity.*
II. *Physiological action of Digitalis on the cerebro-spinal system.*
III. *Medicinal use of Digitalis in the treatment of Insanity.*

The following extract from the third section 'On the Medicinal use of Digitalis in the treatment of Insanity' will serve as an introduction to the *Clinical Cases* I am about here to record.

"*Medicinal use of Digitalis in the treatment of Insanity.*—I wish now briefly to state the practical results of my experience in the use of digitalis in the treatment of insanity.

"*a. Dose, and method of administration.*—With a wholesome fear of a coroner's inquest, I have not ventured on half-ounce doses, and I can report nothing as to their effect. I believe they would be too much for the average stamina of our patients. I have never given more than drachm doses: and I have usually found two or three days of such doses three or four times a day brought on the poisonous symptoms of the drug, with intermittent pulse, great reduction in frequency, and oppressive nausea. The respirations were also reduced in number; and the specific gravity of the urine lowered, and, so far as I know, the quantity increased by the use, in drachm doses, of the tincture. Thus, in a case of general paresis, in the second stage of mental alienation, on which I made some observation last November, the following results were shown:

	Hours and dose.		Pulse.		Urine.	Respiration.
November 15.	9 a.m.	℥j	81		1022	28
	12 noon	℥j	67			26
	3·30 p.m.	℥j	76			28
	8 p.m.	℥j	69			26
November 10.	9 a.m.	℥j	81	intermittent	1009	26
	12 noon. Patient complained of headache and pain at cardiac region. No medicine.					
	2·30 p.m.	℥j	94	intermittent		30
	6·30 „	℥j	80	„		26
November 17.	9 a.m.	℥j	80	regular	1017	29
	7 p.m.	℥j	72	regular		27

Under this treatment, all the maniacal symptoms present had yielded. The treatment was kept up with half-drachm doses twice or thrice a day for two or three weeks, to the entire and permanent relief of all cerebral excitement.

This and similar experiments led me to fix my average dose of the tincture at half a drachm, although I often for the first few days of treatment give drachm doses. I have never given larger doses. I have always given it simply in water; and I have not complicated my observations by the admixture of any other drug.* The tincture has been supplied to me by Messrs. Taylor, of Vere Street, Oxford Street.

"*b. Forms of insanity in which digitalis has been employed.*—I have, during the last year and a half, exhibited digitalis in the form of the tincture in twenty to thirty cases of maniacal excitement, recent and chronic, with varying results.

First, as to the failures. In three recent cases of mania depending on uterine excitement, two in young girls and one at the change

* "In many cases of chronic mania, with sleepless noisy nights, I have found the following sedative mixture of value:—

℞. Tincturæ digitalis, tincturæ cannabis Indicæ, liquoris opii (Taylor), etheris chlorici, singulorum unciam.

Dose—half a drachm to a drachm, repeated at intervals of three or four hours."

of life, I steadily pressed the use of the drug until its poisonous effects, as shown in sickness and vomiting and intermittent pulse, were produced. The dose given was, in each case, half a drachm of the tincture three times a day. The result was simply that the patients when very sick were quiet, and that so soon as the nausea passed off the excitement returned. Again, in two severe cases of recurrent mania, I only produced sickness and depression of the pulse and no amendment of the mental symptoms followed this physiological action of the remedy.

"On the other hand, my success with this drug in cases of general paresis, in the second stage, that of mental alienation with symptoms of maniacal excitement (and in which so often in private practice aid is sought pending the patient's removal to an asylum), leads me to regard its action in controlling cerebral excitement as quite specific. I have, of course, had my share at Hayward's Heath of these troublesome cases—and how noisy and wearing they are every asylum physician knows to his cost—and they have ceased to give any trouble under the calming action of digitalis.

"It is with these cases of general paresis, in the stage of mental alienation with maniacal excitement, that the assaults and injuries in asylums (which from time to time unfortunately occur) arise. There is such a reckless violence present, on which no moral or physical obstacles make the slightest impression, and this stage lasts so many weeks, if not months, that any remedy at all capable of controlling this state of things deserves a most careful trial. And such a remedy I believe we possess in digitalis, continued steadily day by day, while the tendency to excitement lasts, in half-drachm doses two or three times a day, or oftener.

"It acts in every case of the kind in which I have given it as a specific, calming the excitement, and enabling the patient to pass without wear or irritation through this stage of the malady. Its action has been to steady the pulse, and thus apparently to supply the brain better with blood, and so to obviate the tendency then existing to effusion of serum, consequent on the inflammatory process going on, as we believe, in this stage of the disease in the arachnoid and pia mater. The researches of Wedl, quoted by Dr. Salomon in his able paper on general paresis, are conclusive as to the inflammatory process present in this stage of the disease.

"In such circumstances the only visible result is mental quiet, and the action of the drug appears to be that of a cerebro-spinal narcotic. The functions of the stomach and bowels are not affected by its use; the appetite rather seems to improve. The pulse often remains unaffected for weeks under the use of half-drachm doses, and the only result is the specific action on the cerebral excitement. I have often found one day's intermission of the medicine bring on all previous symptoms of excitement. I have prepared a detailed history of six

cases of general paresis which I have thus successfully treated. The limits of my present communication necessarily prevent my inflicting their detail on you; moreover, every member of this Association has such opportunity of testing the results of my experience, that it is sufficient for my present purpose thus generally to indicate the forms of insanity in which I advise the use of this drug.

"I have also continued for many weeks with benefit to administer half-drachm doses of the tincture of digitalis in cases of chronic mania, with noisy and destructive habits. I have at this moment two such cases under treatment. In one the irritation is evidently depending on impending paralysis."

Case 1. — *General Paresis, with maniacal symptoms, the result of intemperance and exposure to weather—Noisy and restless nights, dirty and destructive habits — Rapid abatement of the symptoms under the use of digitalis.*

W. B—, No. 613, admitted at Hayward's Heath 17th of April, 1862, widower; age 69. Shoemaker.

State on admission.—Bodily condition much reduced; gait tottering and unsteady; pupils contracted, irregular; pulse rigid and frequent; speech hesitating, and articulation imperfect; tongue clean, but large and flabby. He has been insane for two or three months before admission; the cause of his insanity is not certain, but supposed to be from intemperance and long exposure to weather, while doing night duty as a policeman. Has various delusions; that he is the king of the earth, &c., and as to his power and wealth there are no limits to them. Nights restless, painting the wall of his room with his excrement, constantly undressing himself during the day, tearing both clothing and bedding.

Progress.—He was placed on ʒss of the tincture of digitalis three times a-day, which was continued for three weeks. His pulse was in a few days reduced to 80, but it gained in strength. Slept well at night, became clean and quiet in his habits. This improvement continued up to his death, with occasional threatening of excitement, which invariably yielded to a few ʒss doses of digitalis. His bodily health improved. He eat and slept well, was clean in his habits, and contented in mind. He gradually passed into a state of dementia, but the delusions as to his rank and importance continued strong to the last. In this case the effect of digitalis in calming the excitement, and relieving the destructive and dirty habits, was most prompt and constant, and the patient, under its occasional use, passed his days in comparative comfort to himself and those around him. His mental and bodily powers gradually failed, and he sank calmly to his rest on the 11th of February, 1863.

Case 2.—*General Paresis, with maniacal exaltation, the result of irregular and intemperate habits—Restless and noisy nights, dirty and destructive habits—Permanent abatement of the symptoms, followed by improved health and mental quiet under the use of digitalis.*

J. W—, No. 588, admitted at Hayward's Heath 3rd February, 1862.

History.—Married; age 38. A butcher. A fair man, of middle stature and strong bodily frame; expression vacant; eyes gray.

He was confined about three years ago in a private licensed house. The cause of his first attack was his irregular and intemperate habits. The history ob-

tained of him at another licensed house, from whence he was transferred here, was of the most unfavorable character. He was represented as exceedingly dirty and destructive in his habits and propensities.

State on admission.—On admission he was full of delusions as to his wealth and importance. Very incoherent; his gait unsteady; pulse frequent and feeble; tongue tremulous; face pale; pupils contracted. He was noisy and restless day and night, dirty and destructive in his habits, in which state he continued up to the 7th February, without any abatement of the maniacal exaltation.

Progress.—On that day he was placed on ʒss of the tincture of digitalis three times a-day.

9th.—Had a good night, but was wet; he is pale and feeble this morning. The digitalis was continued at intervals until the 10th March (the quantity varying with the urgency of the symptoms from ʒss to ʒiss daily), at which period he is reported to be much improved for the last few weeks. He sleeps well, much stronger and calmer, speech improved, appetite good.

April 10th.—Much better; gait stronger and more steady; getting quite stout, and clean in his habits. The use of the digitalis was continued till December, 1862, in daily quantities varying from ʒss to ʒiss, the average being ʒj in the twenty-four hours. Under this treatment his bodily health improved, and his habits became clean. The mental powers also gained some vigour, and the delusions as to his wealth, &c., greatly lessened. All excitement left him. He is now slowly passing into a state of dementia; he is able in fine weather to take open-air exercise, and takes his food well. He is quiet at night, and sleeps in a dormitory. His speech is failing, and the physical symptoms of general paresis are marked.

In this case the effect of digitalis in rapidly relieving the maniacal complications (and for which alone it was given) was undoubted. The length of time its use was continued without injury to the health is worth notice.

Case 3.—*Mania with destructive habits, violence, delusions as to wealth and property—Failure of the opiate treatment—Use of digitalis, physiological symptoms of the drug; removal of all excitement, destructiveness and want of sleep (threatening of General Paresis?)*

R, D—, No. 660, was admitted at Hayward's Heath 16th August, 1862.

History.—Married; age 57. Formerly innkeeper, lately farm labourer, a man of intemperate habits; has for the last six months been considered by his friends as of unsound mind. Was apprehended a few days previous to his admission for stealing a horse, of which animal he openly took possession. No hereditary insanity in his family. Education fair.

State on admission.—Man of middle stature, strong muscular habit; expression restless, conversation incoherent, maniacal exaltation. Speaks of his great wealth, of the farms and other property which he owns; also states that his object in coming here was to hire one of my farms in Scotland; collects all sorts of rubbish in his pockets. Tongue very foul; pulse full and frequent; face flushed. Ordered Morph. Hydrochl., gr. j at bed-time, to be followed in the morning with Ol. Ricini ʒj.

Progress.—August 16th. Had a very restless night, noisy and incoherent this morning, and disposed to be violent and destructive to his clothing.

The morphia was continued every night until the 26th, without any diminution in the maniacal exaltation. On that day he was placed on ʒss Tinct. Digitalis three times a-day, which was continued until the 10th September, when the physiological symptoms of the drug in pain in the abdomen, feeble pulse, cold surface, and pale anxious expression of countenance had set in. On the 31st August (while under the influence of the digitalis) the incoherence, noisy, violent, and destructive habits, had entirely subsided. He also slept

well at night, but the delusions remained in force. The digitalis was omitted on the 10th September, 1862, and he has now for the last year continued free from excitement and manageable; has slept well, and eaten his full diet, and he has for the last nine months been employed in the matshop. The delusions still continue, but he rarely refers to their existence. The physical symptoms of general paresis have not yet shown themselves.

Case 4.—*Symptoms of incipient General Paresis following an injury to the head—Maniacal excitement relieved by digitalis—Improvement in general health—Employment at learning shoemaking.*

W. B—, No. 760, admitted at Hayward's Heath July 1st, 1863.

History.—A mariner; age 47, married. Had a sunstroke some years ago. Later injured his head by a fall from the mast; since that, his manner and conduct are said to have been strange and odd. He has become gloomy and depressed, and has also frequently taken possession of property, pigs, &c., not belonging to him.

State on admission.—Much excited, and disposed to be violent; pulse 120; face flushed; tongue foul and tremulous; gait unsteady; pupils contracted. Full of delusions as to his property and importance; his adventures in the Crimea (where he never was), &c.; noisy all night, using threatening language to the attendants. Was at once placed on ʒss of the tincture of digitalis three times a day.

Progress.—The violence and excitement continued until the 6th July, when a marked improvement for the better occurred. He slept at night; says he is perfectly well; that he is the master of the ship, and that he will punish whoever he pleases, and he gives this as his reason for interfering with the other patients. Pulse is of good strength; some indistinctness of speech.

He continued three ʒss doses of the tincture of digitalis until the 30th July, when it was omitted, as he had for some time continued free from all excitement. On the 4th August symptoms of violence recurred, and he again resumed the use of the digitalis. Pulse kept about 80, strong and steady.

Sept. 5th.—Some indistinctness of speech. When led to talk of his imaginary exploits becomes excited. Gait dragging.

7th.—Sent to the shoemaker's shop and the digitalis omitted. Since then he has kept calm and orderly in his conduct. On one or two occasions a slight return of the excitement has yielded to ʒss of the tincture of digitalis at bed-time.

Case 5.—*Felony caused by incipient General Paresis—Mania, violence, dirty and destructive habits—Use of the digitalis—Poisonous symptoms of the drug; reduction of quantity—Marked improvement regularly alternating with the use of the digitalis—Rapid increase of flesh and weight.*

J. J—, No. 758, admitted at Hayward's Heath June 26th, 1863, under a warrant from the Secretary of State.

History of the case.—Age 35; single. Admitted from Petworth prison, where he had been under sentence (not for the first time) for felony. The governor stated that he had been very troublesome and noisy, and had had little or no sleep since the 17th June.

State on admission.—a. Bodily state. In reduced health; pulse 120, feeble; pupils irregular; tongue pale and tremulous; muscles of face in constant action; speech thick; habits dirty, disposed to plaster himself with his excrement; appetite good.

b. Mental state. Restless, noisy, and incoherent. Expresses great ideas of his wealth and power. Says he is a hundred ton man, and proposed to show his strength by lifting the fire-guards, &c. Says he weighs sixty millions of

tons, that he has not eaten since 1834, &c. Beats his head and face to show how little blows affect him, tears books and clothing, is in a perpetual state of agitation and excitement, and spent some hours of the first two nights out of bed, shouting and knocking at the door. His bedstead had to be removed.

Progress.—On the 28th June (third day) he was placed on ʒss of the tincture of digitalis three times a-day. On the 29th the symptoms were much as before, and he had another restless night. On the 30th he was much calmer, and slept quietly up to two a.m., when he became very noisy, saying he was destroying millions of human beings.

July 1st.—Very destructive to his clothing and filthy in his habits. Had a better night. Digitalis continued. These symptoms gradually yielded to the treatment, which was continued up to the 22nd July, when the physiological symptoms set in. On the night of the 22nd the pulse became feeble, slow, and intermitting, the breathing scarcely perceptible, the feet and surface cold. He rallied under the use of stimulants, and the digitalis was omitted. With the omission of the medicine the former symptoms all returned, and he was again very dirty, plastering his room with his excrement, &c.

August 3rd.—Was ordered, after a noisy restless night, ʒj of the sedative mixture three times a-day. This was continued until the 10th August without any appreciable effect or improvement. The chlorodyne (Dr. Collis Browne's) was then tried, and continued in ʒss doses until the 25th August, without any benefit.

On the 30th August the digitalis was again given in gtt. x doses three times a-day with immediate results. The noise and violence disappeared, and his habits became clean. It required, however, in this case, the greatest care in its administration. Thus, on the 10th September, the pulse was only 50, and intermittent every fifth beat; and the digitalis was omitted for two days, when the old symptoms again returned. Since then, up to the present date (Nov. 25th), the patient has been kept under the influence of the digitalis, having from ten to thirty drops daily, according to the state of the pulse. Under this treatment he has become quite calm and manageable; his habits are clean, and he is quiet at night, sleeping in a dormitory. He has gained rapidly in weight. Besides his ordinary diet, he eats two pounds of extra bread during the day and night. He has no stimulants.

This patient showed a greater intolerance of the digitalis than I have ever met with. On the 22nd July he nearly died from the treatment. Yet the smaller doses (ten drops) exerted and still exert a specific control over the maniacal symptoms and dirty habits, the result of the general paresis. He was, without exception, the most troublesome, noisy, and dirty case of general paresis that I have had to treat. I tried the Roman bath once or twice, but it certainly increased the cerebral excitement. The mania (despite the active treatment) lasted beyond Dr. Bucknill's limit of thirty days, and it would apparently have continued much longer if this drug had not been boldly used. The packing in the wet sheet was also tried, but the circulation was so languid that the usual reaction did not set in, and its use had to be discontinued.

Case 6.—*Mania from intemperance—Phthisical tendency—Delusions of greatness and wealth—Failure of a partial opiate and water treatment—Entire abatement of the excitement and delusions under the use of digitalis.*

H. H—, No. 650, admitted at Hayward's Heath July 29th, 1862.

History.—Married; age 46. Of intemperate habits, little or no history could be obtained of him. Had been a butler in Brighton.

State on admission.—Tall, delicate man, very restless and agitated, disposed to be violent; and says that he is God, and King Henry VIII, and that his

children are princes, and that this house is one of his palaces. Bodily health much reduced. Tongue foul.

Was packed in a wet sheet and slept an hour, which was repeated with the same effect on the following day.

Progress.—The symptoms of maniacal excitement, with restless nights and destructive habits, continued throughout August. He was placed on the morphia treatment (½ gr. twice a-day), with a liberal diet, steel and acid mixture, but made little or no improvement, and continued a most restless and troublesome patient, and was a source of great discomfort to the other patients in the ward.

He was disposed to assault the attendants when his slightest whim was interfered with. He wrote letters to the lord lieutenant of the county, and to the bishop of the diocese, as to his desire to be ordained; he also informed them that the queen had conferred on him the title of King Henry IX, and he signed his name as Prince Henry, of Kent. He was packed occasionally in the wet sheet with temporary benefit.

September 3rd.—Ordered ʒss of Tinct. Digitalis three times a-day. On the 4th he was calmer. On the 22nd the drug produced its physiological symptoms, and under its steady use the maniacal exaltation subsided. It was continued till the end of September, when he became calm and contented, making himself extremely useful, waiting on the sick in the infirmary, but the delusions, particularly as to his intention to be ordained by the Bishop of Chichester, still existed.

Symptoms of tubercle were found in both lungs early in October, with morning cough, &c. &c. For these symptoms he was placed under treatment, taking steel, cod-liver oil, and the Roman bath, with improvement in his general health.

In this case maniacal symptoms, though directly excited by drink, owed their predisposing cause to the phthisical diathesis. It cannot be doubted that the maniacal symptoms yielded rapidly to the use of digitalis, and disappeared when the physiological action of the drug manifested itself. He was transferred improved to the Kent County Asylum on the 4th March, 1863.

In addition to the above cases I have the record of others, in which, for more limited periods, the use of the digitalis has been followed by calm and improvement. Thus in the case of R. Y—, No. 771, admitted on the 30th September, 1863, with general paresis and mania, and who was noisy, violent, and filthy in his habits, and very destructive, two days' treatment by digitalis in ʒss doses of the tincture relieved all the symptoms, which again recurred on the intermission of the medicine (the use of which brought on an unusual state of depression), and again yielded—not to recur—to the employment of one ʒss dose at bed-time, continued for a fortnight. So again in the case of T. T—, No. 723, admitted on the 28th February, 1863, passing rapidly into the stage of dementia, with general paresis, the use of the tincture of digitalis in ʒss doses entirely controlled the accompanying violence and mischievous habits of the patient.

Again, in the case of J. H—, No. 691, admitted on the 29th October, 1862, with symptoms of general paresis, with maniacal excitement, violence, and exalted delusions, with a pulse of 100, and sleepless nights, the use for a week of the tincture of digitalis in ʒss doses, removed all the symptoms of mania, reducing the pulse to 65, and the patient has since continued calm and manageable, the disease running its natural course.

It will be seen that the severe maniacal symptoms in these cases yielded in twenty-four to forty-eight hours after the first administration of the tincture of digitalis. Dr. Bucknill states that the

maniacal excitement which attends general paresis, and which may be mistaken for acute mania rarely lasts more than from ten to thirty days. My experience leads me to think this limit as rather restricted. These maniacal attacks are, moreover, liable to recur from time to time during the progress of the disease.

M. Marcé (the most rising French writer on psychology) has an excellent description in his 'Traité Pratique des Maladies Mentales' of this stage of mental excitement, in which I so strongly advise the use of the digitalis. M. Marcé terms this stage the *période moyenne de la paralysie générale*. "The patients (he says) live in a permanent state of partial excitement, alternating with irregular paroxysms of the most violent agitation. This state of excitement is automatic, without aim or object; they go and come, move about the furniture, speak to themselves, tear their clothing, tear off their buttons, &c., and thus every act is tinged with the utter perturbation of mind present. If they enter a bedroom they undress and lie down in the first bed; if they try to dress themselves, they put on their stockings as neckcloths, and mistake each article of clothing. As the tendency to dementia increases, they become dirty in their habits, fill their pockets with stones and dirt of all kinds, which they enjoy handling and even try to eat. During the paroxysms of maniacal excitement they become violent, break everything that comes in their way, shout noisily, and exhibit a muscular power much beyond their previous strength." P. 434.

It would be difficult to present a clearer description of the exact phase of the disease in which I advise the use of digitalis to combat this senseless violence and dirty and destructive habits of the patient. It will, I think, be found that forty-eight hours of the digitalis treatment, administering it in half drachm doses of the tincture three or four times a day, will suffice to produce a marked abatement of the urgent symptoms. The action of this medicine in this form of insanity seems to be almost specific.

The French physicians, who have an unusual number of such cases of general paresis with maniacal excitement, treat them by counter-irritation (sometimes with the pâte de Vienne) and prolonged baths with cold to the head. In the 'Archives Cliniques des Maladies Mentales' will be found some well-related cases of general paresis, and in which this treatment was employed to combat the maniacal excitement. In the English county asylums counter-irritation is not much in use. My own experience is unfavorable to its employment. The prolonged baths are not so convenient a method of gaining the sedative action of water as continued packing in the wet sheet. I do not think this sedative action of water so efficient in the treatment of this special form of mania attending the second stage of general paresis as is the digitalis.

What the physiological action of digitalis is, it is not easy to deter-

mine. Is it a sedative depressing the heart's action? or a tonic increasing the contractile muscular power? or (as I think) has it some specific sedative action on the whole cerebro-spinal system?*

Dr. Handfield Jones, in a paper read before the British Medical Association in August, 1862, hereon observes that—

"Digitalis is a confessedly valuable remedy in a variety of instances. The most common and by no means incorrect notion of its action is, that it diminishes cardiac action and arterial impulse, slows and tranquillises the circulation when it is over-active. The recent observations of Hirtz ('Billet de Thérapeut.' February and March, 1862) of the beneficial effects of digitalis in inflammations, are very accordant with this view. He finds the drug to have great power in slowing the pulse, and lowering the temperature; concurrently with which, resolution of the inflammation sets in. But many are well convinced that it can also increase cardiac action, give tone and power to a weak and failing heart; and that, too, when exhibited in the same doses as are believed to have the contrary effect.

"How can this be? How shall we reconcile such opposite views? We think of its action upon other organs; and we remember that it provokes the kidneys to diuresis, the uterus to contraction, and the stomach and intestines to vomiting and purging. Its hæmostatic operation almost necessarily involves a contracting of the arterial coats, so as to diminish the flow of blood to the seat of hæmorrhage. All this looks like stimulation, rather than depression. We must say the same of two other results of empirical observation. One is, that digitalis does not exert its diuretic action nearly so well in persons of sthenic habit, of tense fibre, and cordy, *i. e.*, firm pulse, as in those of asthenic condition. Bloodletting and purgatives are recommended as preparatives for its administration to the former. The other is, that large doses of tincture of digitalis are not unfrequently followed by the best effect in cases of delirium tremens, attended with great prostration of nervous power. (See case in 'Med. Times and Gazette,' Sept. 29th, 1860, by Jones, of Jersey.) Mackenzie ('Lancet,' March 8th) records his experience of large doses of digitalis in delirium tremens. He states that, in two cases, they had the effect of changing a state of timidity into the fury of acute mania. One died, and the heart in one was found very flaccid, but almost empty. This state of emptiness seems almost to imply that it must originally—*i. e.*, at the time of death—have been contracted. Here, then, we must suspend judgment; we know not which view to take. Is digitalis a depressant, or a tonic?"

Dr. Handfield Jones arrives at the following conclusions on the physiological action of digitalis:

* I would refer to the second section of my paper "On the Use of Digitalis in the Treatment of Insanity," in the 'British Medical Journal,' October 3, 1863, of some remarks on this physiological action of digitalis.

"From the above investigations, it seems to be tolerably certain that digitalis, in the first and milder degrees of its action, is a tonic or excitant to the heart; and that, subsequently, in its more energetic operation, it arrests its movement. But it does not, to my mind, appear clearly made out how this arrest takes place; whether the heart is, to speak shortly, paralysed or tetanised; whether it is rendered too weak to contract and drive on the blood, or too spasmodically contractile to relax to receive it. Yet the solution of this question is all-important to the right and safe use of this valuable drug. If it paralyse the heart, if it act like aconite, we must eschew it in cases manifesting anything like debility of the circulation, and reserve its use for those where the firm hard pulse tells of a strong impelling force. If, on the other hand, it excite the heart, and the risk be from over-stimulus, especially when the organ is irritable and active, we see that digitalis finds its opportunity in cases of enfeebled circulation, where there is no fear of the cardiac stimulus being too potent. That the latter is the correct view, I am much inclined to believe. How otherwise could it ever happen that digitalis should produce such remarkable benefit as it does in cases of enfeebled heart? How is it that, in a disease of much debility as delirium tremens often is, a dose of digitalis twenty times as large as that commonly administered causes no prostration, but the reverse? Now, if you are inclined to think me speculative and theoretical in all this, remember, I pray, that my speculations concern matters of the highest practical interest; and that what I urge is that to turn this speculation into certainty, labour and expense would be well bestowed. Should it prove so, as I have suggested, we might come to regard digitalis as our cardiac tonic, specially to be resorted to in cases of asthenia and peril from failing circulation, because in such there could be no fear of over-stimulating."

I suspect the candid avowal of Dr. Pereira includes all our present knowledge of the action of digitalis on the cerebro-spinal system:

"*Foxglove* (he writes) *may prove occasionally serviceable by repressing excessive vascular excitement, which sometimes accompanies cerebral affections. Furthermore, the specific influence of this remedy over the cerebro-spinal system may now and then contribute to the beneficial operation of foxglove. But the precise nature of this influence not having as yet been accurately ascertained, while the pathology of the above-mentioned diseases is involved in considerable obscurity, it follows that the therapeutic value of this influence can only be ascertained empirically.*"

PART II.—REVIEW.

Shirley Hall Asylum; or, the Memoirs of a Monomaniac. Edited by the Author of 'Dives and Lazarus,' &c., London, 1863.

"With the help of a little stucco it will make a very respectable building," said the Prime Minister to the House of Commons on a certain occasion, with a lively appreciation, no doubt, of the services which stucco had rendered to him in the course of an unusually eventful and singularly successful career. The opinion fairly represented a marked tendency of the age. In past times, when the world was younger, it was rather a habit, as it commonly is with youth, to favour rude sincerity, to insist that things should be done thoroughly even if they were done roughly, to conceive no shame in speaking naturally of that which it was natural to do. All that has been changed now. Youth is rash, prodigal of force, indiscreetly real; a wiser age learns the value of appearances, and the economy of pretence, discovers how by careful manipulation and well-considered arrangement plaster of Paris may be made to produce remarkably impressive effects. What, indeed, would the nineteenth century be without its stucco—without that deliberate assumption which puts the fair face on so many doubtful respectabilities—without that systematic conventionalism which, kindly ignoring the disagreeable reality, accepts the pleasant appearance—without that feigned sincerity which gilds the intercourse of social life—without that moral power of the indignant nation which dispenses with the necessity of painful self-sacrifice? Have we any just cause of complaint, have we not rather cause for thankfulness, when the aged matron whose locks all-devouring time has mercilessly thinned, boldly puts on the false front, and strives to make herself a pleasant object to look upon? Nothing can be conceived more offensive to the taste, and more brutal to the feelings, of a polite age, than that some ill-conditioned fellow should insist upon dissecting appearances and exposing the character of its delusions. Cease rash hand; would'st thou break the crutch upon which the feebleness of humanity rests? Of all men he is most cruel who, with deliberate purpose, shivers a favorite delusion. Let it alone; "with the help of a little stucco it will look very respectable."

Those who object to call this the age of stucco might agree to describe it as the age of sensation—why not, forsooth, the age of sensational stucco? Calmly reflecting from emancipated heights it would appear that murderers are the specific benefactors of the age,

seeing that they furnish it with the greatest sensations. They have their drawbacks, however; they are too real for an age refined to such a degree that its native humanity has almost been got rid of. Then, again, they are apt to run short, because, as happens with all great benefactors to mankind, their work is only done at the cost of terrible self-sacrifice; and, lastly, it is to be feared that the genius for a truly artistic murder is wanting to an emasculated age. Next to the murderers may be ranked in the order of merit the sensation novelists, who, as Bacon says of poetry, labour to give satisfaction to the mind in that wherein the nature of things has denied it. When real life presents us with common-place women who eat, and are not etherial, but grow fat, who may sometimes speak daggers, but certainly use none, who act with a conventional discretion that is varied only by an occasional hysterical extravagance, whose eyes do not flash lightning and shrivel up trembling husbands, but beam with goodnature, or are dull with discontent, or heavy with sleepiness,—it is surely great satisfaction to the mind aspiring to the ideal, that the novelist presents to it beings instinct with the spirit of rebellious fiends, who walk with a Juno-like disdain through laws of nature and laws of morality, who present the poisoned cup with a sphinx-like serenity of countenance, whose eyes with their fierce flashes of indignant scorn might scorch up humanity, were it not for the longing, wistful, tender glances of infinite love, which, welling forth from unfathomable depths, alternate with and neutralise the aforesaid dangerous flashes. In such creations there is a satisfaction to the imagination which the contemplation of real woman cutting bread and butter could never afford. Were it not well, then, that some leader, imbued with the spirit of the times and wishful to do honour to those to whom honour is due, should proclaim the avatar of stucco and of sensation, and, after appropriate dinner speeches, form a society for the purpose of raising monuments to Madame Rachel, and to whom else?—say, for want of a better hero, the author of "Very Hard Cash,"—the one man whom Diogenes could not find.

These reflections were excited by the explanatory title of Shirley Hall Asylum. The 'Memoirs of a Monomaniac' were certainly suggestive of the most thrilling sensations—of desperate and cunning extravagances, of creeping horrors, perhaps even of undiscovered deeds of stealthy murder. The tensely strung mind was well prepared for vibration on horror's string; the candles were beginning to burn with a bluish flame; and sudden unaccountable noises broke in an inexplicable manner the strange stillness of the room. But as one who has made up his mind to endure for a certain purpose society in which he expects to be wearied with tedious insipidity, disgusted with vulgarity, or outraged by indecency, is agreeably surprised when he meets with entertaining, witty, and courteous companions, so we, beginning the perusal of the book with the resignation of an

accepted necessity, were pleasantly entertained with a series of interesting stories, written in a quiet, modest, yet forcible style. When, however, the interest was certain, and it was evident that no fault whatever could be found with the delicate way in which the author had treated a subject which in vulgar hands would have become simply revolting, a doubt arose whether, after all, it was proper to make choice of such a scene. "We do not," it has been said, "make the grave or a death-bed scene the subject for our jests, and, without assuming any pompous tone of morality, we may question how far we are justified in making the last—the deepest of all the terrible afflictions to which poor humanity is liable—a calamity equal to, if not worse than, death itself—the vehicle of our entertainment, humour, or satire." Alas! that death should be an inevitable calamity! Is it not a pity that misery was not made immortal?—that critics were not admitted to the councils of creation?

These deprecatory remarks are not really applicable to Shirley Hall Asylum. It is the highest compliment which can be paid to its author that his stories, though sad, do not leave a painful impression on the reader's mind. He exhibits such sympathy with humanity, and—most difficult task of all—such sympathy with humanity fallen from its reason, that he enters successfully into the madman's character, faithfully realises his relations, and in telling his story displays his excuse. He has thus taken away the horror and strangeness of madness. Were the biography of a lunatic faithfully written by one who was capable of doing full justice to the individual and his circumstances, it would not be easy to recognise him as a lunatic, for he would appear to be the inevitable result of definite causes. But that is anything but an easy task, as the miserable failures of some who have tried it prove:—"It is very easy to write like a madman," said a pert fellow to a patient in a lunatic asylum. "It is very difficult to write like a madman," was the reply; "but it is very easy to write like a fool."

It is undoubtedly desirable that the public should learn something more of madness than they know at present. For although the lunatic is not now considered to be necessarily a wild, shrieking fiend, the common conception of him is still that of a being who talks incoherently, cannot foresee the consequences of his acts, and knows no difference betweeen right and wrong. As the public patronises those pandering papers which, like the ancient sophists, flatter its prejudices, and say, not what is true, but what is pleasant to it, this unjust notion is likely to continue until eradicated by the more correct views of some experienced writer, the talent and interest of whose productions shall secure the public attention, and the honesty of whose nature shall refuse to sacrifice truth to greed. The author of 'Shirley Hall Asylum' has, then, done good service by the fidelity with which he has copied nature in his sketches of insanity,

as he has afforded much pleasure by the graphic and powerful style in which he has painted them.

Granting, as we must, the terrible affliction which insanity is, it may still be well that humanity, mindful of the maxim which was of old considered to be heaven-descended—"know thyself,"—should sometimes look at itself in its fallen state. It is no doubt very convenient to shut the eyes to painful scenes and to pass by on the other side, rosewater sentimentality perhaps even dropping a tear, or to request obsequious workmen carefully to lay a little stucco over them, so that they may not offend good taste and refined feeling; nevertheless, that is not the way to get rid of them. But it is an admirable way to foster their increase. As long as evils which exist are not openly exposed and examined, but wilfully ignored and hypocritically denied, so long will they flourish well. Is it not verily time that a world, hoary with the experience of at least six thousand years, should learn to clear its mind of cant? It would not be very difficult to bring forward many cogent arguments to prove that the best possible education is to be obtained from a converse with the insane. Certainly those who undertake to teach and guide mankind might by such an education acquire a knowledge of human nature which would be of the utmost service to them. And no one would be the worse for learning the lesson which each human wreck teaches. The individual may have little power over himself to prevent insanity—although those who read 'Shirley Hall Asylum' with attention may learn how to exercise that power, such as it is—but one generation has a great deal of power to prevent the insanity of succeeding generations. And humanity having got out of its leading-strings, no miracle from a sympathetic heaven will now come to obviate the evils which must flow from a selfish sacrifice of the future to the present, or to relieve it of the responsibility which rests upon it of determining its own future.

In the first chapter the author introduces himself with the information that he, a perfectly sane man, has been confined in an asylum for five years. Although he protested his sanity in the most earnest manner during all that time, he is not surprised that those who had charge of him disbelieved in it, for all his fellow-patients did exactly the same, though, as he could very well see in their cases, without having reason on their side. The sudden death of an only daughter, which took place whilst he was prostrated with fever, was communicated to him just as he was beginning to recover, and the sudden shock caused a relapse. Very slowly did strength return to him on recovery, and it was months before he was able to leave the house. Unable then to resume his professional duties, he turned his attention, while recruiting at the seaside, to the instruction of his son in his favorite hobby—natural philosophy. One rainy day the

discovery of an old air-gun suggested thoughts of the great results which the elasticity of compressed air produced. "The more I reflected upon the subject the more extraordinary it appeared. How was it, with the small amount of muscular power I had used to charge it, such strange effects could be produced? How was it that the mechanical power employed in ejecting the balls in succession was greater than the force used to charge the gun?"

Day after day he was occupied, and night after night he was restless, thinking of this wonderful power; and at last he conceived the idea of applying it to propel vessels and to supersede steam. "I now set diligently to work to complete my plans. I invented a vesssl with a broad round bow. I took the breast of a swan as my model for form. In the centre of this I constructed a funnel-shaped tube conducting to an instrument at once a receiver and condenser. Above the receiver was the cylinder, which received the liberated air from the condenser, and thereby worked the piston-rod. The funnel was placed horizontally in the bows, and I was obliged to have my condenser on a level with it, so that I was unable to work with a screw as I wished, both for economy and convenience, but was forced to content myself with paddles. As the vessel rose on the crest of the wave the impetus it would acquire in its fall would drive the air with sufficient force through the funnel into the condenser, so that in two or three successive falls the air would be sufficiently compressed to create on its expansion a power vastly superior to that used in its condensation, as shown in the air-gun. This power would, of course, be amply sufficient to move the piston-rod, and the stronger the winds and waves against me, the greater the power I should obtain."

At great expense, which his wife strongly disapproved of, although she was only aware of a small part of it, he constructs a boat of twelve tons burden; but he then finds great difficulty in getting any one to assist in manning her. At last, however, two young sailors, tempted by money, and saying, rather to his annoyance, that they were excellent swimmers, undertook the task. The trial, need we say, was a failure; for the boat would not keep her head to the wind, but invariably fell into the trough of the sea, broadside first. After several modifications and further expense, a second failure proves to him, not that his principle is at fault, but that his boat is too small, that it should be at least of 200 tons burden. As this would involve an enormous outlay, he gives up shipbuilding, and determines to apply the power which he has discovered to impelling locomotive engines. All went well for a time, till an unforeseen difficulty arose:—

"If the momentum increases with the amount of atmospheric resistance, how should I be able to stop the engine when once it had acquired anything approaching to a considerable velocity?"

Here was a startling question; and day and night did he study

how to resolve it. It was impossible to imagine what such a tremendous invention would lead to. "By using my force, instead of wasting it, I could quadruple it; if this again were used, and a similar result obtained, which would be a certainty, and then again increased in an equal proportion, what at last would it arrive at? especially with the extraordinary knowledge of mechanics possessed by the present generation?"

Suddenly the whole matter appeared to him in so clear a light, and all its tremendous combinations were placed so perfectly before him, that he trembled at the power placed in his hands. In the most perfect manner it was seen how "the forces might be accumulated till they reached the infinite." Then it was that an occult voice began to "whisper in my ear, that I might place myself in a position of antagonism to the Deity himself." The terrible blasphemy grieved and horrified him; night and day he prayed to be relieved from the power he possessed, prayed that the knowledge of it might fade from his memory—but in vain. "Satan himself seemed to be incorporated in me, and told me how I could accomplish the destruction of the universe. I fought against the idea, but uselessly, and I was on the point of escaping from it by the lesser sin of self-destruction." His wife and friends perceiving his distress of mind, wrongly attributed it to a disturbed brain, and took steps to place him under restraint. "More than once," says he, "I was on the point of explaining all to them, thus proving that I was not insane, but I dreaded that if my secret were known some other man might apply the terrible power which then belonged to me. I therefore resolved to sacrifice myself for the benefit of the world, and the result was my confinement in Shirley-Hall Asylum." Here the personal narrative is broken off, and the author gives the stories of some of the inmates of the asylum in which he found himself.

Of these stories, that entitled "Mainwaring's Confession" is the best. While seated at dinner on the first day of his residence in the asylum, he was much pleased with the appearance and manner of a gentleman opposite to him. "In his conversation and manner there was not the slightest taint of insanity; on the contrary, I do not remember a man whose conversation and manner were more lucid." When dinner was over, he went to the other side of the table to take a vacant chair which there was at the left side of his new acquaintance. No sooner had he done so, than the latter—Mainwaring—suddenly sprang from his seat, and attempted violently to thrust him from the chair, while his countenance exhibited uncontrollable passion. He had accidentally come into antagonism to Mainwaring's only weakness, who was always perfectly calm and rational so long as nobody sat or stood on his left side. The interference of the doctor prevented a scene, and Mainwaring hurriedly left the room in great anger.

The next morning, while strolling in the ground, he meets Mainwaring, and apologises to him for his unintentional offence; the latter received his excuses in a friendly manner, and acknowledges that his own behaviour must have appeared singular; "but I assure you, I am not mad—I believe I am the only sane person in the asylum." Smiling at the poor fellow's idea of his own sanity, the author asks:

"'Have you been here long?'

"'Nearly three years; so you may imagine by this time I have acquired no little experience in diseases of the brain myself. Were you long ill before you came here?'

"'You will perhaps smile,' I said, 'when I tell you that in my own case there is no insanity.'

"He bowed politely, but, at the same time, I perceived on his face an expression of pitying incredulity, which at the moment annoyed me excessively, but when I remembered the absurd monomania the poor fellow laboured under, I readily forgave him."

Mainwaring is far advanced in consumption, and not at all likely to survive the winter; but he looks forward to his end with a reasonable and sincere joy as the greatest blessing which could befall him. His "confession" then follows. Of a delicate constitution and sensitive nature, he cherished, even when a boy, the conviction of a connection between the visible and the invisible world. As an example of this feeling, he tells how, when passing through Clapham churchyard, a particular grave, of which he knew nothing, exercised a peculiar attraction on him. "All other graves were indifferent to me; but this possessed over me a peculiar fascination. When I arrived near it, a certain attraction came over me, and I could not take my eyes from it. When I had passed, I could not help continuing to look round to it. It was not fear, but a feeling I could not account for. I felt there was something or somebody connected with that tomb with whom I had an occult sympathy. There was no mistaking it. Even in the broad sunshine I felt the attraction as certainly, if not as forcibly, as at night."

After leaving school he entered upon the study of the law. He becomes deeply attached to a beautiful girl—Ellen—gentle, amiable, intelligent, but whose very delicate appearance was too truthful in the tale it told. He loved her with an intense and respectful love, though no word of affection was uttered. "I am sure she knew it, and, more than that, I am sure she loved me. There was something in the tone of her voice which told me so. Beyond that, an indefinable sympathy you may perhaps laugh at, told me she understood me, and returned my affection." But Ellen fades away, and finally dies from the rupture of a blood-vessel. Her last words were, "do not forget me; think of me sometimes." The shock of her death was very great; and for a long period his sole pleasure was to indulge

in solitary rambles in the evening over Salisbury Plain, when he could think uninterruptedly of her whom he had lost. One night when the fog hung on the plain, and when his thoughts were as usual fixed on Ellen, so that he "almost prayed to her,"—

"Suddenly I was aware that some one was beside me. No sound informed me of it, nor had I seen anything to induce me to think of it, but with a certainty not less than that of my own existence I became conscious that some one was by my side, and was advancing with me Slowly my eyes quitted their gaze on the heavens, and became fixed on the mist before me. I felt no fear, but an indescribable solemn sensation. I was not afraid to discover whom it might be, but I looked towards my side without turning my head. Still nothing was to be seen, though I knew that a being was there. I walked slowly along, and the invisible accompanied me; the feeling of my surprise vanished, and a delightful sensation of happiness supplied its place. I was certain, I knew not how, that Ellen was by my side. Presently a sympathetic, or what might be termed a mute conversation passed between us; though no word was uttered, there was an inexplicable current of intelligence perfectly understood by us both. So complete was it that it might have been written out."

He told her how much he had suffered, how inconsolable he was, and she, with the pure spirit of an angel, comforted him. At last, not content with mute happiness, he exclaimed, "Ellen, dear Ellen, do speak to me!"

In a moment he was left alone on the bleak plain; and though, night after night, he lingered wandering on the plain, and prayed for her return, yet she came not. At last she reappears, and in "sympathetic conversation" gives him comfort and support, visiting him for several consecutive nights. As he improved in health and mind, her visits became gradually rarer, "not from any want of sympathy to me, I am persuaded, but gently to lessen my attachment for her, and enable me to follow without impediment the path in life which had been marked out for me."

After several years have passed, Mainwaring falls desperately in love with the widow of an officer. She was attractive, gentle in manner, and amiable; her face was not only lovely, "but there was singular, unusual expression about it, impossible clearly to describe." Though she was calm, and never expressed great admiration for anything, yet there was evidently a latent fire of immense strength, which might on occasion be developed. The only circumstance which excited uneasiness in her behaviour was the little affection which she entertained for her child, a boy of about two years old. Not that she did not pour on it every endearment and caress which a mother can make use of, but there was evidently no genuine affection; "not one spark of that charming expression which is natural to the mother's face on such occasions ever illumined Clara's."

About a year after marriage, when she was about to become a mother, Mainwaring was horrified one night by finding his wife standing by the child's cot in her dressing-gown, "with a demoniacal expression of countenance" more resembling the "wild hatred of a fiend" than the expression of a woman. He led her back to bed, and the next morning she seemed utterly unconscious of what had happened. Though rendered very uneasy by the circumstance, he attributed it to somnambulism, and made no allusion to it. Nevertheless, he watched Clara narrowly, and though she treated her child with marked and ostentatious affection, he greatly doubted whether it was genuine. When no one was near, her conduct was as indifferent as it was affectionate when any one was present. Her confinement, a long and dangerous one, took place, but the new-born child died in a fortnight. Clara was dreadfully affected, and for a month remained on the brink of the tomb. As she slowly recovered, she lavished excessive attention and caresses upon her boy, so as to irritate her husband and call forth a reproof from him. But one night, as she was recovering from a slow fever, he was awakened by a sort of stifled cry from the child's room. He started up and listened, when suddenly the child uttered one piercing shriek. "In an instant," he says,—

"I leaped to the floor and rushed into the child's room. I there witnessed a sight which for a moment completely paralysed me. By the clear light of the moon I beheld my wife in her white night-dress leaning over the bed of the child. She was with one hand pressing heavily the pillow on its mouth, while with the other she firmly grasped its throat, the limbs of the poor child the while struggling fearfully. In a moment I seized Clara round the waist and tore her, though with great difficulty, from the boy."

With the greatest difficulty, for she struggled violently, he got her back to her room; the change in her features was truly horrible; her eyes glared with concentrated rage, and her look was more like that of a tigress than a human being. After a time she subsides into an unconscious state. His silence, in order to screen her, the marks on the child's neck, and the reserve which his wife exhibits towards him, cause the suspicion of the servants and medical man to fall upon him. He resolves to separate the child from its mother at once, and to travel abroad with her. She earnestly desires to take the child with her, but he resolutely refuses to permit it. After a last deliberate request on her part, which he refuses, she says, "I will never ask you again," and retires to her room, where next day she is found a corpse, having poisoned herself.

The circumstances are such that suspicion falls upon him of having murdered his wife. Although there was no evidence whatever against him, every one seemed to suspect him; and his wife's aunt accuses him openly of being an assassin. All his friends turned their backs upon

him; strangers looked suspiciously at him; no one sympathised with him; proceedings were even taken to deprive him of the guardianship of the child. Thus shunned and persecuted, he finds himself one evening wandering aimlessly in Kensington Gardens; he strolls on the bridge of the Serpentine, gazes into the water, and is on the point of ending his misery there, when, suddenly, the whole force of the crime comes clearly on his mind. He prays earnestly, and his prayer is heard; the horrible fascination vanishes; a feeling of calm increases within him. "I felt some heavenly power shedding peace around me:

"More and more distinct the sensation grew, and as I dropped my hands from my face, the feeling which tells us some one unseen is near us came over me, till I recognised that an invisible being stood at my left side. It was the same sensation which years before I had experienced after Ellen's death when crossing Salisbury Plain, and yet I had hardly given a thought on her for years. There, however, she was, as distinct as formerly. I knew it was her spirit, though no mute conversation now passed between us. The only word I felt she uttered was 'Peace, peace.'"

He remained there till dawn, "when my angel seemed to melt in it." And now, though every one avoids him, though the child is taken from him, though his name is a byeword and a scorn, he bears all calmly, for he has a peace which earth cannot give. His angel guard repeatedly visits him and teaches resignation. The vision always appears on his left side, nearest his heart; and it is the violence which he exhibits towards those who interrupt these communions by coming too near his left side, that leads to his seclusion in Shirley Hall Asylum. There, a short time after the author's introduction to him, he dies of consumption. In his last moments,—

"He partially raised his head from the pillow and stretched his arms upwards for a moment as if to embrace some one leaning over him; his head then sank quietly back, his arms fell by his side, and poor Mainwaring had joined his first love."

The story is told in a natural but powerful manner. Indeed, so well is the gradual development of Mainwaring's insanity exhibited, that we scarce know when it begins, and cannot determine between his delusions and the realities. The wife's madness, too, though of a rare kind, is not unnatural. And if we remember that it is a madman who tells his story, and that we are looking at things from his point of view, there will be no reason to find fault with the apparent wildness of the tale. The insight into the nature of insanity is so complete as to prove that 'Shirley Hall Asylum' must be the work of an experienced medical man, who would himself appear to be afflicted with two manias—one, that there is something in mesmerism, the other that alcohol is the Devil.

Passing over the stories of "The two Governesses," and that of a

'Clergyman who applied to the Devil (brandy) for consolation, and received it," we come to "The Cynic," which is the best tale after "Mainwaring's Confession." The hero of it has from his earliest childhood been haunted with the notion of the ridiculous; and the habit of seeing the absurd in everything has so grown upon him that he cannot help bursting out laughing on the most solemn occasions. When a boy he was immensely pleased with the performances on the stage of 'The Dog of Montargis,' which, after its master has been murdered in the forest, rushes home, and, selecting the bell pull of his house out of many similar ones in the street, rings up and alarms the establishment. More than that, however, when justice is at fault, and it seems likely that the murderer will escape, the sagacious dog springs at the villain, seizes him by the throat, and drags him down upon the stage amidst the applause of the audience. That he might train his own dog, Rover, to such intelligent feats, the enthusiastic boy pays away all his pocket-money to a stage carpenter, who promises to teach him the tricks. The carpenter pockets the money, and asks—

"'Which would you like to know, sir?'

"'How the dog of Montargis was taught to ring the right bell.'

"'I will tell you, faithfully, sir, how it is done. I never gets off a bargain. All the bell-pulls in the street is made of wood except the one at his own house, and that's a sausage.'

"'A what?' I almost screamed.

"'A sausage. The poor brute knew its own house by the sausage for the bell-pull; and when he catches hold of it, he naturally rings the bell.'

"'Then I can't teach Rover to ring my bell.'

"'Oh, yes, you could, if you had a sausage tied to the wire; not otherwise.'"

Though dreadfully disappointed, he still thinks that he would like to know how the dog was taught to detect its master's murderer; so he places his last shilling in the carpenter's hand, who at once pockets it without condescending even to thank him.

"'Well, sir, it's done in this way, and no other. The villain has always a good large piece of dog's meat sewed up in the buzzim of his shirt, and so the dog always knows him, and pins him accordingly.'

"I stared at the man in utter astonishment. 'But do you mean to say that he could not detect him without the dog's meat?'

"'Certainly not, sir,' said he. 'Dogs is like Christians; they must have something to know a villain by; they can't guess it, no more than you. It would lead to all sorts of mischief, if they could.'"

His fate pursues him through life. As a midshipman he falls desperately in love with a young lady passenger, and induces her juvenile brother to obtain for him a lock of her hair. Wishing to

oblige him, but yet doubtful of his sister's consent, the boy gathered the stray hairs from her hair-brush, and of them made a long thin tress. On the strength of the token, however, the unfortunate lover addresses passionate words of thanks to the young lady, much to the indignation of her mother, who overhears him, and causes him to be forthwith punished for his audacity. At last, so convinced is he of the hollowness of everything, that he burst out laughing in church, and on the most solemn occasions—so that he finds his way to Shirley Hall Asylum.

"The longer I live, my dear fellow, the more fully I am convinced that the world is one monstrous sham. I have often stood and looked at the audience collected round Punch's theatre, near St. Martin's church, and envied the fellow who worked the puppets. It was an immense amusement to me to watch the crowd of blockheads there assembled, staring at what was insignificant, and thinking it attractive; listening to that which was utterly without wit or reason, and yet thinking it was entertaining; laughing immoderately at that which was without the slightest humour—not only doing all this at the fellow's bidding, but positively at last paying him for making fools of them. When I leave here, I hardly know how I shall employ myself; sometimes I think I will make that fellow an offer for his theatre and apparatus complete, and start with it afresh on my own account." A masterly hit at what is going on elsewhere than near St. Martin's church! The author has an excellent command of quiet but powerful satire.

The last chapter contains an account of the author's escape from the asylum; and it is exceedingly well written. He succeeds in getting to London, and, his wife being in the South of France, makes his way to the house of a respectable woman who had formerly been in his service. He is somewhat annoyed, however, at the total absence of pleasure she exhibits on seeing him, but naturally attributes it to the surprise his visit must have caused her. Calling on his solicitor, he finds that gentleman very much astonished to see him, so much so, in fact, that at first he felt somewhat annoyed. He tells him his reasons for leaving the asylum, and also of his determination to go on with his invention, concluding by asking for the advance of some money for that purpose. Unfortunately his solicitor happens to be somewhat short of cash, is able to furnish him only with a little, but expresses great interest in his plans, and hopes he will call frequently and explain his progress—all which he readily promises. He now began to work assiduously at his invention, taking care to avoid any subject not immediately connected with his new locomotive engine. All went on most prosperously for some time. One morning, however, while reading the paper, his attention is arrested by an account of the experiments by Mr. Home in spiritualism. The rising of the chair into the air and the floating

of it around the room, excited his utmost astonishment. His own terrible invention sank into comparative insignificance; for here, by a mere effort of the will, the same effect was produced which he had accomplished only by the most profound mathematical study.

"Here was a power which conquered every law of natural philosophy. Here a heavy body floated in a fluid whose specific gravity was infinitely lighter than itself. The Almighty, when He formed the world, established the principle of the earth's attraction as the basis of His work; here His omnipotent fiat was set at nought with perfect facility and impunity. Who was this being who set Heaven's laws at open defiance? Could he be a man? The idea was absurd. Could he be an angel? No, or he would not have warred against God's laws. There was but one conclusion left, he must be Satan himself in the guise of a man. None other could have obtained a power of the kind."

He now began to consider what could be Mr. Home's mission on earth. "Little by little the truth became apparent. An old Eastern tradition is extant, that evil spirits can physically do no evil, unless by the hands of mortals, and, like most traditions, it was evidently founded on truth. Mr. Home was certainly seeking a mortal who would carry out his intentions in his war against the world, if not against the universe. And who could that mortal be but myself, who had invented a system somewhat analogous to his own, but which in no way infringed on the laws of natural philosophy? And if his spiritual power were united to my mechanical power, and used by the same hand, what would be the result? The power of Heaven itself must succumb to the combination."

His misery and alarm at this terrible thought knew no bounds. That Mr. Home was upon earth solely to find him out, he was convinced. He determines, therefore, by all means to avoid him; he obtains an accurate description of his personal appearance so that he might know and escape him, and he immediately takes flight when he sees any one in the street answering to the description. One day, however, in turning a corner, he runs upon a person whom he at once concludes to be Mr. Home; and not being able to avoid him, he determines resolutely to attack him. The result is that, as he discovers too late, he gets into the hands of the police, and the magistrate before whom he is brought, "falling into the usual error," concludes he is insane, and refuses to let him go unless some one undertakes to take charge of him. His solicitor assumes the responsibility, and as his distress of mind on account of Mr. Home's persecution increases to a terrible extent, that gentleman persuades him again to enter an asylum, where the greatest care should be used to preclude the possibility of a visit from Mr. Home. There his health improves, his mind soon recovers its proper tone, and from the admirable arrangements of the establishment he is in no dread of a visit

from Mr. Home—"my spirit is at ease, and the universe is saved from destruction!"

There, then, we leave him, happy that he is content, and in bidding him a kindly farewell, we would wish that all madmen were half as agreeable companions as he is, and that all sane people were half as sensible as he. We could almost envy him the quiet haven in which he has found rest, where the wicked have ceased from troubling him, and where the liberty of being an unwilling slave is taken from him. 'Tis surely a pity that in the larger madhouse, which the world is, the non-restraint system is not either in more extensive application or in less extensive use. At present man has just reason enough to make him a discontented and rebellious animal; he has liberty enough to see his chains, but not liberty to break them.

H. M.

PART III.—QUARTERLY REPORT ON THE PROGRESS OF PSYCHOLOGICAL MEDICINE.

I.—*Foreign Psychological Literature.*

By J. T. Arlidge, A.B. & M.B. Lond., M.R.C.P. Lond., &c.

Correspondenz-Blatt der Deutschen Gesellschaft für Psychiatrie, &c.—The numbers of this monthly periodical from April to October, 1863, are now before us, and among their contents are several articles of interest.

On dumbness in mental disorders is the subject of a short paper by Dr. Kehl. Actual dumbness he considers rare among the insane; he encountered only one case in the course of ten years, and among a large number of insane patients. This is a very indefinite way of stating the relative prevalence of a condition or circumstance; still there cannot be a doubt that dumbness among the insane, not idiots, is uncommon. The author having, therefore, nothing to tell us respecting dumb insane people, occupies his paper with some general remarks on taciturnity, and appends an interesting case of a young man who very seldom spoke during the space of the four years that he was in the asylum, owing to the delusion that his magnetic power would fly off and be lost, if he spoke before others had eaten. When in company with other patients he kept his head moving, and felt an uneasy sensation at the breast, and wished that his magnetic needle was divided, so that the magnetic force might not pass off so strongly. He grew worse after his entrance into the asylum, refused food, answered questions only by yes or no, and ultimately at the end of fifteen months from his admission, refused to speak at all, and persevered in this for four years; until, that is, the date at which the history is written by Dr. Kehl. However, he joined others in working in the grounds, took part in amusements, was tractable, understood everything said to him, and answered questions by gestures and in writing. His writing was very illegible, and partly made up of words and partly of signs. His functions were normal, and there were no paralytic symptoms, though much dementia. The cause of his disorder appears to have been disappointment in love; and on two occasions prior to his admission into the asylum, he had suffered short attacks of acute mania. His mother had once an attack of meningitis; a maternal uncle was epileptic, and a sister died in infancy from hydrocephalus.

Dr. Kehl surmises whether in this case there was loss of power in the olivary bodies, similar to what Schroeder van der Kolk found in

mute idiots, or whether the dumbness had a psychological origin, owing to the dementia overpowering the impulse to speak; or, again, whether it was due to the influence of his delusion in imposing silence upon him. This last explanation appears to the author the most probable, inasmuch as the dementia was by no means extreme; his countenance was intelligent, and he was disposed to, and fond of society and amusements, and as the function of the olivary bodies in reference to speech is quite hypothetical, even supposing them to be affected.

Use of bromide of potassium in epilepsy. — Dr. Franque, of Munich, has tried this medicine, as recommended by Dr. Wilks, in several cases of epilepsy with great benefit.

Case 1.—C. D—, female, æt. 22. Had suffered from epilepsy for many years, and the mind had begun to suffer. During two years the fits had daily recurred, and, for two months, several times a day. In April, 1860, bromide of potassium was commenced in five grain doses three times a day, and the fits receded in number, duration, and severity. From the 3rd of June no fit occurred until the 6th of the month, and none again between that date and September. The next remission lasted till the end of December, when the medicine was discontinued. In February she suffered much emotion from the death of a brother, and a fit was the consequence; the use of the medicine was recommenced, and continued for six weeks, since which she has continued well, and gained in flesh and strength.

Case 2.—F. K—, æt. 34. Had suffered two years; the fits, which occurred at long intervals at first, had latterly occurred every month, and at last twice a week. He was treated with the bromide for a period of ten weeks, after which no fit occurred, and he has remained well during the whole of the following year.

Case 3.—L. C—, female, æt. 59. Has had epileptic fits since she was a year old. Recently they have occurred several times a day. The bromide was commenced in November, 1860, and at the end of January, 1861, the frequency of the fits had become reduced to one a week. From this date to the end of February she was free from them, and the medicine was stopped. Several months afterwards she was found to have remained quite well.

Case 4.—J. S—, male, æt. 33. Has been epileptic a year and a half. Is very weak, and confined to his bed. In August, 1861, he had seven fits in one day, followed by delirium. The bromide was given in doses of ten grains three times a day; improvement quickly followed, and he was discharged cured, after a residence of only two months in the hospital, with his health and strength greatly improved.

Case 5.—H. W—, male, æt 40. His fits were of daily occurrence, and often recurred two or three times a day. In September,

1860, he commenced with three grain doses of bromide of potassium thrice a day. During the four ensuing months, during which he continued the medicine, only three fits occurred, and he has subsequently been quite free from them.

Case 6.—J. E—, male, æt. 22. Epileptic one year; has two to three fits daily. He took the bromide for two months, and has subsequently had no recurrence of his fits.

Regulation of private asylums in Holstein.—Dr. Castagne, of Kiel, has been instrumental in procuring the institution of the following government regulations of private asylums:

1. A report is to be presented every year to the district physician by the superintendent, setting forth the details of management and the general results. The district physician is also to make an annual report to the board of health, giving as full particulars as possible.

2. The superintendent is not only required to comply with the general medical legislation, but to supply any information required by the authorities duly appointed. For this purpose he must keep a register of every patient, setting forth the name, age, social position, place of birth, and of residence; the day of admission, of discharge, or of death, and the treatment pursued.

3. The asylum to be open to the inspection of the police authorities of the district in which it is situate. The district physician is to visit at least four times a year; to call the attention of the superintendent to any defect or error, and, where necessary, to send information to the higher authorities and the board of health.

4. The reception of a patient to be reported by the superintendent, not after the third day at the latest, to the superior police authorities of the district, and to the district physician. The police authorities are to investigate whether the reception is quite regular, or whether further information is needed. The certificate of a magistrate of the place in which the patient has last dwelt that his removal is legal and necessary, or the certificate of a qualified medical man attested by a magistrate, must be obtained. With reference to those insane persons who voluntarily enter an asylum, evidence must be afforded that it is by their own desire.

5. In the case of discharge or of death, the police authorities and the district physician are to be apprised at once. The same notice is required when a patient escapes. The notice of discharge must state whether the patient is recovered, and if he be not, on what ground the discharge takes place.

6. When doubt arises respecting the propriety of admission or of the discharge of a patient, and especially when there is a difference of opinion on this matter between the superintendent and the district physician, the decision of the board of health is to be obtained and acted upon.

7. Superintendents of private asylums who infringe any of these regulations are liable to a fine of from 20 to 200 thalers.

Clinical teaching of insanity in Germany.—The following summary exhibits the extent of provision for teaching psychiatry in Germany:

1. In universities having asylums for acute and chronic cases connected with them, and a regular course of clinical instruction by teachers who are specialists:—Vienna, Prague, Berlin, Munich, Erlangen, and Zurich.

2. Universities connected with asylums, and affording clinical instruction but where the teachers are not specialists; such are Griefswald and Jena.

3. Universities similarly circumstanced, where psychiatry is taught only theoretically; Leipsic and Breslau.

4. University with an asylum connected, but in which there is no instruction in insanity; Halle.

5. Asylums admitting a limited number of students, for a certain time, for education in the treatment of insanity; Siegburg, Hildesheim, Illenau.

The most extensive efforts to carry on the study are made in Bavaria, and most vigorous endeavours are also seen in Hanover. Among the countries in which the least has been done to advance the subject are Wurtemburg and Prussia.

At Tubingen clinical instruction in mental disorder is obligatory upon medical students, and psychiatry constitutes one of the subjects for the final examination for a degree in medicine. As the existing asylum in this town is insufficient, a new one is in course of erection in the neighbourhood.

The number of the 'Correspondenz-Blatt' for May is principally occupied by a long theoretical dissertation on the faculty of sensation and perception, and its derangement in mental disorder, for an analysis of which we have no space.

Pachymeningitis.—Forms the subject of a brief notice by Dr. Kelp. —Virchow observed that hæmatoma of the dura mater originated in an inflammatory condition of the arachnoid covering its internal surface, which led to exudation, often repeated so as to form several superimposed layers. In course of time blood-vessels are developed in the substance of these false membranes, and occasionally an effusion of blood takes place in their interior, and they assume the form of unilocular sacs, such as Rokitansky stated to be frequently present in cases of general paralysis with insanity. This same physician also asserted that in this mental malady there was atrophy of the brain from an abnormal development of areolar tissue in its substance, consequent on the existence of the hæmatoma. The areolar or con-

nective tissue appears first in a granular form, and presently becoming fibrous interferes with the nutrition of and destroys the nervous matter around it, leading to its degeneration into colloid and amyloid corpuscules. Dr. Kelp, however, has not been able to verify the presence of this exuberant growth of connective tissue in paralytic dementia, and regards it as only an occasional circumstance. Lanceraux has in a recent paper on meningeal hæmorrhage ('Archives Générales,' 1862-1863), traced out the symptoms of pachymeningitis, and illustrated its pathology by numerous observations.

According to this writer there is a connection between the formation of pseudo-membranes and a rheumatic affection; and from the concurrence of fatty liver with pachymeningitis, he is disposed to attribute both lesions to chronic alcoholism. He distinguishes two forms; one in which the false membranes are produced without any serous or sanguineous effusion within them; the other in which such effusions, in a greater or less quantity, occur.

In the first class of cases Lanceraux states that the most prominent symptoms are the existence of pain in the head in a circumscribed space, and the frequent occurrence of vertigo and stupor. At times the patient is heavy, troubled and agitated, although there is no pain present to account for it.

The symptoms of the second class of cases enumerated by Lanceraux entirely agree with those assigned to the lesion by Griesinger. There are symptoms of compression, heaviness, drowsiness, stupor, paralysis, coma, together with signs of irritation, contracted pupil, and convulsive jerkings of the limbs. If the effusion exists only in the form of scattered spots upon the false membrane, the symptoms rather resemble those of active cerebral congestion. Should the effusion of blood occur suddenly, there are headache and vertigo, with loss of consciousness and spasms or convulsions of the limbs. After a fit of this sort, a somnolent state succeeds, which either continues and is interrupted by convulsions, or else consciousness returns, and the convulsive seizures diminish in frequency; some degree of paralysis and spasmodic contraction of the limbs, varying in extent, remain.

These symptoms, observes Dr. Kelp, are by no means distinctive, in either of the two forms of pachymeningitis mentioned. Where there is only softening of the brain in many paralytics, the symptoms are quite similar.

On Emboly of the Cerebral arteries.—Dr. Erlenmeyer presents a useful *résumé* of the present state of knowledge on this subject, of which the following is an abstract. The blood-vessels of the brain may become obstructed in various ways. Inflammation may lead to stoppage in the veins and sinuses, and be induced by caries of the cranial bones, by traumatic injuries, and by clots of blood poured

out in the cerebral substance; or weak or impeded circulation may lead to stoppage. The great arteries, or their branches, or the capillaries themselves, may become impermeable. This impermeability may ensue in consequence of their obstruction at some spot by a foreign body carried along in the stream of blood, and then *emboly* or *embolism* is produced. Or the impediment may follow in consequence of disease of the arterial coats themselves, leading to inflammatory exudation, when we have the so-called *autochthonous thrombosis.*

The nature and origin of the bodies which may close the arteries are not in all instances determined. That spontaneous coagulation may take place in the blood, and a portion of coagulum produce emboly, cannot be disputed; but, on the other hand, it is equally certain that the arteries may be obstructed by a fibrinous clot derived from a valve of the heart, where it has formed in consequence of an attack of endocarditis, or by a detached fragment of one of the valves themselves when affected by softening consequent on inflammation, or by detritus from any portion of the softened endocardium, or by calcareous accretions growing upon the margins of the valves, or otherwise derived from atheromatous disease of the aorta, and also from fatty, tubercular, carcinomatous, purulent, or ichorous masses, which find their way into the circulation. A very fertile source of emboly is the presence of acute ulcerative endocarditis, where it speedily takes on the form of a typhoid attack, or of pyæmia, with secondary violent icterus, and supplies at one time from the ulcerating tissue of the heart itself, at another from the fibrine poured out in connection with the process of ulceration, the material of the plug in the vessels. Again, the cells and elements of connective tissue may constitute the nuclei of emboly, and, as Tannus demonstrated in the case of quicksilver in the tissues, may increase in magnitude by the outpouring from the blood of fibrine around them. Lastly, the thrombi produced by phlebitis may, on being broken up and washed away in the circulating fluid, on arriving in the arteries produce an obstructing clot; hence it is that in pyæmia, and in puerperal disorders, embolism is not an infrequent occurrence. It is seldom that the material of an embolus enters the arterial system from without. Oppolzer has observed the production of embolism from extraneous material entering the cardiac cavities from their muscular walls, where they had originated as the products of disease, such as the gum-like substance of a syphilitic swelling, or the sacs of echinococci. Or again, ichorous matters may find their way into a vein by erosion, and induce alterations in the blood; and in like manner such substances, or fatty or atheromatous matters may plug the capillaries.

The figure of an embolus may vary exceedingly, and depends on circumstances widely different. It has, however, no influence on the

form and progress of the disease. Its size, on the other hand, is important so far as it is related to that of the obstructed vessel. Still the plugging of a carotid will not produce so much mischief, probably, as that of a small vessel in the "circle of Willis," as in the former case the collateral circulation would be less interfered with than in the latter. Obstructions in the cerebral arteries occur in the following order with respect to frequency; in the internal carotid, the anterior communicating artery, the artery of the fissura Sylvii, the basilar, the vertebral, and least of all in the artery of the corpus callosum. Several arteries may be obstructed simultaneously, either by several plugs or by one situated in a larger artery from which they branch. The left carotid stands foremost in its proclivity to embolism; of arteries in other parts of the body, the splenic and renal are the most frequently plugged, after them comes the femoral. The primary changes that occur in the brain when one of its arteries is obstructed are, the production of anæmia in those portions to which it and its branches are supplied, and an increased flow of blood in surrounding vessels, leading sometimes to the establishment of an adequate collateral circulation; but if not, the bloodless portions become involved in further changes. The first of these changes is a softening of the nerve-tissue, which occurs within the first forty-eight hours after the accident. The softened part is usually reddened by blood exuded from surrounding vessels, and whilst this colour is present, which it usually is for from eight to fourteen days, the nerve-cells and fibres remain unaltered in appearance. Yellow softening then succeeds; the tissue is more pulpy, and the distinctness and arrangement of its cells and fibres are much disturbed. The yellow colour proceeds from the blood and the fatty matters of the brain, which undergo retrograde changes. Commonly, after a few months, a white pulpy softening follows, in which nerve-cells and fibres are no longer distinguishable, but only groups of nuclei, fat-cells, &c. This white softening is usually found only when the lesion is somewhat considerable in size. A fifth stage may be described, distinguished by absorption of the softened mass, and the appearance in its stead of a serous cyst, or of depressions with irregular walls, or of encephalitic nodules. Actual reconstruction of brain substance, such as Cohn held to be possible, is not as yet proved. Emboly in the capillaries leads to similar softening, which may pass through the same phases as that consequent upon the obstruction of a larger vessel.

Symptomatology.—The chief sign of emboly in a cerebral artery is the sudden accession, without antecedent indications, of an apoplectic fit, or at least of an attack of vertigo, mostly causing the patient to fall down, or else of a fainting fit. There is sudden loss of consciousness, and more or less paralysis of muscles on one side of the body, according to the position and character of the artery involved

by the lesion. Paralysis of the facial and of the hypoglossal nerves, and of the extremities, is comparatively constant. It is remarkable, that in the anæmia of the brain from emboly, at least when consequent upon plugging of the smaller arteries of the cerebrum, no convulsions nor spasms ensue, although the experiments of Kussmaul have shown that epileptiform convulsions are produced by anæmia. Indeed, convulsions have been observed only in the case of emboly of the carotid.

Together with these principal symptoms are noticed others, such as, that the head and face of the patient are usually cool, anæmic, and collapsed, and that neither grinding of the teeth nor vomiting occurs; that the pupils are unaltered and act naturally; that the pulse is neither accelerated nor retarded, and that the carotid pulse is not strong, but weak and small. The temperature of the body is mostly diminished. As the collateral circulation becomes established consciousness returns, and the paralysis gradually decreases; and the sooner this is set up, so much more hope is there of an amelioration or removal of the paralysis. On the other hand, if it be delayed till softening supervenes, some lasting paralysis is the result, and with this at times a certain degree of psychical derangement or weakness. Lastly, no improvement may ensue, and death follow, either from the anæmia alone, or from the subsequent softening, or from complications due in part to the operation of the emboly upon other vessels.

Both sexes are equally liable to this lesion. Age has an important bearing both upon its occurrence and its diagnosis. The period of life between twenty and thirty years of age, when rheumatic affections and rheumatic pericarditis are most frequent, is also most prone to embolism. After the fiftieth year, atheromatous deposits in the arteries are frequent causes of rupture of vessels and effusion of blood in the brain, as also of those obstructions of arteries directly due to these deposits, and spoken of as cases of autochthonous thrombosis. The diseases which may be enumerated as especially causative of embolism are:—rheumatism, arthritis, syphilis, carcinoma, and puerperal phlebitis. Excessive indulgence in spirituous liquors is also an often assigned cause.

Diagnosis.—The differential diagnosis between emboly and other diseases affecting the brain is not easy, particularly between it and autochthonous thrombosis of the arteries and cerebral hæmorrhage. It may be predicated with some confidence when a patient is young —under thirty years of age, not very robust, and suffers from rheumatism or cardiac affections (such as valvular disease, or endocarditis, particularly in the left ventricle), or when it is a young woman with signs of puerperal phlebitis, or in general when a person whose arteries are healthy, and free from atheromatous deposits, is seized, without any previous intimation of mischief (such as agitation or restlessness, giddiness, lethargy, or formication), with an attack of

vertigo, fainting, loss of consciousness and hemiplegia, particularly of the right side, and when the force of the circulation in the carotids is not augmented, the head cool, the features collapsed, the temperature of the body decreased, the pupils unaffected, and all signs of irritation, such as convulsions, vomiting and spasms, are absent.

The diagnosis is rendered more sure should the patient have formerly suffered, or be at the time suffering, from emboly in other arteries. And attention may be first directed to the existence of such obstruction in the femoral artery, with consequent gangrene of the leg, or in the splenic artery, along with enlargement of the spleen and pain of that organ; or in the renal artery with hæmaturia. Further, should there be any existing foci of embolism, *e.g.*, from ulceration, the diagnosis acquires increased certainty.

When, without the employment of energetic measures, consciousness returns in a few hours, and the paralysis recedes, we have in these circumstances indications of emboly, and also one point of distinction between this lesion and cerebral hæmorrhage. The diagnosis between it and thrombosis of the cerebral arteries is more difficult. Lanceraux states that thrombosis particularly attacks persons advanced in life, who are above forty years of age, and still more those between fifty and sixty, who have hypertrophy of the left ventricle, or fatty degeneration; have been troubled for a considerable time, not with rheumatism but with gout, whose arteries are in an atheromatous condition, and with whom symptoms of cerebral disturbance have for a lengthened period been present. In such patients the seizure is either gradual or sudden, in the form of an apoplectic fit, with loss of consciousness and paralysis.

Treatment.—Little can be done in the way of treatment, for we possess no means of favouring the collateral circulation, nor of removing the clot, nor of preventing the subsequent changes in the brain substance. The question of management proper in cerebral hyperæmia or hæmorrhage has no bearing on this lesion. Bleeding and the application of cold to the head are mischievous. Some have proposed to stimulate the energy of the heart, and of the current of blood, in order to promote the establishment of a sufficient collateral circulation.

Rheumatism and mental disorder—is the subject of a short paper, illustrated by five cases, by Dr. Sander, Assistant-Physician of the Siegburg Asylum, published in the 'Zeitschrift für Psychiatrie,' 1863, p. 214. Griesinger, in 1860, called attention to the association of mental disorder with rheumatism, in the 'Archiv für Heilkunde' (Heft. iii, p. 235), and related seven cases of its occurrence. In his first and second cases the mental disturbance appeared on the recession of the rheumatism, and after continuing a

considerable period began to decline as a fresh attack of rheumatism supervened. However, no constant interchange between the two maladies was discoverable. In one instance chorea also was present: in four the affection of the joints declined on the outbreak of the insanity, and did not recur. In one case the cerebral disturbance ensued after the rheumatism had quite vanished.

The following conclusions have been drawn:—1. That severe mental disorder may occur, not only during the persistence of acute rheumatism in the joints, but be prolonged for a month or upwards after this has ceased. 2. This mental lesion manifests itself without fever, usually with the character of depression, and often as decided melancholia with stupor. A state of excitement may follow, or be intercurrent with the melancholia. 3. Now and then convulsive or choreitic movements complicate the mental disturbance. 4. The prognosis is very favorable; and recovery, so far as the few recorded cases go to show, ensues most rapidly and surely when a fresh attack of rheumatism supervenes in the course of the cerebral affection.

It may generally be assumed, that the brain affection and the rheumatism stand more closely related than do the chronic cerebral disorders consequent upon other acute diseases; as for instance, typhus, where anæmia of the brain or some other general cause may be assigned as the basis of the psychosis. The question for solution is, whether this association of rheumatism and insanity is attributable to the rheumatic poison acting upon the cerebrum, and producing a form of rheumatic meningitis.

Insanity in Austria.—Dr. Knorlein presents in the same number (Heft. ii, Band xx, 1863) of the 'Zeitschrift,' some interesting historical notices of the state of the insane in Austria, and of the legal and general provisions made for them in that country. This paper will be valuable to the student of the history of insanity and its treatment, but does not demand an analysis in our pages. It would appear that public attention is much aroused in the Austrian empire to the necessities of the insane and the want of additional asylums to supply them.

Die Spermatorrhœa in Nerven, Gemüths und Geistes-krankheiten. Bonn, 1862, pp. 152.—In this small treatise, Professor Albers, of Bonn, has undertaken the description of the pathology and treatment of spermatorrhœa, particularly in its relations with the nervous system and mental disorder, and we can recommend the book as containing a very good outline of the subject.

Great difference of opinion prevails in this country with respect to the connection between spermatorrhœa and insanity, and we have never met with a satisfactory discussion of the question. Some psychia-

tric physicians are positive in their assertions that this diseased condition is a frequent cause of insanity, whilst others will scarcely recognise it as a cause, though ready to admit it as in some measure a symptom or a consequence, particularly among the chronic insane. Concerning this matter Professor Albers advances the general proposition, that involuntary seminal discharges and the irritation of the seminal vesicles and ducts exercise a very injurious influence upon the brain, and, at least under certain predisposing conditions, may become actual causes of insanity; that this form of insanity is characterised by a particular group of symptoms, sufficing to distinguish it from other varieties of the malady, and that the severity of the disease is proportionately influenced by the arrest or the increase of the discharge.

Guislain's objection to this proposition, viz., that some people who are victims of spermatorrhœa for a long life-time do not become insane, is not valid; for the same may be said of many bodily diseases, as of those of the brain, which may exist a long time without disturbance of mind. It is true, indeed, that many may escape the consequences of their disease or their vice by their own moral control, and by medical aid exercised to arrest it, before permanent mischief is produced; yet it is equally certain that onanism exerts numerous ill-consequences both on the brain and nerves. In cases of pollutio diurna there is not only seminal loss, but also profuse secretion from the various structures connected with the testicles; and there can be no doubt that the former exceeds that following normal function, for not only does the secretion escape with the urine, but also with the alvine evacuations during stool, and as Lisle has remarked, it is impossible to estimate the quantity. Moreover, the flux goes on both in the urine and the stools without the knowledge of the patient. Again, the secretion is itself abnormal, as are also the parts associated with its escape;—the vesicles, ejaculatory ducts, and *bulbus urethræ* are in a diseased condition, irritated, congested, or inflamed, and to a certain extent dilated and paralysed. All such abnormal states are themselves injurious to the whole frame of the individual, and particularly to his brain and nerves. In short, it appears certain that inflammatory irritation of the *bulbus urethræ*, and of the seminal ducts and vesicles opening into it, constitutes of itself,—as seen in cases where gonorrhœa has produced it, and where there is no seminal discharge, a cause of cerebral irritation, and one of no inconsiderable importance in developing insanity itself. Albers gives a case in illustration of this fact, and another which shows that gonorrhœa may produce the injurious effects upon the sexual organ above noted, and be thereby a direct cause of seminal loss, the patient's mind becoming also at the same time disordered.

The insanity due to spermatorrhœa Albers describes as pointing in no evident manner to the nature and seat of the disease as a brain

affection. It usually exhibits itself in the form of melancholia, an irrepressible tendency to depression associated with great muscular debility, and often tremors and unusual irritability of the muscles. The sentiments are blunted, and there is an indisposition to exertion, both mental and bodily, together with anxiety and uneasiness, and a sensation of weight or oppression at the heart. Mistrust of self, and a feeling of insufficiency for any business or occupation; erroneous interpretation of circumstances; a disposition to distrust others; an entire change of character, of ideas, habits, and passions; a much weakened condition of the understanding and moral powers; habitual vacillation and indecision both in thought and action; a desire for solitude, and irritability of temper; such are the principal mental signs leading to the inference that spermatorrhœa lies at the foundation of the mental disturbance. Concurring with these are self-accusations of past sexual indulgences, accompanied with feelings of despair and a disposition to suicide. Suicide, however, is rarely completed, the energy of the will appearing to fail. A maniacal state is much rarer and almost restricted to cases of spermatorrhœa gonorrhoica. The bodily conditions are not less noteworthy. The pallid, wan countenance is the external indication of the gloom and shyness of the patient. The eye is devoid of lustre and vivacity, and without expression, as in melancholia, but has not, as in this disorder, the same fixedness and persistence, until actual recovery ensues. In interrogation, the eye indicates shyness, and looks for encouragement to the speaker. Transitions from warmth to cold are always seen; there is a desire for warmth, and the sensation of cold is strongly felt, even when the change of temperature is really slight. On the other hand, the temperature of the head is increased when imperfect pollution has occurred.

Albers has made numerous observations on temperature, particularly in its relation to the accession or removal of the phenomena of mental disorder and of cerebral lesion. He has measured the heat of the body on the head, behind the ears and neck, and between the thumb and index finger, in different lunatics, at the same period of the day as well as during sleep, and under circumstances as nearly similar as possible. The general result is that during sleep the temperature of the head has ranged from 86° to 88° Fahr.; behind the ear from 90½° to 92°; on the neck, over the sterno-mastoid muscle, from 93° to 95½°, and in the hand from 80° to 94½°.

After pollution the temperature of the head has risen to 93°, behind the ears to 94½°, and in the neck to 97°. With this increased heat there were augmented prostration, restlessness, anxiety, and cardiac oppression, together with stronger and more frequent pulsation of the heart and increased rapidity of pulse. It often happened that when the heat of the surface was found increased, the hand applied to the part indicated a temperature

rather below than above that of a healthy person. As to this peculiarity he remarks that the rising of the thermometer to the same height is in one case rapid, in another comparatively gradual; hence it follows, that as the actual temperature is alike in the two cases, the radiation of heat from the surface must be much quicker in one than in the other. The more gradual radiation coincides with the greater deterioration of the mental powers, whilst the more rapid occurs where the signs of bodily disorder and of psychical depression are less pronounced. The more active radiation, and more rapid rise of the thermometer occur, therefore, when the patient feels the want of more warmth.

Again, when the temperature is raised there is some reddening of the cheeks, and more especially of the lower part of the ears, whilst the vessels of the conjunctivæ become visible. The reddening of the ears is particularly remarkable among the insane when the skin is delicate, and appears on the slightest excitement. These variations in temperature and in the coloration of the skin, are strongly exhibited after involuntary pollution, especially when it happens at night, and indicate hyperæmia, with, probably considerable exhaustion of brain. The greater the exhaustion, connected as it often is with irritation, the longer is the time requisite to restore the normal state of the blood supply to the brain. This restoration is particularly gradual when the variation between the temperature of the head and of the limbs is greatest.

The palpitations of the heart noticed in the victims of spermatorrhœa, are more matters of feeling on the part of the patients than of observation on that of the physician. But though the cardiac impulse be actually increased but little, there is a modification in the sounds; the first sound is not uniformly equal, but less distinct at its commencement and conclusion than at its middle, having thereby a wavy character; and, again, it is not so distinguishable from the second sound, which is itself altered in a like manner. These altered relations are the cause of the anxiety and uneasiness, and of the aching sensation at the heart complained of, especially when melancholia has followed upon spermatorrhœa. Movement, particularly going up stairs, increases the palpitations and renders the general muscular weakness evident; and in many, roaring noises are heard in the ears. All these symptoms are aggravated by indulgence in strong drinks.

The patent effects of spermatorrhœa upon the mental and bodily functions are increased or decreased in direct proportion to its increase or decrease. By spermatorrhœa is here intended not only seminal emission, but also all the abnormal conditions, and all those relative circumstances which belong to it, and as it is especially indicated by the presence of spermatozoa in the urine. This last-named circumstance distinguishes the true from the false spermatorrhœa

dependent on discharges originating in the *bulbus urethræ*, and probably also in the prostate, and which are never attended by the loss of energy in the muscles, heart, nerves, organs of sense, and mind, observed in the former kind. Nevertheless, in long-continued spermatorrhœa, the spermatic animalcules would seem to fail, together with the power of erection, and then, consequently, the usual means of diagnosis fails. This aggravated state is coupled with impotence; but as long as spermatozoa are found hopes may be entertained of restoration to a healthy condition.

There is a species of *spermatorrhœa spuria*, dependent on enlargement of the prostate, consequent usually on long-persistent gonorrhœa; in which an emission of hyaline, mucilaginous fluid occurs from the urethra in the urine, and more rarely in the stools, destitute of spermatozoa and the spermatic odour. Those who suffer from this possess their usual muscular energy and sexual power. Another variety depends on an excitability of the male sexual organ, provoked by riding and other causes, in which a sensation of emission occurs, and now and then an actual discharge. In such patients there are usually a sensation of aching and weariness in the loins and thighs, constipation and tension across the stomach, together with drowsiness, variable appetite, acidity, eructations, palpitation, and headache. Their history commonly shows that onanism has been practised in early life, and that both the mental and bodily powers have been overstrained. A hæmorrhoidal condition is produced, and the veins of the urinary and sexual organs are enlarged and distended, together with those in other parts, and hence the abnormal sensations in the perinæum and urinary passages. This is a painful state, and is usually accompanied by mental irritability and worry, and by more or less inaptitude for business; indeed, it may induce the worst forms of hypochondria and actual insanity.

Lisle and Deslandes represent spermatorrhœa to be common among the insane. The former states that he observed it in 19 out of 180 male lunatics. Albers' experience is opposed to this presumed frequency, and attributes it to the circumstance that the microscope was not generally employed in the diagnosis of the disorder. He has had altogether seventy male patients in his asylum, and has detected spermatorrhœa in one only; but in his private practice, extending over thirty years, he has met with five instances, not reckoning the spurious form where spermatozoa were absent.

Albers has reviewed the whole subject of spermatorrhœa under three heads, according as—1, there is a simple discharge of true spermatic fluid; or 2, lesion of the seminal receptacles and ducts, of the *bulbus urethræ* and prostate; or 3, a combination of the two preceding conditions. But he has made other divisions of the subject, and distinguished three varieties: 1, the traumatic; 2, the onanistic; and, 3, the gonorrhœal. Of the traumatic variety he

has given one case, where it followed a blow on the perinæum against the pomel of a saddle. The second variety is illustrated by three cases, and is more particularly distinguished by the wasting and anæmia, and by the highly augmented sensibility of the urethra, especially in the vicinity of the bulb. The third variety, consequent on gonorrhœa, is accompanied by considerable thickening about the bulb and seminal ducts and the prostate, leading to thickening of the former. At the same time the urethra is narrowed. The flux contains frequently brilliant, spherical corpuscles, which resemble the heads of spermatozoa, with or without epithelial cells. The sexual organs are not wasted, and the sexual functions can be performed, unless, indeed, there is positive stricture.

Another division of the disease is given, in which the author chiefly follows Dr. Marris Wilson. This division is based on the parts affected and primarily concerned in keeping up the disease. We have not space to analyse it, but only to state the varieties established. These are *Spermatorrhœa testicularis; S. vesicularis; S. prostatica,* and *S. urethralis.*

Treatment.—Albers has little of novelty in his chapter on treatment. At the outset he observes that treatment directed only to the mental symptoms is worthless, when these are dependent on spermatorrhœa, whereas when applied to the cure of the abnormal condition of the sexual organs with which the discharge is connected, success may be anticipated. The administration of digitalis and digitalin may be suitable for the relief of the irritability, but will be useless for removing the dilatation and thickening of the outlets of the spermatic discharge. Cauterization of the urethra is of great advantage, but more particularly when spermatorrhœa is the result of self abuse. When there is much local irritability near the bulb, the application of camphor ointment and camphor liniment is of great service; as also is the introduction of bougies prepared with tannin and camphor. Or a catheter may be used to inject at the sensitive spot a few drops of camphorated oil, made of thirty grains of camphor to an ounce of olive-oil. Faradisation has been recommended, particularly where the sexual organs have lost tone and are wasted. If the spermatorrhœa has become an habitual drain, counter-irritation to the perinæum should be applied, or an issue be established by means of lunar caustic or by caustic potash. In inveterate cases compresses of cold water to the perinæum, and Lallemand's bougies and injections of glycerin and tannin are applicable.

De la responsabilité légale des aliénés.—The legal responsibility, general and partial, of the insane, is the subject of an able essay read before the Academy of Sciences in August last, by M. Brierre de Boismont. In his introductory observations he remarks, that the responsibility of the insane has numerous partisans, and that the

belief in their partial responsibility has of late years gained ground. On this latter question opinion again varies; for whilst some would hold a lunatic responsible who, apart from his hallucinations and delusions, has acted upon the ordinary motives of action common among mankind, others would subject him to the penalties of the law even when he has acted under the influence of his delusions, inasmuch as his motives do not differ from those of ordinary criminals while his actions are attended by similar satisfaction, and as he possesses sufficient discernment to combat and resist them. Again, many who admit their partial responsibility, nevertheless maintain that the lunatics to whom it accrues constitute a particular class of individuals who cannot justly be amenable to the law, as they are the victims of disease, and for the safety of society need be detained in special establishments.

The management of asylums demands the recognition of a certain measure of responsibility as possessed by their inmates, but this is only an accessory circumstance, and does not affect the main question at issue, their general responsibility before the law.

The law recognises in all classes of criminals different degrees of responsibility, founded on differences in intellectual and moral capacity. Juries have acted upon this principle to such an extent, that the French Minister of Justice has proposed the substitution of a correctional tribunal to take cognizance of certain lesser crimes instead of submitting them to the courts of assize. From public returns it appears that, during the last five years, of 100 charged with these crimes, only twenty-one have been handed over to undergo their legal penalties, the other seventy-nine having their punishment remitted on account of extenuating circumstances.

The difficulty of the question of the responsibility of the insane is felt only in the case of those suffering from partial delirium, monomania, or moral insanity, and who appear rational on every subject except one, or at most a small number. In civil matters the irresponsibility of the insane is recognised by the legislature; not so, however, in criminal. This seems a strange anomaly, for no good reason can be shown why, in the one class—the criminal, the brain can be looked upon as in part sane and in part insane at the same time and in the same individual, and not in the other.

M. Belloc is of opinion that it is unnecessary, on the one hand, to affirm with some, that a single rational idea possessed by a prisoner leaves him responsible for all his acts, and on the other to contend, that one irrational notion absolves him from all responsibility. To do so is to lose sight of the fact, that the majority of undoubted lunatics maintain with reference to most of their actions, their free will or control. And the problem he desires to settle is, what are the limits within which society may, without injustice, demand an account of their actions from the insane? M. Brierre de Boismont

prefers to put the question in this form: "Has the crime been committed by a lunatic; and if so, within what limits may society hold him accountable for it?"

The preliminary observations, of which the above is the sum, are followed by the careful records of six cases of partial delirium, or "Folie raisonnante," with running comments. These we cannot reproduce. The general conclusion drawn is, that the responsibility of the insane is extremely limited, and not having been demonstrable in any of the cases which have been constantly under his observation, the author does not hesitate to say that, as a *general* fact, it has no existence. Not that he would disown it altogether, because it evidently exists among the insane during their lucid intervals; still, in such instances, he is of opinion that the responsibility should be mitigated, in consideration of the past attacks of mental disorder. Again, he recognises the validity of Casper's opinion, that certain monomaniacs whose condition is unvaried, who retain a fixed idea, which is however under their control, who speak of it as a notion, and even laugh at it, and who—(a point of much importance in diagnosis) consent to have it disputed,—that such lunatics are responsible for their actions. He however protests against Casper's principle, that such individuals are responsible, not only for acts having no relation to their delusion, but also for such as flow from it; and he does so, "because there is no possible solidarity between the error of reason and the action accomplished under its influence, whether this be a rational or a guilty act."

At the same time, whilst admitting the partial responsibility of such cases—of monomaniacs as described in the first place, and for other monomaniacs who dissimulate their fixed delusion, or explain it away by some plausible motives, and also that of lucid intervals, M. de Boismont contends that the reason, even if injured in only one point, has no longer proper liberty of action; and that, whatever be the responsibility, it is not of the same kind and degree as that of criminals whose intellect has not suffered. It cannot be otherwise, inasmuch as the mind is single and indivisible, and its existence or non-existence is involved in the question of its integrity, or the use or the absence of one of its faculties. Respecting the partial responsibility of those insane who act from irresistible instincts (instinctive monomania, disorders of volition, moral insanity), he is as yet not fully prepared with an opinion. Again, he regards it as a great mistake to assimilate those persons whose physical, intellectual, and moral development is arrested, and who are recognised as weak-minded (*pesants*, of Ferrus), to ordinary criminals in the matter of accountability for their acts.

The *résumé* reiterates much of what we have said, but some few additional remarks may be gathered from it. The responsibility of lunatics in asylums, from which it is attempted to establish their

partial responsibility before the law, cannot be regarded as of the same character as that of ordinary criminals; because the reason in the latter is sound, in the former, unsound. It is in fact under the pressure of causes operating energetically upon it (such as hereditary tendency, alcoholic degenerescence, endemic disease, &c.), and is not comparable with that of a healthy man, with his intellectual and moral faculties intact. The best criterion of the responsibility of the insane is obtained by daily records of their words and acts, extended over a considerable period. It is by such observation only that we can discover in those cases of monomania and moral insanity (*folie raisonnante*), which in fact supply the examples necessary to an elucidation of the question of the responsibility of the insane,—those indications in the conduct, conversation, and general carriage of patients of a want of the power of mental control. But though these indications fail not to be discovered by careful observation for a time, yet casual lookers-on are liable to be imposed upon, for such patients can often speak and act in a rational manner, and also write letters, full of good sense, during the remissions of their malady.

With regard to their responsibility, again, it is important to recognise the changes in their whole nature. Nothing is more commonly observed than a transformation of character and of disposition, a lower moral and intellectual standard, the perversion of instincts and the manifestation of improper sentiments; in short, a group of new conditions arise which seriously modify the responsibility of the lunatic and deny him the liberty necessary to the right appreciation of his actions. The distinctive character of such disorders of the mind as show themselves only by contrariety of disposition and vicious tendencies, is found to be the more or less sudden appearance of new dispositions entirely opposite in character to what formerly existed, and forming a tissue of contradictions, of incoherence, of actions wanting in reason and moral sentiment, the persistence of which,—(the pathognomonic character), renders their living in common with others impossible. Another circumstance to be noted is, that these new dispositions may exhibit themselves at one time with excitement, at another, with depression, or with one and then the other, alternately.

If criminal lunatics cannot be punished like ordinary convicts, they must be sequestrated for the peace and safety of society; and this is best done in an asylum specially set apart for such patients.

Excursions Scientifiques dans les Asiles d'Aliénés, par le Dr. P. Berthier, 8vo, pp. 104, Paris, 1862.—These scientific excursions, undertaken by Dr. Berthier, the chief physician of the Bourg Asylum, have led to the publication of the book before us. It will be read with interest, and will especially serve as a good guide book to any travelling Englishman who wishes to see for himself the state of the

asylums and of the insane in France. It is the better adapted for this purpose from being furnished with an outline map indicating the site of each asylum, and also from the circumstance that the notes on those asylums visited are prefaced by notices of the best manner they can be reached by road and rail. Only a portion of the French asylums are as yet described and criticised by the author, who proposes to continue his excursions, and to publish his notes in a second part or volume.

The book is prefaced by an introductory notice of the progressive amelioration in the treatment of the insane in the principal countries of Europe. It is too sketchy to be of value, and its writer seems somewhat hazy about the past state of the insane in England; since he refers to the Act of 1846 as the first public measure to provide special asylums for their care, and therefore finds that France, by her legislation in 1838, took the initiative in making such public provision.

An interesting section of the author's description of each asylum are the prefatory observations on its foundation and history, and on its progressive changes. These observations will be found useful by the historian of the state of lunacy in France, particularly when taken in connection with the record of M. Berthier's own observations.

The nature of the work forbids analysis. Some of the descriptions are superficial, and convey only an imperfect conception of the institutions. The author is very honest in his remarks, and does not spare his censure where he thinks it deserved. In all cases he searches for what is note-worthy and commendable, and acutely spies out what is imperfect. From our own inspection of many of the same asylums, we can testify to the correctness of the descriptions given, and agree with him in the criticisms expressed. We trust also that these sketches of French asylums will arouse the attention of the government to the necessity of removing many of the glaring defects so distinctly pointed out by M. Berthier in the majority of the existing institutions. Indeed, in the case of many of the provincial asylums nothing less than the construction of entirely new buildings can afford a satisfactory remedy for existing evils. Several of them are situated in the midst of towns, or so closely adjoining them, that they are deficient in the means for out-door exercise and occupation; such are those of Lyons, Dôle, Montpellier, and Caen; and others, which enjoy a better position, occupy buildings erected for other purposes, ill-fitted to the one they are called upon to serve. Some are appendages to general hospitals, and placed under the same general government, as, for instance, those of Lyons and Montpellier; whilst others are in the hands of religious orders, as those of Caen and St. Jean de Dieu, near Lyons. Of all the public asylums of France, that of the great and wealthy city of Lyons is probably the worst; a disgrace both to the city and to the empire. The insane

are collected in an irregular group of buildings in contiguity with the syphilitic patients and the prostitutes of the town, without any objects to gratify the eyes or divert the thoughts. The large asylum at Caen is the property of a sisterhood, and is found by Dr. Berthier well deserving of reprobation. He there finds modern improvements shut out by religious antipathies and by ignorance, and therefore the proportion of dirty patients is very great, and their condition miserable; numerous are the cases of restraint by bands and camisoles; seclusion and the douche abused, and bolts and bars abundant. Foderé's remarks on these institutions in the hands of religious orders, made in 1817, still hold good, "that the routine of these houses consists in the persistent observance of what prevailed at the date of their foundation, and in regarding as dangerous innovators those who advise improvements."

The publication of M. Berthier's notes on French asylums furnishes the best comment and critique on those glowing declamations in praise of them indulged in by M. Renaudin and some others, who by comparing themselves with themselves, are persuaded that the provision made in their native land for lunatics is unsurpassed and even unequalled elsewhere.

II.—*Medico-Legal Cases.*

THE TRIAL OF GEORGE VICTOR TOWNLEY FOR THE MURDER OF MISS GOODWIN.

Midland Circuit, Derby; *December 11th and 12th.*

1. *History of the Case.*

The trial of George Townley for the murder of Miss Goodwin, took place before Baron Martin at Derby on the 11th and 12th December. The prisoner was described as a man of very quiet and refined manners, a good linguist, and an accomplished musician. Though in a somewhat lower station of life than Miss Goodwin, he had formed her acquaintance at the house of one of her own relatives, and had become desperately attached to her. She returned his love, and they remained engaged, with a short interruption, for nearly four years. Townley lived near Manchester, and Miss Goodwin, with her grandfather, Captain Goodwin, at Wigwell-hall, in Derbyshire. Letters constantly passed between them, many of which have since been destroyed, but are proved by secondary evidence to have expressed faithful affection on both sides. The prisoner's want of means had always been recognised as an obstacle to the marriage, but in the course of last summer a more formidable impediment

arose. "A clergyman," whose name is not given, had been staying with Captain Goodwin, and there made proposals to the granddaughter. He was accepted, and Miss Goodwin, who had already spoken of him to her betrothed as the most delightful man she had ever met, wrote at last, on the 14th of August, to beg that the former engagement might be broken off. She does not appear to have mentioned the true cause, but, on the contrary, attributed it to her grandfather, and assured Townley that she would not marry if she could help it. "That letter seemed to have turned his brain." He had always been reserved, but he now became moody, sleepless, and nervous. He replied, however, to Miss Goodwin in two letters which betray no trace of excitement, but are composed in a very natural tone and with much self-command. In these he pleads for a last interview, and there is evidence to show that she at first consented, but immediately afterwards wrote to stop his coming, saying (with little regard to truth) that she was about to leave Wigwell that very day for an indefinite time. Townley went, nevertheless, the same night to Derby, and on the following day, August 21st, took his ticket for Whatstandwell, the nearest station to Wigwell. Thence he walked past the Hall to Wirksworth, and tried to find out from a friend of the Goodwin family whether his suspicions were true. By the advice of this gentleman he returned to Wigwell, between five and six o'clock, and asked for Miss Goodwin. The servant showed him in, and he was left alone with his victim. His manner was then cool and collected, and "like that of other people." What passed between this time and nine o'clock, when Miss Goodwin was brought back a corpse to her grandfather's house, is no mystery. The two remained for an hour or so in the garden, and then walked out together along a high road and down a lane. It may be presumed that the prisoner now ascertained from Miss Goodwin, for the first time, that he had been deceived and thrown over in favour of another suitor. A labourer saw them in close conversation in the lane about half-past eight, and very shortly afterwards another labourer heard a moaning noise in that direction, ran forward, and met Miss Goodwin with her throat cut in three places, "guiding herself along the wall" towards her home. The prisoner was some seventy yards behind, and as the labourer was supporting the lady in his arms, came up and assisted him. They carried her between them for some distance, the prisoner confessing that he had stabbed her, and reminding her that she ought not to have proved false to him. At last they had to lay her down, when the prisoner asked for something to stop the bleeding, sent his companion for help, and was found on the return of the latter binding something round her neck. She had still strength to say, "Take me home." This strange scene did not end here. As they bore the body, now stiffening in death, to the gate of the Hall, the prisoner bent down

and kissed her, while he responded again and again to the questions of the neighbours, by saying that he did it and should be hanged for it. On Captain Goodwin asking who was the murderer, he answered in the same way, and added, "She has deceived me, and the woman that deceives me must die. I told her I would kill her. She knew my temper." He requested the policeman to let him see her once more, and on his way to the station he said, "I am far happier now that I have done it than I was before, and I trust she is." Othello himself, if he had not discovered his fatal error, could hardly have used more characteristic language.

The defence was, in substance, that though clever, self-possessed, and amiable, Townley had been from an early age "somewhat peculiar," that this peculiarity had been aggravated into intellectual derangement by the blow his affections had received, and that when he revenged himself by a murderous deed he was not a responsible being. Some of his relations had been in confinement, but he had exhibited no indications of mental weakness, except that he had not a good head for business up to the time of his disappointment, and he bore this shock as calmly as most sensitive men would be likely to bear it. The proof of insanity was almost entirely *ex post facto*, and rested on the testimony of Dr. Forbes Winslow. That gentleman examined Townley for the first time some three months after he was imprisoned.*

2. *Medical Evidence.*

Dr. Forbes Winslow.—†I have seen the prisoner twice in the presence of Mr. Sims, the governor of the gaol. He was not aware of my name or of

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* We are indebted to the 'Times' (December 14th) for this clear summary of this painful case.

† With reference to this evidence, Dr. Forbes Winslow writes:—

"Sir,—May I be permitted to state, in reference to the evidence I gave at Derby in the case of George Townley, that I pronounced no opinion as to his insanity on the 21st of August, the day he committed the murder?

"Having, as I thought, recognised, in common with Mr. Gisborne, the surgeon to the prison, and Mr. Sims, the governor of the gaol, mental derangement on the 18th of November, and on the 10th inst., I said, in reply to a question put by Mr. Macaulay, '*Assuming* the prisoner to have been in the same state of mind on the 21st of August as he was at the time of my examination of him in the Derby County Gaol, I was of opinion that he was *then* (as he is *now*) deranged in his intellect, and consequently legally irresponsible.' I purposely avoided propounding any speculative opinions on the subject of his alleged insanity at the time of the murder, rigidly adhering to a statement of facts observed by myself.

"In the course of my analysis of Mr. Townley's state of mind, I could not altogether set aside his singularly perverted views on the subject of religion; but I carefully avoided all misconception on the subject by stating, in my written opinion, 'that it would be most unphilosophical to infer the existence of insanity from the theological views of the prisoner or of any person.'

"I distinctly referred, in my evidence, to the prisoner's *intellectual* delusions, as contradistinguished from what may be termed his *moral* perversion.

the object of my visit. His behaviour was quite natural and not assumed. I talked to him largely on the subject of the crime. I was with him nearly two hours on the first occasion and three-quarters of an hour on the second. I think that at this present moment he is a man of deranged intellect. He was deranged on the 18th of November, and I thought still more so last night, when I saw him the second time. If I had any doubt as to his insanity on the 18th of November, I had none whatever last night. I adverted to the conversation I had had with him on the previous occasion, with a view of satisfying my mind that I had left him with an accurate impression of what he had said. He repeated to me that he did not recognise he had committed any crime at all, neither did he feel any degree of pain, regret, contrition, or remorse for what he had done. I endeavoured to impress on his mind on my first visit the serious nature of the crime he had committed. He repudiated the idea of its being a crime either against God or man, and in reply to some observation of mine, attempted to justify the act, alleging that he considered Miss Goodwin as his own property; that she had been illegally wrested from him by an act of violence; that he viewed her in the light of his wife who had committed an act of adultery, and that he had as perfect a right to deal with her life as he had with any other description of property, as the money in his pocket, &c. I endeavoured to prove to him the gross absurdity of his statement and the enormity of his offence, and he replied, "Nothing short of a miracle can alter my opinions." The expression that Miss Goodwin was his property was frequently repeated. He killed her to recover and repossess himself of property which had been stolen from him. I could not disturb this, as I thought, very insane idea. I said, "Suppose any one robbed you of a picture, what course would you take to recover it?" He said he would demand its restitution, and if it were not granted, he would take the person's life without compunction. I remarked that he had no right to take the law into his own hands; he should have recourse to legal measures to obtain restitution. He remarked that he recognised the right of no man to sit in judgment upon him. He was a free agent, and as he did not bring himself into the world by any action of his own, he had perfect liberty to think and act as he pleased, irrespective of any one else. I regard these expressions as the evidence of a diseased intellect. Last evening he said that he had been for some weeks previously to the 21st of August under the influence of a conspiracy. There were six conspirators plotting against him, with a view to destroy him, with a chief conspirator at their head. This conspiracy was still going on while he were in prison, and he had no doubt that if he was at liberty they would continue their operations against him, and in order to escape their evil purposes he would have to leave the country. He became much excited, and assumed a wild, maniacal aspect. I am satisfied

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"He informed me that he killed Miss Goodwin in order to 'recover' and 'repossess' himself of property that had illegally been wrested from him by an act of violence. He was perfectly unable to appreciate the absurdity of this idea.

"If a man were to throw a sovereign into the Thames, and, on being asked why he did it, were to reply that his object was to 'recover' and 'repossess' himself of the twenty shillings thus lost to him for ever, would he, if he persisted in this assertion, be considered of sane intellect?

"As an additional proof of his intellectual derangement, I referred to his insane belief in the existence of a conspiracy against him, consisting of six persons, with a chief at their head. Mr. Baron Martin, in his charge to the jury, pointedly alluded to this delusion, and remarked that it frequently existed among insane persons.

"I am, &c.,

"Cavendish Square; "Forbes Winslow."
"*December* 16*th*, 1863."

that aspect was not simulated. I could not get from him the names of the conspirators.

Mr. Macaulay.—If the present state of mental derangement existed on the 21st of August, would it be likely to lead to the commission of the act then committed?

Dr. F. Winslow.—Most undoubtedly. Assuming him to have been on the 21st of August as he was on the 18th of November and yesterday, I do not believe that he was in a condition of mind to estimate, like a sane man, the nature of his act and his legal liability.

Cross-examined.—He referred to the conspiracy in general terms on the 18th of November. I should class his case as one of general derangement. He does not appear to have a sane opinion on a moral point. I have no doubt he knows that these opinions of his are contrary to those generally entertained, and that if acted upon they would subject him to punishment. I should think he would know that killing a person was contrary to law and wrong in that sense. I should think that from his saying he should be hanged he knew he had done wrong. His moral sense was more vitiated than I ever saw that of any other human being. His opinions were pretty much those of atheists, but he was beyond atheism. He seemed incapable of reasoning correctly on any moral subject. He denied the existence of a God and of a future world. He would suffer from his confinement, which would add to his excitement. It was more remarkable last evening than on the 18th of November, and might not have existed on the 21st of August. He said it was a matter of perfect indifference whether he was dead or alive.

Re-examined.—He merely gave utterance to these opinions dogmatically, and seemed incapable of arguing upon them.

Dr. Gisborne, the surgeon of the Derbyshire Infirmary and of the County Gaol, gave similar evidence, and added that the prisoner's condition at this time was similar to his condition when he was brought to the gaol in August. The prisoner stated to him that he looked upon a woman engaged to him in the same light as his wife, and that he ought to have the same control over his wife as over any portion of his personal property.

On cross-examination this witness stated that the prisoner's language implied that he knew that what he had done was punishable, but that he (the witness) believed he would repeat the offence to-morrow.

3. *Mr. Baron Martin's Summing-up.*

His Lordship then, addressing the jury, said that by the law of this country, if a man was convicted of murder the judge must pronounce sentence of death, and the prisoner's only hope then lay in the mercy of the Crown. The result of that trial was, therefore, of the greatest importance to the prisoner; it was also of the greatest importance to the public with reference to the protection of life. The law of England attached the highest value to human life. Even in the case where life was taken by accident, the law required an investigation of the circumstances. While, therefore, the interest of the prisoner in the result of their deliberations was the greatest possible, the interest of the public was equally great; and it was their duty to give their verdict upon the point of law he should submit to them, and to leave the responsibility of acting upon that verdict to others. So far as the act was concerned, it was the clearest case he had ever had the misfortune to try. It was plain that the prisoner suffered as much as probably any man ever suffered. That was clear from the evidence of his friends and of the waiter at the Midland Hotel; but it was equally clear that he did not appear to be insane in the eyes of the landlady of the Bull's Head or in those of Mr. Harris. The prisoner then went to the hall, and remained in the company of the young lady from half-past 6 to nearly 9 o'clock, when

the deed was committed. It was probable that he implored her to renew the engagement, and perhaps reproached her with her conduct towards him. She may have been conscious that she had not behaved well to him, and may have remained in his company from a sense of his distress and from an anxiety to do all in her power to relieve his mind. At any rate, if that was not the true explanation of what took place between them, it could not possibly place the prisoner's case in a worse light than any explanation that could reasonably be suggested. He then inflicted upon the young lady the wounds which caused her death. That was murder, subject only to the question of insanity. No one could doubt that the prisoner knew what he was doing, and that it would cause death. Unless he was insane, therefore, under those circumstances he was guilty of murder. No word was more vague than insanity. Probably, there was not one of the jury but was acquainted with some man who was in the habit of doing extraordinary actions, and of whom people said, "Why, that man must be insane." Two years ago an investigation took place into the condition of mind of a gentleman from the eastern parts of the country. There was a long inquiry, which excited great public interest, and there was a great divergence of opinion among medical men. Great eccentricity of conduct on the part of that person was shown, yet there was nothing to relieve him from criminal responsibility. Probably he was not the wisest of men, yet he was of sufficient intellect to take care of himself and avoid doing injury to others. There was a somewhat similar case at the last Gloucester Assizes, in which a young lady was under the impression that a number of ladies had formed an unfounded dislike to her. In all probability she was labouring under a delusion with respect to those persons, yet she was as subject to the criminal law as any person in that court. What the law meant by an insane man was a man who acted under delusions and supposed a state of things to exist which did not exist, and acted thereupon. A man who did so was under a delusion, and a person so labouring was insane. In one species of insanity the patient lost his mind altogether and had nothing but instinct left. Such a person would destroy his fellow-creatures as a tiger would his prey, by instinct only. A man in that state had no mind at all, and, therefore, was not criminally responsible. The law, however, went further than that. If a man labouring under a delusion did something of which he did not know the real character, something of the effect and consequences of which he was ignorant, he was not responsible. An ordinary instance of such a delusion was where a man fancied himself a king and treated all around him as his subjects. If such a man were to kill another under the supposition that he was exercising his prerogative as a king and that he was called upon to execute the other as a criminal, he would not be responsible. The result was that, if the jury believed that at the time the act was committed the prisoner was labouring under a delusion, and believed that he was doing an act which was not wrong, or of which he did not know the consequences, he would be excused. If, on the other hand, he well knew that his act would take away life, that that act was contrary to the law of God and punishable by the law of the land, he was guilty of murder. That was the real question they had to try. In the able address of the counsel for the prosecution no allusion had been made to the state of mind which constituted insanity. He had called the learned counsel's attention to that point, because he was desirous of hearing his views on the subject. He had already stated that in his opinion the law upon the subject was best laid down by Justice Le Blanc, as able a judge as ever sat on the bench. Justice Le Blanc, in the case alluded to, observed to the jury that it was for them to determine whether the prisoner when he committed the offence with which he stood charged was incapable of distinguishing right from wrong, under the influence of any allusion which rendered his

mind at the moment insensible of the nature of the act he was about to commit; since in that case he would not be legally responsible for his conduct. On the other hand, provided they should be of opinion that when he committed the offence he was capable of distinguishing right from wrong, and not under the influence of such an illusion as disabled him from discerning that he was doing a wrong act, he would be amenable to the justice of his country and guilty in the eye of the law. That in his (Baron Martin's) opinion was a correct statement of the law. He should not allude to Ballingham's case, because many were of opinion that that was an unsatisfactory trial. In Offord's case the late Lord Lyndhurst told the jury that they must be satisfied, before they could acquit the prisoner on the ground of insanity, that he did not know when he committed the act what the effect of it, if fatal, would be. With reference to the crime of murder, the question was, did he know that he was committing an offence against the laws of God and nature? In Oxford's case Lord Denman said, "Something has been said about the power to contract and to make a will; but I think that those things do not supply any test. The question is, whether the prisoner was labouring under that species of insanity which satisfies you that he was quite unaware of the nature, character, and consequences of the act which he was committing; or, in other words, whether he was under the influence of a diseased mind, and was really unconscious at the time he was committing the act that it was a crime." His lordship continued, that the jury must judge of the act by the prisoner's statements, and by what he did at the time. Unless they were satisfied—and it was for the prisoner to make it out—that he did not know the consequences of his act, or that it was against the law of God and man and would subject him to punishment, he was guilty of murder. His lordship then went most carefully through the evidence. The prisoner's letters appeared to be the most sensible letters he had ever read. Again, the reason the prisoner gave for his act was "She should not have proved false to me." Now, if his real motive was that he conceived himself to have been ill-used, and either from jealousy of the man who was preferred to him, or from a desire of revenge upon her, committed the act, that would be murder. Those were the very passions which the law required men to control, and if the deed was done under the influence of those passions there was no doubt that it was murder. The prisoner's expression that he should be hanged for it indicated that he knew the consequences of his act Another reason he gave for what he had done was, "The woman who deceives me must die." If a young lady promised to marry a man and then changed her mind, it might be truly said that she deceived him; but what would be the consequences to society if men were to say every woman who treated them in that way should die, and were to carry out these views by cutting her throat? The prisoner claimed to exercise the same power over a wife as he could lawfully exercise over a chattel, but that was not a delusion, nor like a delusion. It was the conclusion of a man who had arrived at results different from those generally arrived at and contrary to the laws of God and man, but it was not a delusion. Evidence, indeed, had been given of an actual delusion in the prisoner's mind in supposing that there was a conspiracy against him. That was an apt and common instance of delusion. There was also evidence of insanity in the maternal line, and it was true that insanity was hereditary and did descend in families. The object of that was to show that it was possible and not unlikely that the hereditary taint might exist in the prisoner. All the evidence, however, failed to show the existence of any delusion in the prisoner's mind which could explain this act. None of his family conceived him to be mad. It was clear that such an idea had not entered into their mind, or they would not have recommended him to go and see Miss Goodwin. They treated him

as sane from beginning to end, as a proper person to contract matrimony and re-engage the affections of this young woman. The account of his state of mind upon receiving her letters was most probably correct. Most men would probably suffer in the same way under similar circumstances. It had been said by one of the witnesses that the prisoner did not know the difference between good and evil. If that was a test of insanity, many men were tried who did not know the difference. In truth, it was no test at all. The idea of a conspiracy was a delusion; but the mere setting himself up against the law of God and man was not a delusion at all. The question for the jury was, was the prisoner insane, and did he do the act under a delusion, believing it to be other than it was. If he knew what he was doing, and that it was likely to cause death and was contrary to the law of God and man, and that the law directed that persons who did such acts should be punished, he was guilty of murder.

The jury then retired, and, after an absence of five minutes, returned into court with a verdict of *Guilty* of wilful murder.

4. *Remarks on the Case.*

We reserve for the present the thoughts suggested by this remarkable case, and content ourselves with adding to the above record of the trial the following observations on THE INSANITY OF CRIMINALS, from the '*Saturday Review*,'* representing, as it does, fairly the opinion of the most highly educated classes in the country. The disparaging influence on medical science of the position of counsel for the defence, so often of late assumed by our so-called experts, is to be traced in this paper just as similarly one hears it expressed in literary and scientific society. Our unfortunate appearances in the courts of law have done much to lessen the indirect influence which the medical profession would otherwise exert on the formation of public opinion on questions relating to our art.

"The murder case lately tried at Derby will do much to clear away some of the popular misconceptions which are afloat as to the legal value of the plea of insanity. The crime of George Townley was proved by the plainest evidence; indeed, the fact of the murder was admitted by the murderer. Nor was it attempted to deny that he knew that he was committing a crime. Nor was it attempted to deny that he could have helped committing it. The defence set up was that he was mad, yet perfectly aware of the nature of his act, and that his madness consisted in his disability to distinguish between moral good and evil—a doctrine which would eminently suit those intelligences who are said to proclaim, 'Evil, be thou my good' It is quite true that Dr. Forbes Winslow, upon whose evidence the defence was grounded, expressed no opinion as to the sanity of Townley's mind on the 21st of August, the day of the murder, because he never saw him till the 10th of November; but, *assuming* that on the 21st of August he was in the same state of mind as he was on the 10th of November, Dr. Forbes Winslow deposed 'that he was then (as he is now) deranged in his intellect, and consequently legally irresponsible.' Dr. Forbes Winslow laid it down, in a summary and axiomatic way, that because Townley's moral sense was more

* December 19.

vitiated than that of any other human being within the range of his experience—because Townley had no correct opinion on any moral point—therefore he was insane and irresponsible; consequently, though this was not expressed, he might commit any crime he pleased, simply because he did not believe in crime. What the defence seems to come to is this:—That the greater rogue a man is, the more entirely is he free from responsibility. To do him only justice, Dr. Forbes Winslow went in his evidence one step further than the usual advocates of the plea of moral insanity, but it was a logical step. Moral insanity is usually described as being an inability to distinguish between right and wrong; but Townley's alleged insanity was not said to consist in an inability to distinguish good from evil, but in a voluntary preference for the evil. It was admitted that he knew that his opinions were contrary to those of all the world, and that if he followed them they would subject him to punishment; but, with this knowledge full and fair in his mind, he chose to act upon them, and fly in the face of mankind and its laws. It was *Athanasius contra mundum.* What has now been laid down as law will go far towards settling the controversy. It is the world and the security of society fairly pitted against a philosophical tenet. And, as it seems, the world, having the gallows to aid its views, will for the future have the best of the dispute. It may be very hard on such very rational philosophers as Mr. George Victor Townley to be confuted by imperious controversialists who conduct the argument with such ugly aids as Baron Martin and the power of summoning Calcraft; but it is an internecine conflict between thinkers of Mr. Townley's persuasion and human society. Either we must hang the gentlemen who hold that their ladye loves are their 'property,' and that they have a right to dispose of their property by inflicting death as they please—and, further, that they are prepared to put to death any and everybody who may take what they choose to consider their property—and finally, that being free agents, they have a perfect liberty to act as they please, irrespectively of any one else—either, we say, we must put the gentlemen who entertain these very clear and consistent views to death, or we must make up our minds to be put to death by them. There is no alternative. They must cut our throats, or we must strangle them. It is a coarse way of dealing with philosophers, but it is a practical one.

"And this view of the matter, to which society is driven, is important, because it clears away a good deal of unpractical and superfluous talk. It gets rid, once for all, of what must, after this trial, be called a foolish term—the word insanity. No word, as Baron Martin observed, is more hopelessly vague than this. It has been well observed that lawyers—or rather the law—and physicians mean two very different things by insanity. Lawyers are only concerned with men's conduct; that is to say, society enacts a certain code by which, from the instinct of self-preservation, it chooses to circumscribe and limit the actions of its members. Medical science, if there is such a thing—though the collisions between its experts often lead us to doubt of its existence—only deals with the connection between volitions of the mind and instrumental actions of the body. Medical science, arguing backwards, says that, when the soul or mind is obviously perverted, there must be some organic disease of the brain to account for this. Well, suppose we were to admit this, the further question arises, whether a man can, if he pleases, so resolutely and pertinaciously indulge in evil thoughts and passions as to affect his brain with disease. Modern science would probably admit that he can, but would again say that, if a man chooses to make himself insane, such a choice is in itself a proof of insanity. In other words, Dr. Forbes Winslow and experts of his school always argue in a circle. A man is mad if he holds immoral views, and, when he holds immoral views, to

entertain them is sure to drive him mad. The law, as it stands now, declines to go into such nice verbal subtleties. The law simply inquires into a man's conduct. It ascertains that he performs all the ordinary actions of life in an intelligent way. It observes, for example, that in a particular case a man's family had treated him as perfectly sane and responsible, even though his aunt's aunt was supposed to be insane, and though his first cousin once removed was said to have been an inmate of a lunatic asylum. The law thinks it necessary to convince itself that a man knows very well what he is about, and knows what will come of a certain action on which he resolves; but there the law stops. Whether the man is, in a medical sense, insane or not, it does not care to inquire. If he is insane, it is not such insanity as removes him from the jurisdiction of the law. Dr. Forbes Winslow's speculations were therefore beside the real question. That eminent physician is a very religious and moral person; and when he sees a very immoral and irreligious person—one who is 'beyond atheism,' who is 'incapable of reasoning correctly on any moral subject,' and who 'denies the existence of God and of a future world'—then this spectacle of depravity so shocks and horrifies him that he at once concludes the man must be mad. Dr. Forbes Winslow, it is true, while thus enlarging on the evidence of insanity afforded by the murderer's 'moral perversion,' quoted as an additional reason for believing him to be insane, some instances of what he termed 'intellectual delusions.' But these delusions, which it was not even argued were in existence at the time of the murder (such as that he was the victim of a conspiracy), were in themselves so trifling, and so entirely irrelevant to the question of responsibility, that they had, as they deserved, no weight with the jury or the judge.

"Dr. Forbes Winslow is perfectly entitled to form his own estimate, scientific, religious, or sentimental, of insanity; but his psychological speculations are simply superfluous, and, speaking etymologically, impertinent to the issue before the Court. Only, let us remark, if Dr. Forbes Winslow's doctrines were accepted by mankind, his lunatic asylum would never be wanting in inmates. If all the atheists, and all the deniers of a future state, and all those who refuse to recognise moral sanctions, and all those who do not believe that such a thing as wickedness is possible, and all those chartered libertines who understand free agency as meaning perfect liberty to think and act as they choose, are *ipso facto* madmen, then all our goals should at once be turned into Hanwells and Colney Hatches. George Townley very likely arrived, by an intelligible and perhaps not uncommon process, at that state where Dr. Winslow would discharge him from legal responsibility. At any rate, we could provide a course of ethical training by which his state of mind, whether sane or insane we care not, could be attained without much trouble. A good course of French novels, or even a diligent study of some English sensation fictions, would soon correct the delusion of the nursery, that a man is bound to listen to other dictates than those of his own passions. If we are to be familiarised with the notion that a very great crime, as the world chooses to call it, is only a matter of circumstance and unavoidable necessity, and that, as a man cannot help being brought into the world, so he cannot control the circumstances in the midst of which, by no choice of his own, he is placed, it will require no very lengthened process to argue that, as knives exist, and throats exist, and hands exist, there is no crime in so arranging hands, knives, and throats, that what the world absurdly chooses to call murder ensues. As to murder, of course a philosopher does not believe in it, cannot conceive of it. The relation of the sexes he views under his own lights—lights which come to him, and which he does not make. A wife or a sweetheart is a chattel, and a man has a right to do what he likes with his own. Ancient laws gave the

power of life and death to parents. There are certain living communities which extend it to husbands. Mr. Townley would also extend it to lovers. 'The woman who deceives me must die.' It is a hard necessity, as in Othello's case, to cut the throat of one I love, but a stern compulsion is laid upon me. I must vindicate my own moral system. I will do all that I can to make it pleasant. After the murder I will kiss the agonised lips of my victim, take her up tenderly, lift her with care, and enjoy a friendly cup of tea with her grandpapa after I have done to death the woman who has deceived me. This is my view of life and its duties. Admitted that it is not the common view; still it is mine, and 'No man has a right to sit in judgment upon me.' It may be no satisfaction to Dr. Forbes Winslow, though it may be some consolation to that society between whose opinions and those of certain French and English writers there unhappily exists a little difference, that Baron Martin has sat in judgment upon him, and has pronounced the sentence which the laws of God and man award to wilful and deliberate blood-shedding. To George Townley it may be 'a matter of perfect indifference whether he is dead or alive;' but society feels a very lively and practical interest in the matter, and chooses to relieve itself, in a very practical way, of his peculiar teaching and consistent practice."

Dr. Seymour and Dr. Tuke were present at the trial on behalf of the Crown; but it was not thought necessary to call them. The whole case as it relates to the prisoner's mental state has been referred by the Home Office to the Commissioners in Lunacy; an important precedent thus to establish.

Excerpta from Asylum Reports, 1863.

(Concluded from the 'Journal of Mental Science,' October, 1863.)

The Cottage Asylum System.

"The less a lunatic is dealt with as an exceptional being so much the better, and so largely is the truth of this principle now felt that the grand desideratum with most psychological physicians is how best to assimilate the condition of the insane with that of ordinary life; how best to restore to the lunatic the '*vie de famille*' when his malady renders the severance from his family essential. This question has been discussed in the reports of some superintendents. Dr. Bucknill, the present Visitor of Chancery Lunatics, in his report of 1855, refers to his having successfully tried the plan of boarding selected patients among cottagers in the neighbourhood of the Devon Asylum, of which he was then superintendent, and in a subsequent report (1858) gives an account of the removal from the asylum of a considerable number to a house at Exmouth, under conditions of life much more nearly resembling those of an ordinary home. With the same object in view, as well as for the purpose of providing additional accommodation for the

increased number of insane in the county, detached cottages have been erected in the grounds of the Devon Asylum—a plan which appears likely to be pretty generally adopted. Thus, Dr. Lockhart Robertson, in his fourth report of the newly erected asylum for Sussex, speaks of the time having arrived for the building of cottages on the asylum estate, in which married attendants might reside, having a small number of patients under their charge. Non-restraint is throughout Great Britain an accepted principle in dealing with the insane, and an accomplished fact; the great problem that has arisen in its place is, whether it is necessary and right to continue to build large establishments of the usual model of asylums for the aggregation of the insane under a strict discipline and conditions of life widely different from those of their previous existence, or whether we may not bestow our lunatics in colonies of a certain sort, distributed in cottages grouped within a limited area, and connected with a small central institution, serving as an infirmary and as the head-quarters of the medical and general administration? What the sentiments of asylum superintendents may be on this question, their reports do not enable us to judge; but the proposition above quoted, to build cottages within the grounds of asylums for some of their inmates, points to opinion as somewhat setting in that direction, and to the giving way of the old notions of entirely secluding lunatics in specially constructed and adapted buildings, almost entirely cut off from intercourse with the sane members of society."

The New Infirmary at the Worcester Asylum.

"The infirmary ward on the female side of the asylum, built for the accommodation of forty patients, which was commenced during the preceding year, has been completed and brought into occupation. It is found to be well adapted to the purposes for which it was designed, and has already contributed much relief to the other wards, by allowing the removal of such patients from them as were in a delicate and infirm state of health, and whose general condition and strength were so reduced as to render it inexpedient for them to follow the system of hours which are there practised, and to use the ordinary dietary of the asylum. Patients so feeble as to be unable to move about by themselves, and those requiring much medical care and treatment, have, with decided benefit, been sent to the new hospital ward: being a ground floor ward, it admits of the easy access of all the feeble and paralytic patients to the open air and the general airing courts, which are situated only a few yards from the day rooms and dormitories. The plateau on which the asylum is built did not admit of the extension of the main front, for the ground suddenly makes an abrupt fall a short distance from that extremity

of the frontage. It was therefore necessary to attach this ward at right angles to the old structure, one half of the new ward extending to the front and the other to the rear. A short corridor connects it with the west ward, and opens a communication with the rest of the asylum. A covered way of access for the general traffic has been made along one of the airing courts, where it serves as a verandah, while it prevents any confusion in the wards intervening between it and the central offices by affording a route for the patients and attendants independent of them. The ward runs north and south; the day rooms having a westerly aspect, command a beautiful and extended view of the Malvern range, and of the undulating intervening valley: they and the large dormitories are lighted on two sides. The ward is only one story, and does not interrupt the view or ventilation of the original portion of the asylum. The extremities of the ward terminate in blocks, which contain each a large day room and dormitory 30 ft. by 20 ft. The ceilings are all 12 ft. 6 in. in height. Either of the day rooms can dine the whole of the patients comfortably, while these two dormitories contain nine beds each. The two blocks are connected by a central corridor, lighted from the roof, with three cross passages leading to the old wards, the airing courts, and the covered way of approach. On each side of the corridor are situated the other dormitories, the single rooms, the attendants' rooms, and the various offices. Adjoining and opening into each of the large dormitories are the attendants' rooms, which are thus placed, one at either end of the gallery. There is a bath-room, with two baths, a scullery, a lavatory, two store rooms, a small room for mops, brooms, and cleaning materials, two water closets, one near each day room; two dormitories with three beds, 15 ft. by 11 ft.; two dormitories with four beds, 20 ft. by 12 ft.; and eight single rooms, 12 ft. by 7 ft.

2	Dormitories	for	9	Patients.	18 Beds.	833	cubic ft. per head.
2	„	„	4	„	8 „	750	„
2	„	„	3	„	6 „	687	„
8	„	„	1	„	8 „	1050	„
					40		

"All the dormitories and day rooms have open fireplaces; there is also a fireplace in the central corridor, in two of the single rooms, and each of the attendants' rooms. At the back of each grate there is a cast-iron air chamber communicating with the external atmosphere through a channel in the brick-work; the air from this is conducted by two flues at the side of the chimney piece into the day rooms, dormitories, and corridor. A sliding valve regulates the quantity of air which is admitted at both extremities of the flues. In each day room the whole of the patients would have 190 cubic feet

space at the same time, but this quantity may be doubled, as the patients pass daily a portion of their time in two rooms; besides, there are always several patients confined to their beds, which increases still further the cubic allowance for each. The windows in all the day and sleeping rooms are sufficiently low to admit of the patients having a view from them; they are on the sash principle, and open at the top and bottom for a limited distance; those of the single rooms have shutters, which can be secured at night, and also the dormitories, where they have a louver construction. The extraction is by means of flues, which commence near the ceilings of the different rooms and passages, and pass towards the extremities of the corridor, where are situated the chief chimney flues, distinct from, but adjoining which, these enter the upright shafts, which are carried to a considerable elevation. The ventilation and warming have been found successful during the past winter.

"Owing to the abrupt fall of the ground along a part of the line where the new ward has been placed, it was found cheaper to make a basement under it than to fill up the space with earth. These rooms are well adapted for storing coals, roots, or farm produce, and are of easy access by means of the carriage drive which passes close alongside the new ward. The entire cost of the building, including the architect's commission, was £2430 6s. 4d., being at the rate of £60 15s. 2d. per head for each patient."—*Dr. Sherlock's Ninth Annual Report of the County and City of Worcester Lunatic Asylum*, 1863.

Homicidal Lunatics in County Asylums.

"I could adduce many instances of the great desire of persons labouring under insanity to avail themselves of the benefit of an asylum, now that the opprobrium which once attached itself to the so-called madman has ceased to exist, now that insanity is acknowledged to be a curable disease, and asylums are regarded as hospitals rather than places merely of confinement. Many of our patients suffering from recurrent insanity seemed pleased to return, and several who have been under treatment have been unwilling to leave after recovery. Were asylums again to me made prisons, the prestige now attached to them would soon be lost. Confidence from insane persons must be won by placing confidence in them. There are, however, in every community some restless spirits, some ill-disposed and ill-conditioned minds, which kindness does not conciliate, and when the little power of self-control which once existed in them has been lost by disease, acts of violence are occasionally committed without any assignable reason. For the safe custody of such county asylums are not suitable places of detention. There are now under treatment here several patients with strong homicidal

propensities. Some of them will shortly be removed to the new criminal lunatic asylum at Broadmoor, but others even of our most dangerous characters will be irremovable because they have not come to us under a warrant from a secretary of state. Happily for all around them, outbreaks of violence may generally be anticipated, and some precautionary measures adopted for the safety of others. In asylums devoted especially to the care of criminal patients, the proportion of attendants is much larger than in county asylums. In county asylums, therefore, seclusion is necessary to an increased extent. I am induced to touch on this subject because, on referring to my journal, I find that seclusions have been more frequent than usual this year for acts of violence not occasioned by maniacal excitement, but the result of delusions, causing in the subject of them a homicidal propensity. In several instances these homicidal propensities have lasted for several weeks without intermission. Twenty-two criminal lunatics have been under treatment here during the past year."—*Dr. Manley, Report of the Hants County Lunatic Asylum. Epiphany Sessions,* 1863.

Negro Lunatics in the State of Ohio.

"Not very remote from the subject of improvements, your attention is again called to a class of insane for whom no proper provision has been made. We refer to the negro lunatic. Quite a number of our coloured population are property holders. They pay tax in same proportion with all others, and so long as they do this, it seems but just and reasonable that they should have the advantage of an asylum. But thus far the poor unfortunate insane of them are permitted to remain confined among thieves and rogues in the common jails of the different counties.

"If the legislature would but grant the privilege to our commissioners to purchase another place more suitable for a poor farm for the county paupers, no doubt much benefit would result. The commissioners are not only willing but anxious to attach the present poor farm, which is but seventy-three acres, and adjacent to our own grounds, to this institution. Such addition would be very valuable to us for gardens, pasture, &c.; while the buildings now on it could be easily and chiefly arranged so as to make a comfortable coloured asylum, as an appendage to Longview. Under such arrangement every care, attention, and benefit of the principal institution might be extended to the branch one, without material increase of cost or labour, only so far as it is necessary to clothe and board the larger number of inmates."—*Dr. Langdon, Report of the Longview Asylum, Ohio, U. S., for the year* 1862.*

* "In conclusion, it is but proper to acknowledge my obligations to the officers and employées of the asylum. With few exceptions, they have discharged with

The Lunatic wards of the Scotch Poor Houses.

"It is a matter for regret, that while in England an enlightened policy tends to abolish the treatment, or rather the detention of lunatics in poor's houses, the legislature only last year sanctioned the permanent introduction of this system into Scotland. That any insane person should be legally recognised as incapable of amelioration, is certainly a dangerous and retrograde movement. However demented a lunatic may be, he suffers from neglect, and improves under careful attention and training. The so-called incurable class supplies many of the best and steadiest workers to the asylum farm and workshops, and by their industry they enable the establishment to keep the rest of the patients at a lower rate than would be otherwise possible. Some parochial boards do not seem to understand that the rate they pay for their patients in an asylum does not represent the *actual*, but the *average* cost of maintenance. In many cases this rate does not cover half the outlay, while in others the patients may be almost self-supporting. Of course, the latter might be kept more cheaply in a poor's house; but the asylum could not then keep the rest at the same rate as formerly. What is saved on the one class will be lost on the other,—diet, rent, and clothing, will be as high items in the poor's house as in the asylum, and the economy is very problematical of keeping up lunatics in forced and dreary idleness in the middle of a large city, instead of allowing them to be engaged in profitable labour in the country."

Condition of Patients on admission at the Montrose Asylum.

"I have frequently in former reports directed attention to the impropriety of placing persons in the asylum in a moribund state: an example of the evils of this practice occurred last year, when a man actually died in the cab at the door. Instances of the unnecessary use of mechanical restraint are still not unfrequent—especially when patients are sent under charge of policemen and sheriff-officers. A somewhat odd mode of transport was adopted in the case of a man who for a period of fifteen years had been insane, and had sat on his haunches with his knees drawn up to his chin, until the joints became immovable. Being unable to walk, he was packed in a box, which was securely roped, and conveyed to the steamboat in a carrier's cart. In this solitary confinement he remained, until the vessel reached its destination. On his arrival at

great credit the various duties assigned them. During the war twenty-two of them gave proof of their patriotism by enlisting in the army of the Union. So large a number of persons leaving service in so short a time, caused some inconvenience and irregularity in the usual uniform operation and discipline of the house."

the asylum he wore petticoats; his great toe nails were two inches in length, and had not been cut since he became insane. This person is now dressed like his fellow-men, a certain amount of motion has been restored to his stiffened joints, and he is daily employed in the tailors' shop."—*Dr. Howden, Report of the Montrose Asylum for the year* 1863.

Fifty Years' Retrospect of the History of the Dundee Royal Asylum.

"Fifty years having now elapsed since the laying of the foundation stone of this asylum, a fit opportunity is afforded us for reviewing its past history, and for inquiring whether or not the object for which it was erected has been attained. Nor does such an examination require any apology, for, in the records of so many bygone years, many a useful lesson may be learned for our future guidance; and on no occasion, perhaps, is such an inquiry more called for than on the present, when by the Act of Parliament passed last year, Lunatic Wards of Poorhouses are in future to become receptacles for the so-called harmless and incurable insane poor.

"In 1812 the inhabitants of Dundee and neighbourhood, becoming cognisant of the unprotected and uncared-for condition of the insane, especially those of the poorer classes, and actuated by a spirit of the purest philanthropy, subscribed for the erection of a building where this class of suffering humanity might be properly cared for, treated, and protected. The object they had in view is thus expressed on the parchment placed in the foundation stone: 'To restore the use of reason, to alleviate suffering and lessen peril, where reason cannot be restored, the Dundee Lunatic Asylum was erected by public contribution.'

"Nearly eight years, however, elapsed before the asylum was opened for the reception of patients, and then every effort was made for rendering the institution as useful as experience and art could make it for the purpose for which it was erected. Nor did the means then employed differ so much as might be expected from what we are generally apt to regard as the modern system of treatment. Thus, in the first report of the directors, published in 1821, we find it stated that 'the means of cure, though resting mainly on the moral regimen and general management of the house, have a constant reference to the medical art;' and in the same report, 'manual labour and innocent amusements' are referred to as forming 'an agreeable recreation to those in a certain stage of convalescence.' Books, newspapers, &c., were also introduced to fill up a tedious hour. In cases of violence, however, to use the words of the reporter, 'restraint was necessarily had recourse to:' and what will sound rather strange to our ears now-a-days, in 1822 the 'whirling chair' is said to have been 'once employed, but without decided

benefit.' This curious mode of treatment indeed appears then to have fallen into disuse, as we find no farther record of its application.

"A rapid and important change now begins to be apparent. In 1823 'moral restraint was found to have a power beyond credibility prior to experience;' and in 1824, 'reading, music, playing, drawing, manual labour, cards, backgammon, sewing, knitting, spinning, and housework,' are enumerated as some of the various forms of employment which occupied the attention of the patients. In 1826 the attention of the directors was called to the erection of workshops for the use of the inmates, and in 1827 a bowling-green was added to their other sources of amusement.

"The erection of workshops does not however appear to have been at once carried out, as in 1830 we find the directors expressing regret at their inability sufficiently to supply this desideratum. During this year, however, an important and salutary innovation was agitated, and the propriety of Sabbath worship became a matter of consideration. Still occasional restraint continued to be advocated, and a certain amount of coercion was even considered to be absolutely necessary. But although in this and subsequent reports the total abolition of restraint was considered chimerical, gradually fewer and fewer patients were subjected to this form of control; and in 1831, 57 males and 50 females, of about 112 patients, were in a state of 'entire freedom,' and employed 'in these exercises which generally engage the attention of persons of sound intellect.' In the same report a remark occurs, which shows the enlightened views then entertained as to the nature of insanity, and which now cannot be too strongly enforced. It is as follows: 'There have never been any incurables in the Dundee Asylum; and though the disease must have been as deeply rooted and as much varied in its symptoms as elsewhere, it has never been regarded as hopeless and irremediable.' Thirty or forty men are now reported as 'employed in constructing walks,' &c.; and letters and even 'sermons were composed of no ordinary merit.'

"On the 7th August, 1831, one of the most beneficial changes ever effected on the condition of the insane was put in force. I refer to the regular establishment of public worship. On that day, for the first time in the Dundee asylum, sixty-six patients were privileged to enjoy regular religious service, which has ever since continued a prominent element of treatment and amelioration in this establishment. Mechanical restraint now continued to be gradually withdrawn, and in 1832 it is recorded that 'the straight waistcoat is almost entirely banished from the establishment, and wristbands substituted where restraint was indispensable.'

"For several years subsequent very little alteration occurs in the economy of the institution. The patients continue actively em-

ployed: weaving, teasing oakum, shoemaking, tailoring, pumping water, spinning, breaking stones, kitchen and laundry work, constituting their chief occupation. In 1839 parties of patients were sent pleasure trips to the country, and in 1842 they were permitted to attend the ordinance of the Lord's Supper. Periodicals were now regularly taken in for the use of the patients, and libraries subscribed to. Classes were also formed for the teaching of reading and writing; lectures were delivered to the patients, and concerts provided for their amusement.

"We now draw near to a period which will ever be memorable in the annals of this asylum. The great non-restraint controversy was then raging all over the country, and engaging the attention of all connected with the treatment of the insane. By many the abolition of restraint was condemned as impracticable, while others regarded the question more favorably.

"Such difference of opinion appears to have existed in the minds of those then connected with this asylum, for although the total abolition of restraint is strongly opposed in the directors' report of 1840, yet on 4th July, 1842, it ceased to be employed. From that day to this no patient has ever been subjected to mechanical restraint; and every credit is certainly due to Dr. Macintosh, now superintendent of Gartnavel, Glasgow, and to Mrs. Wingett, then and still our respected, active, and energetic matron, for the boldness and resolution with which they so successfully carried out this experiment.

"The space at my disposal will not, I am afraid, permit me to refer, in detail, to the numerous though minor improvements which have since been introduced. I can scarcely, however, omit noticing the erection of a separate chapel in 1855, and of a new and commodious day room for the female pauper patients in 1858. These have greatly contributed to the comfort of the patients, although it is much to be regretted that it has not yet been found expedient to complete the alterations proposed in 1857 by my esteemed predecessor, the late Dr. Wingett."—*Dr. Rorle, Forty-third Annual Report of the Dundee Royal Asylum for Lunatics*, 1863.

PART IV.—NOTES AND NEWS.

Memorandum submitted to the Commissioners in Lunacy by the Committee of the Association of Medical Officers of Asylums and Hospitals for the Insane, on the Question of the Retiring Allowances to Officers and Servants of County Asylums, at an interview at their Office in Whitehall Place, on the 2nd December, 1863.

At the annual meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane, held at the Royal College of Physicians on the 9th of July last, a committee was appointed to consider the arrangements made under the Lunacy Acts Amendment Act, 1862, for "the superannuation of officers in asylums." This committee determined to seek the counsel and advice of the Commissioners in Lunacy on the subject, fully recognising the uniform desire and the efforts of the Commissioners, to improve in every way the position and standing of the medical officers of the county asylums. The committee consequently authorised Dr. Robertson to convey their wishes to your secretary, and to solicit an interview, and they desire now to acknowledge the ready compliance with which you have met their request.

The Association feel grateful for the liberal spirit shown by the Legislature towards them in the provisions of the Act in question, by which the period of service has been reduced from twenty to fifteen years, and the important proviso made that the value of the lodgings, rations, and other allowances, may be had regard to in fixing the retirement to be granted.

The Association consider these provisions fair and liberal, and they desire to acknowledge their obligations to the Commissioners, and specially to the Earl of Shaftesbury, for the practical interest thus shown in their welfare.

The Association feel, however, that this privilege has been in a great measure neutralized by the addition to the clause requiring the sanction of the quarter sessions to the proposed new retirement allowances. They unanimously would rather have left the retirement clause of the 16 and 17 Vict., cap. 97, sec. 57, untouched, than had—even with the more favorable terms—this appeal made to the quarter sessions.

The Association are content that the retirement should be at the discretion of the Committee of Visitors. The medical officers of the county asylums gladly trust herein the liberality of those under whose control they work, and who are competent judges of the value of their services. The case, however, assumes a very different aspect when the amount of the retirement is to be debated and fixed by the justices in quarter sessions. The frequent and unpleasant discussions on the prison and constabulary expenditure (which are directly under the control of the quarter sessions) are not encouraging.

The justices in the quarter sessions are so little conversant with the detail arrangements of the county asylum that they are unable to enter into the extent of the claims of the medical officer on a liberal treatment in all pecuniary matters. Moreover the legitimate pressure for economy exerted by the rate-payers (of whose heavy burthens the Association are well aware) tends to place difficulties in the way of a satisfactory settlement of this question by the sessions.

The Association venture to think that if the approval of the Commissioners were required to any recommendation of the committee of visitors proposing a retiring allowance, and if the same could be made chargeable on the Consolidated Fund instead of on the county rate, a sufficient guarantee would be given to the public, and a relief afforded to the property rated for the county expenditure, while the claims of the Association would they know be fully and fairly considered by the Commissioners. It is in the remembrance of the Association that the late Chancellor of the Exchequer (the Right Hon. B. Disraeli) proposed thus to transfer the whole expenditure of the county asylums to the Consolidated Fund as a just relief to the landed interest now bearing an unfair proportion of the cost incurred for the care and treatment of the insane poor.

The Association would refer to the recent retirement of Dr. Williams, in illustration of the unsatisfactory working of the present act.

Instead of granting two thirds of his salary and allowances, which would represent a sum of £450, the committee proposed to the sessions a retirement of £300 only. Yet, if ever there were a case in which the most liberal measure should have been meted out, Dr. Williams was that case. His health was shattered by a severe accident received in the direct discharge of his duties. Moreover his management of the Asylum had received the unvarying praise alike of the visiting justices and of the Commissioners during the seventeen years of his service. The Association cannot but think that such a precedent must act most unfavorably on their future prospects herein.

The Association had hoped to have been represented on this occasion by their revered ex-president Dr. Conolly, and they grieve that severe bodily indisposition forbids his presence here to-day. In a letter received from him by Dr. Robertson on the 1st instant, the following remarks bearing on this question occur:—

"It is fortunate that some of the Commissioners know what the nature of *life in a lunatic asylum* is. If the superintendent is qualified by his *disposition* as well as his acquirements for such a life and all its duties, *ten* years will do their work upon him."

The Association would, in conclusion, quote the following remark on the clause in question, contained in an able analysis, by a distinguished author and Physician of the Lunacy Acts Amendment Act, 1862, in 'The Journal of Mental Science' for October, 1862.

"The 12th section will prove a great disappointment to the officers of asylums, since it refers to their superannuation, and since the latter part of it contains a provision which more than neutralizes the good intentions of the clause as it originally stood. The clause as it stood for which the officers of asylums were indebted to Lord Shaftesbury reduced the term of service for which a pension could be granted to them from twenty years to fifteen years, and provided that in calculating the amount of superannuation, regard may be had to the lodgings, rations, or other allowances enjoyed. In committee, the following rider was attached, under which we have no hesitation in saying, that no superintendent will ever enjoy a superannuation until he has a foot and a half in the grave, or unless he has had the good fortune to serve in some small homogeneous county in which the visitors completely rule the courts of session, and we fear we may also add, in which he has been more studious to make friends than to do his duty. The rider runs thus:—'Provided that no annuity by way of superannuation granted by the visitors of any asylum under the provisions of this Act or of the Lunacy Act, chapter 97, shall be chargeable on or payable out of the rates of any county until such annuity shall have been confirmed by a resolution of the justices of such county, in general or quarter sessions assembled.'"

In thus submitting their views on this question of the retirement allowances to officers of county asylums, the Association desire at the same time

to solicit the advice of the Commissioners as to the steps by which it may be practicable to place the matter on a footing more satisfactory to those whose pecuniary interests are so involved therewith.

London, *Dec.* 2, 1863.

Chronic Lunatics.—Arrangements for their Removal from Asylums to Workhouses.

(Minute by the Commissioners in Lunacy.)

November, 1863.

The Board had under further consideration the provisions of the 'Lunacy Acts Amendment Act,' 1862, § 8, as explained by the 2nd section of the 'Lunacy Acts Amendment Act,' 1863, empowering the visitors of any asylum, with the approval of the Commissioners in Lunacy and the President of the Poor Law Board, to make arrangements with the guardians of any parish or union within the district for which the asylum has been provided for the removal from the asylum to the workhouse of such parish or union, and the reception and care therein of a limited number of chronic lunatics, chargeable to the same, or any other parish or union.

Resolved as follows—

I. The arrangements authorised are, in the opinion of the Board, intended to meet the deficiency of accommodation in asylums, and to enable visitors, in special cases, to make provision for the immediate reception into the asylums of all recent and probably curable cases. The Legislature clearly did not contemplate the reception into workhouses generally of the chronic patients referred to, and the constitution thereby of a number of small lunatic establishments; but the selection by the visitors of one or more workhouses, in which adequate accommodation, care, and attendance can be ensured. Consequently, all applications for the approval of the Commissioners must originate with visitors of asylums; and no such application, received directly from a board of guardians, can be entertained.

II. Proper rules and regulations, modified according to circumstances, will be required to be prepared and approved. In the mean time the Board consider and determine that the following conditions are (amongst others) indispensable, and will, in all cases, be insisted on, viz.—

1. Separate wards—properly constructed, arranged, and furnished for the patients of the respective sexes. The dormitories to be distinct from the day-rooms, and the former to afford cubical space per patient, of 500 feet, and the latter 400. Single bed-rooms to contain at least 600 cubic feet.
2. A liberal dietary, analogous to that of the asylums.
3. Ample means of outdoor exercise and recreation.
4. Due medical visitation.
5. Properly qualified paid attendants.
6. Medical and other registers; records similar to those in use in licensed houses.

The English Lunatic Hospitals.

"Of the fifteen or eighteen 'Lunatic Hospitals' in England, the majority are defective in their building, and seem to be restricted in usefulness by insufficient incomes. There are two, however, which are generally conceded to be among the best of their class, apparently containing every essential desideratum for the highest success. One of these, the Manchester Hos-

pital, at Cheedle, accommodates about eighty patients of the middle class; and the other, the Coton Hill Institution, at Stafford, a somewhat larger number, in a style with which, as to whether as to apartments, furniture, attendance, or facilities for rational discussion, any *reasonable* insane Englishman of those classes ought to be perfectly satisfied. Belonging to the same order of institutions is one possessing historical fame and interest, which yet retains its early popularity, as well as its excellent reputation among medical men. The York Retreat, founded by the Society of Friends at the close of the last century, and hallowed in the memory of every one who appreciates the spirit of beneficence which originated it and has ever since pervaded its halls, still pursues its sacred mission of removing and relieving mental disease. Nowhere did I observe clearer evidence of intelligent and conscientious fulfilment of the humane purposes of all such institutions. The older sections of the building were being gradually replaced by new constructions, which conform interiorly to the present standard of advancement; and as for that personal devotion of the chief officers, on which the welfare of patients must mainly depend, it was sufficiently apparent that the genius and the earnestness of Jake still abide among his successors.

"Bethlehem and St. Luke's Hospitals still continue to be occupied as *receptacles* for the insane. Any term implying a more enlightened humanity than this, would seem an insult to English intelligence and philanthropy. The Commissioners in Lunacy, and other friends of the insane, have long sought to induce the removal of these institutions, from the densely built districts of London to the open country, but hitherto without success. The only prospect now presented from their windows are masses of closely packed city houses, and the usual scenes of city streets, while the range for outdoor exercise is restricted to the narrow limits of small and gloomy enclosures. Of course the great value of the sites now occupied by these buildings would enable the governors, in conjunction with their permanent funds, to provide in each case a model establishment, in the most eligible suburban positions. Each institution, however, possesses an income sufficiently generous to justify its governors in indulging the good old English trait of obstinate adherence to their own will, and it being their will to retain their institutions where they are—for the reason that they have existed where they stand from time immemorial; and as this reason gathers strength daily, there these hospitals will probably remain until the New Zealand artist, whose eventual arrival Mr. Macaulay has predicted, takes his seat on the 'crumbling pier of London Bridge,' to begin his sketch of the 'ancient ruins of St. Paul's Church.'

"If nothing else shall then be left of the present unornamented glories of the great city, Bethlehem and St. Luke's will doubtless continue to stand, to prove that nothing can so long resist the tooth of time, or the encroachment of reform, as the conceit and prejudice of the governors of a well-endowed charity."—*Dr. Tilden Brown, Physician to the Bloomingdale Asylum, New York* (*American Journal of Insanity, Oct.* 1863).

*Dr. Conolly on the Character of Hamlet.**

"A writer, who has made mental disease his peculiar study, and who ranks high among those who deal with it practically and theoretically, deserves attention when he takes the psychology of Hamlet or Lear for his theme. His opinion carries the greater weight when, with his proper science, he

* 'A Study of Hamlet,' by John Conolly, M.D., D.C.L., Fellow of the Royal College of Physicians. Fcp. 8vo. London: Moxon, 1863.

combines a highly cultivated taste and literary accomplishments. On each of these accounts Dr. Conolly has a claim upon our notice when he writes of madness as delineated or illustrated by Shakspeare.

"Of all the dramas of our prince of poets, *Hamlet* is at once the most popular, and the most perplexing as regards its inner and its ultimate meanings. It is always acceptable on the stage, whether the actor struts his hour in a barn or in a Theatre Royal. Mediocre, or even bad acting, scarcely abates the interests it awakens; the most consummate of performers leaves something incomplete in the principal character; and we have constantly to desire better representatives of the King, Polonius, Horatio, or the Grave-diggers. To the reader, *Hamlet* is generally the most attractive of Shakspeare's plays. John Kemble observed that, in every copy of Shakspeare's works, it appeared that *Hamlet* had been the play most read; and Gervinus remarks, that wherever the name of Shakspeare is mentioned, the play of *Hamlet* comes first to remembrance. Of the many maxims that have become proverbial among us in daily life or common speech, through the medium of the poet, no few are derived from this drama alone. It is, of all his writings, the best known to the comparatively ignorant, the most familiar to the well-informed. And yet, although *Hamlet* pervades the surface of our thoughts and associations, there is almost infinite disagreement about the character itself and the author's intention in the play generally. In nothing do doctors differ more than in their expositions of this drama. By Voltaire it is regarded as the most Goethe and extravagant of the productions of *ce bouffon de Shakspeare*—by Ulrici, as the most profound specimen of his philosophy. It has been debated whether the author did not materially alter his design in successive drafts or editions of *Hamlet*. French critics, and actors in general, believe—we must say, on slender evidence—that the Queen-mother was an accomplice in the murder of her first husband. Then, as regards Polonius, was he a fool positive, as it too often pleases the actor to represent him, or had age impaired his memory and natural shrewdness? Tieck broaches the monstrous and, indeed, almost profane notion that Ophelia was Hamlet's mistress! Garrick banished the grave-diggers from his acting copy—an absurdity which the German theatre still retains. The great problem of all, however, is the one examined by Dr. Conolly in the little volume before us—was Hamlet mad from the beginning of the play, or mad only at certain crises of the action; or did he feign madness, like Ulysses or Brutus, for the furtherance of his own designs?

"We shall not attempt *tantas componere lites*. It is hopeless to discuss within our limits a question so long, and so variously agitated. We shall render Dr. Conolly and our readers better service by abridging his argument, and leaving the doubt, as it has always been, and may probably always be, unresolved. Dr. Conolly has furnished us with a most careful analysis of the drama, and supported his opinion, that Hamlet was actually insane from the first, by many striking remarks, and many pertinent illustrations. In the story which furnished Shakspeare with his plot, Hamlet feigns madness; but then, on the other hand, he avenges his father promptly and properly, survives the deaths of his uncle and his guilty mother, and is altogether as different a person from the philosophical prince as Regnar-Lodbrog was from Tycho Brahe. No conclusions, accordingly, as to Hamlet's sanity or insanity in the play, can be drawn from the original legend. The Hamlet of Saxo-Grammaticus had in him the soul of Nero, as his actions proved; the Hamlet of the play could contemplate a brave revenge as possible to him, and even incumbent upon him, but he was as incapable of executing it as of forgiving his uncle-father.

"To readers, spectators, and actors alike, if not wedded incurably to

stage traditions. Dr. Conolly's speculations may be very valuable. The play which Shakspeare wrote is in many respects a very different matter from that which Garrick, Kemble, and the Keans represented. The length of the drama imposes on the performers the necessity of curtailments, and these are often the more injurious to the whole, because, in compliance with common, but evil custom, the subsidiary characters are cut down remorselessly, in order that the principal one may stand out in bolder relief. Thus, the speech which records the King's futile attempt to pray, and the dialogue that contains the key to the proper defects of Polonius, are both struck out; and so the Lord Chamberlain is left little better than a meddling and mischievous droll, and the King a drunken blockhead, whom it is impossible to conceive of as capable of wooing or winning even a fickle and foolish woman. We should much like to see a prompter's copy of *Hamlet* as it was performed by Burbadge. We suspect that the 'cuttings' in it were much less pernicious to the play than our present excisions. In those early days, and in great Eliza's golden prime, the heathenish custom did not prevail of marring the effect of tragedy by farcical preludes or sequels, and consequently it was not so impossible to play out the play as it is at the present hour. A farce, or any performance, after the curtain has dropped on the Court of Denmark, seems to us little less out of place than was the song of ''Possum up a gum-tree,' demanded by a negro pit of a sable Prince of Denmark, immediately on the heels of the famous soliloquy on suicide and dreams after death.

"Hamlet, in Dr. Conolly's view, is always *insanurient;* that is to say, he is of a temperament in which madness lies very near the surface, and which some violent shock, or unlooked-for calamity, is certain to develope into disease. Under favorable circumstances, continued through a long series of years, if not through an entire life, this morbid propensity might have been curbed, until the relaxation and palliatives of age had blunted the edge of passion, or stilled the activity of the reflective powers. But this boon was not accorded to the sad and speculative Hamlet. Before he is thirty years of age, his moral being, and the world of his affections, sustain a violent wrench. The studious and meditative man, whose delights hitherto have been in speculation, is called upon by strong suspicion at first, and next by an awful revelation from the tomb, to prompt action, and the necessity to act is to him as alien and unwelcome as the sound of the trumpet and the signal for battle would be to a hermit in his cave, or to a student in his cell. Hamlet, at need, and under instantaneous pressure, allowing no time for thought, can quit himself bravely; but allow him only a few minutes for contemplating the event, and his being is unnerved, and the admitted duty becomes an impossibility.

"We need not go very far for illustrations of such a character, though we may not find its parallel or counterpart. The most profound thinker, by the admission of his own contemporaries, in the present century, was Samuel Taylor Coleridge. If not a poet of the highest order, his poetical powers and instincts were of the first quality. In philosophy, it is difficult to say what it was that he wanted, and yet the want is perceptible in all he wrote. It was not subtlety of thought, nor impatience of continuous reasoning. In those respects he had no superior, not even in Immanuel Kant. It was not the power of clothing high speculation in befitting words that he lacked, for Coleridge occasionally writes with the vigour and lucidity of Plato or Descartes. Neither was it learning that he fell short in; for although he may not have devoured books like Robert Southey, he was one of the deepest and most various readers, and one also of the hardest students of his day. Of his eloquence in discourse it is superfluous to speak. He was at once the Aristotle and the Chrysostom of monologue, following the

severest trains of thought, and adorning them with the most apt and felicitous illustrations that an active memory or a fertile imagination could supply. And yet, if what he did in psychology or poetry be compared with what he was capable of doing, the intellectual no less than the practical life of Coleridge must be pronounced a blank. His name is not inscribed on the title-page of any work that will live for ever. He realised no one of his mighty projects; he founded no school, he inaugurated no system of philosophy; he did not even reconcile, as he once promised to do, the discordant schools or systems of the past with one another. He lacked active vigour; he suffered from infirmity of purpose; he was for ever dallying with the event, as Hamlet dallied with the duty imposed upon him by the sin and calamity of his house.

"Dr. Conolly has, in our opinion, not sufficiently insisted upon the wholesome restraint which the elder Hamlet must have exercised on his son—a restraint that became distinctly conscious to him only when it was removed for ever. With wondrous art Shakspeare has disclosed to us the character of the father through the words of the son. An inferior dramatist would have told us, by these or some other organ, what manner of man the buried Majesty of Denmark was—Shakspeare has made us feel what he had been to his son, his queen, his courtiers, and his friends. Much in the son's disclosures may be set down to the account of natural affection; much to deeply-rooted reverence and admiration. But the son's expressions of love and respect for the father, of indignation at his mother's hasty and indecent second marriage, of his abhorrence for his uncle even before he is aware of the depth of his uncle's guilt, imply, in our opinion, more than the several or combined sentiments of love, indignation, and abhorrence. They lead to the inference that the one stay on which Hamlet had rested, the one barrier between mental sanity and incipient or complete disease of the wit, was broken and removed by the elder Hamlet's death. He was, if we may estimate his character from what his son and Horatio impart, a man of great sobriety of mind and of much vigour in action—a man, like Tennyson's King Arthur, to be feared as well as loved—one fitted to bear a kingdom's weight, a bright example of household governance, grave, true, and yet tender. Under such guidance, the very dissimilar nature of the son was kept under wholesome restraint, and yet its strong affections were not nipped in the bud. To such a son, in whom the *théorique* in life far outweighed the *practique*, such a father was a pole-star, and when its light was withdrawn, suddenly and for ever, the chart and rudder of the son's after life were rendered nearly unserviceable. That Hamlet needed such an outward monitor and guide is, perhaps, implied in his choice of the calm, cheerful, and independent Horatio for his friend and confidant. They are, in all respects, except common love and reverence, the opposites of each other. Inferior to his princely friend in intellect, Horatio is superior to him in will. He cannot, indeed, supply the void which death has made, but he can at least serve as an occasional prop to the vacillating temper of Hamlet. He is no broken reed like Rosencranz and Guildenstern; no hope of preferment will turn Horatio into a tool of Claudius or a flatterer of Gertrude.

"Dr. Conolly's remarks on the preparation for Hamlet's appearance, and for the series of woes impending over the Royal House of Denmark, are all worth the reader's attention. In no one of his plays has Shakspeare so carefully sounded the notes of preparation for a tragic issue as in this one. We are immediately warned of Lear's folly, of Macbeth's ambition and temptation, of Iago's malevolence, of the Second Richard's levity, of the arrogance of Coriolanus, of Wolsey's pride, and the envy of the nobles towards that haughty priest. But, in *Hamlet*, the inaugu-

ration of the secret to be revealed, the introduction of the awful shadow that is creeping over the halls of Elsinore, are evolved as carefully as in that august and terrible preface to the *Eumenides*, in which the priestess discerns the Furies and their victim slumbering in the portals of the Delphic Temple.

"The circumstances that mark Hamlet's first entrance are traced with great skill. The King himself directs our attention to the mingled joy and sorrow of what we may presume to have been his first levee. He glosses over the indecorum of his marriage with his brother's wife by an allusion to 'mirth in funeral and dirge in marriage.' He exercises publicly, for the first time since his accession, Royal functions. He sends off the ambassadors to 'Old Norway;' he grants the suit of Laertes with gracious reference to Polonius. So far he acts as a monarch. Next, but with less success, he assumes the part of a father, and attempts to divert Hamlet from his melancholy reverie. We are left to imagine the feelings of the bystanders. The veteran courtier, Polonius, has transferred his allegiance from one brother to another, without scruple or surprise. No remembrance of his former patron and friend ruffles his official calm. It is enough for him that he still wields the rod of office. Laertes, bent on his return to France, recks not of other 'delight or dole.' We may imagine Gertrude to have been less easy in her bridal robes; but her anxiety is diverted from the opinion of the Court to the worn and abstracted bearing of her son. It is an ever-present dread with her that the o'er-hasty marriage has aggravated the bitterness of his father's death.

"But the central figure of this group—is it that of a sane or an insane person? Dr. Conolly says, that as soon as the *levée* breaks up, 'we learn the actual mental state of the unhappy prince.' In his reply to the cold arguments of his uncle, and the earnest pleadings of his mother, he has replied, 'in terms denoting a mind not only occupied but disturbed with' grief. But he is at length alone, and 'even now, unconscious of what he is soon to know, we perceive that his mind is a very whirlpool of violent and miserable thoughts; that suggestions of self-destruction already lie and heave among them; that he feels the sum of his misery even now too much for him; and that the chief part is his mother's marriage to his hated uncle.' We now pass to Hamlet's demeanour and language immediately after the grave has disclosed its terrible secret, and the dead has imposed on him the active duty of revenge. In the 'resolve to remodel all the manner of his life, to alter every habit, to sacrifice every customary pleasure,' no less than in the wild and parting words with which he accosts Horatio and Marcellus, no less than in the jesting phrase, 'boy,' and 'true-penny,' and 'old mole,' Dr. Conolly detects usual features of wit diseased. But the remarks which follow yet more forcibly explain his theory of Hamlet's character :—

"The injunction to his friends to abstain from all indications of being able to account for his conduct, however strange his conduct may hereafter appear, has been generally adduced as indubitably proving that all Hamlet's subsequent eccentricity is to be interpreted as mere acting. It is as generally overlooked that the interpretation can scarcely extend to the eccentricity previously manifested, or explain his conduct and language before he had heard anything of the appearance of his father's ghost. Among his confused resolves, that of feigning madness seems suddenly to have suggested itself, either as subsidiary to some equally obscure plan of revenging his father's death, or merely to account for the wild words he had been uttering. The suggestion might have arisen in his mind in the short interval between the departure of the ghost from his sight and his rejoining his friends. We shall find that it is never acted upon as a part of a consistent plan, but recurs to him now and then, and fitfully, and is at such times

acted upon, not as a deliberately planned conduct, but as something lost sight of amidst the real tumult of a mind unfeignedly disordered. A critic of the highest class (Coleridge), and who appears to have accepted the simulation of Hamlet's madness without question, has yet been constrained, by a consideration of these and other wild passages, to say that 'Hamlet's wildness is but half false—he plays that subtle trick of pretending to act only when he is very near really being what he acts.'

"The demands of the stage add considerably to the difficulties inherent in this play. The compression of the action into little more than three hours hurries on its several stages, and often creates improbabilities which do not, or need not, trouble us in reading it. For the reader, an uncertain period of days, or even months, may elapse between the end of the first and the beginning of the second act, and there may be ample time for melancholy to convert Hamlet into the forlorn wretch who alarms Ophelia, 'sewing in her chamber.' His behaviour on that occasion is one among the most convincing proofs, in Dr. Conolly's opinion, of the reality, and indeed of the depth, of Hamlet's madness. He shrewdly remarks that—

"If we admit that the disordered dress might have been studied, and that the unbraced doublet, the fouled stockings, ungartered and down-gyved, were merely disarranged for the purpose of acting an unmeaning or a cruel part, we cannot readily say the same of the pale and piteous look—

> As if he had been loosed out of hell
> To speak of horrors.

"'These descriptive particulars cannot have been perversely designed by Shakspeare to pourtray the masquerading of a princely gentleman, oppressed with sorrow, for the abject purpose of exhibiting himself, careless of distressing the object of his deepest affections.'

"He recurs to this argument after Hamlet's next interview, 'less tender and yet more disturbing,' with Ophelia, in which he agrees nearly with Claudius—'Love! his affections do not that way tend.' The longer the interval between Hamlet's vision of the ghost and the progress of the action, the deeper becomes his distrust of the revelation, the more infirm his purpose of revenge, and the more surely seated the disease of his mind. Like other critics, Dr. Conolly admits that Hamlet has paroxysms of madness, amounting at times to acute mania; he differs from them only in denying that he is ever really sane, until indeed the closing scene. The better part of Hamlet survives all his mental discomposures. Death, stronger than madness, calms, corroborates, and heals his perturbed soul, and in a moment enables him to fulfil the hest which in weeks or months of irresolution he had dallied with and deferred. With death in his veins, and approaching his heart, he gains strength to punish the guilty, to provide for his own vindication, and to name the successor to the throne.

"We have given a slight sketch, but not pronounced an opinion, of Dr. Conolly's theory. It may persuade some and offend others, but whether he gains or fails of gaining assent, his little volume affords an admirable commentary on this the most psychological of Shakspeare's plays, and may be studied with equal profit by readers, spectators, and actors."—*The Saturday Review, July 4th*, 1863.

Mr. Paget on the Mental and Material Rewards of the Profession of Medicine.

"The burden of my addess is, work, life-long work. And so it is, and so it must be; there is no success without it—no happiness without it.

kind of success, indeed, there is without it—the getting of money without honour—and to that there are many ways; but we do not teach them here, and I am sure you are not seeking them. Young men never lay plans for disreputable success in life. In fact, I suppose that very few of our profession do, except some of those that have failed of gaining it by fairer means. But you may fairly ask, What is to be the reward of this life-long work? Is it to be anything at all fairly proportioned to it? Now let me try to tell you.

"If money-making be the chief object of work, ours is not a very good profession. Very few of us grow rich enough either to rise in rank, or gain what some aspire after—an independence. But even in respect of money our profession offers some, and those not inconsiderable advantages. It is attended with very little risk. If few even of those that work well and work hard grow rich, very few are ruined by any fault inherent in the profession. Moreover, I think it may be said, that amongst all the callings of life, there is none which to fitness, and attention to business, offers more certainly a fair competency of living. Therefore, I think you may promise to yourselves, God willing, a fair competency of living, free, or nearly free, from all risk, and requiring very little investment—that is, of money. That which you must invest is, brains and a strong will. But if much money is not to be gained in it, how shall such a profession be commended to you? Well, consider, in the first instance, that it is no small advantage to have a profession in which success can be reckoned by something else than money. Where money is the sole test of success, its pursuit is apt to become a very dangerous one—such a one as only men of great virtue can engage in long without damage. Moreover, success in it is no evidence that a man has done anything respectable, or has gained anything which is at all worth his labour; and therefore it is that the most honorable professions—those in which high-born and high-bred men most readily engage—are those which are not remunerated with money, or, at any rate, are rewarded on a far lower scale than mere money-makers would think adequate. But without money, and with more honour, you may gain that which rich men who want it are ready enough to give their money for; and if that be not enough, then anything that they can barter for it—namely, a good social station, rank amongst gentlemen. And this rank, even the best of it, you certainly may have without purchase and without subserviency; but, whether you obtain it or not, will depend very much upon the manner in which you study and practise your profession. Station has always been given to men of good education. Scholars have always held it, and probably always will; but scholarship is not now the only mark of education. Men of science rank with scholars, and the more you study your profession in a scientific spirit, the more you practise it as thoughtful and observant men, the more certainly will you gain good rank. On the side of money-making, our profession slopes towards trade; on the side of science, it rises towards nobility. You may rank where you will between those two extremes.

"It must not be forgotten that there is great pleasure in the pursuit of science. It may be held for certain that those faculties of the mind which belong to the highest human nature, and which in their likeness approach most nearly to the Divine attributes, give, in their exercise, the most intense and abiding happiness. Therefore those are the best callings in life which give most occasion for intellectual exercise, provided only they give at the same time opportunity for the exercise of virtue. In this view, if we count with it its allied sciences, I believe there is no calling that can be compared with ours. For intellectual exercise what can offer more? Great stores of knowledge already gathered in, but greater still to be gathered, and amongst these such as may satisfy every variety of intellect; difficulties enough to

satisfy the boldest and the most ambitious; breadths of uncertainty such as the most speculative may find room to range in; facts of plain value that may satiate the merest utilitarian; opportunities for experiment enough for the most ingenious; laws large enough for the most capacious—deep enough for the most profound. And in respect of virtue our life is full of occasions—nay, rather, of inducements for it. We live in the daily study of that which we believe to be the most perfect and the most elaborate of God's works—marvellous in its perfection, marvellous in its decay, and in its final change. Therefore, in our common tasks we may cultivate an habitual reverence and homage, and may find constant aids to faith in the analogy between what we see of the earthly life, and what, as revealed to us, we believe of the heavenly. We live amongst the suffering, and every one who needs our help may claim to be an object of our compassion, or may exercise our gentleness and patience. We live amongst the dying, and every day shows to us, more clearly than it does to other men, the need of watchfulness and Christian prudence, and their reward in the final victory of faith. Surely all these should be deemed great privileges, and the profession should be highly esteemed that offers them, when we consider how vast are the issues that depend upon our conduct in this fragment, this poor beginning, of our endless life, and how much we allow our conduct to be influenced by the circumstances amongst which we live.

"Now let me recount to you the good things that your profession offers freely. Competency of living; the society of educated men; blessings from the poor; recompense, with gratitude, from the rich; boundless fields for intellectual exercise; access to the richest stores of knowledge 'for the glory of the Creator, and the relief of man's estate;' daily inducements to the exercise of the highest Christian virtues. Gentlemen, all these are before you, and their price is devotion to your duty."—*Introductory Lecture, delivered at the Opening of the Session at S. Bartholomew's Medical College. By James Paget, F.R.S.* ('Lancet,' Oct 10).

The Removal of S. Thomas's Hospital.

"The mutual struggles between the Governors of St. Thomas's Hospital, the public, the united and divided parishes on the south side of the Thames, the Governors of Bethlehem Hospital, the Metropolitan Board of Works, and everybody who could get hold of a corner of interest in the matter, seem likely at last to have been finally decided. A general Court of Governors, held on Tuesday last, approved an agreement entered into by the Grand Committee with the Metropolitan Board of Works for the purchase of seven acres of ground to be reclaimed from the river at Stangate, and the agreement only awaits the sanction of the Court of Chancery to be finally settled. The public will probably think that the sooner this is done the better. A better site might, no doubt, have been found for the hospital than Stangate. The course which recommended itself to common sense was for S. Thomas's Hospital to remove to the site of Bethlehem, and for Bethlehem to be removed into purer air and larger grounds in the country. Common sense, however, is not to be expected in Grand Committees, and the short-sighted rapacity of the Governors of Bethlehem made such an arrangement impossible. Failing that, and finding that public opinion would not allow them to indulge their singularly original project of a metropolitan hospital in the country, the Grand Committee must have been glad to find so good a site as Stangate at their disposal. They must, indeed, have had a troublesome time of it the last nine months. It would be interesting to know the feelings which are entertained by the Grand Committee towards

the Directors of the South-Eastern Railway Company. To be turned out of their old domain, and to be left to find seven acres in London wherever they could, and, worse than that, to be exposed to incessant petitions, remonstrances, and threats from the parishes of Southwark, to an infinite amount of all sorts of advice, and finally to be handed over to the tender mercies of the Metropolitan Board of Works—all this combined can hardly conduce to a state of benevolence towards its authors. Perhaps, indeed, the consideration may explain the otherwise unaccountable fancy of the governors for removing a London charity entirely away from London. They may have wanted to get as far away from the South-Eastern Railway as possible.

"There is not much to complain of in the site they have at last determined on. In some respects it is even better than Bethlehem. We are hardly able to judge of it fairly yet, for, in fact, it hardly exists. We associate the side of the river opposite the Houses of Parliament with filthy mud-banks and smells the reverse of wholesome; and it must be confessed that, as the Thames exists at present, its banks do not seem very eligible sites for a hospital. But it must be remembered that we are steadily and surely freeing the river from its impurities, and when that work is accomplished its banks will enjoy a greater volume of pure air than can be obtained in any other site. The contract with the Metropolitan Board of Works stipulates that the land shall be reclaimed and embanked by the 31st of December, 1865; it will be some time after that before the new hospital is built, and by the time it can be occupied the new drainage scheme ought to be completed, and the embankment of the river considerably advanced. When those two works are successfully carried out there will be few sites so healthy or so pleasant as the river side. The river affords, too, a cheap and easy means of access to the hospital, and the site of the new hospital will be as complete a reproduction as possible of that of the old St. Thomas's at London Bridge."—*Times, Nov.* 24.

The Charity Commissioners and Bethlehem Hospital.

Yesterday Mr. Martin, Inspector of Charities, commenced an official inquiry, in the committee-room of Bridewell Hospital, into the foundations, endowments, and objects of Bethlehem and Bridewell Hospitals. The inspector stated that he came there under an order of the Charity Commissioners of England and Wales, to make an official inquiry, not that they had any reason to suspect that anything was wrong, but in the simple performance of the duties of their office. Although he held an order to inquire into Bridewell as well as Bethlehem, he should at present confine his inquiry to Bethlehem Hospital. He had a very strong opinion as to the policy of releasing their Lincolnshire estate, which was a special trust for the permanent maintenance of incurable lunatics, which was now rendered altogether unnecessary by the establishment of lunatic asylums in every county. The admission of so many incurable patients into Bethlehem Hospital not only created a very great expense beyond the funds obtained from their Lincolnshire estate, but was a bar to the admission of some 1100 or 1200 patients annually. He should collect evidence on that point. Another question upon which he had not yet formed an opinion was the policy of removing Bethlehem Hospital into the country. Upon that he should take the evidence of the governors, the resident physician, and other medical officers. After some remarks upon the question of charities generally, and the frequent misuse of several of them, the public portion of the inquiry was adjourned *sine die*. In the mean time the inspector will be engaged in

examining the books and accounts of Bethlehem Hospital.—*The Daily Telegraph*, November 27.

One of the Results of the Restraint System in France.

We commend the following paragraph which has been going the round of the English papers to the notice of M. Renaudin.*

A melancholy catastrophe has just taken place in the Aisne, where a great part of the Lunatic Asylum of Montreuil-sous-Laon has been destroyed by fire and six of its inmates burnt to death. The establishment was full of lunatics of both sexes. Among them was a young man about 25 years of age, who was usually kept in a separate cell and with a strait waistcoat on. On the day before the fire he was visited by some of his relatives, who requested the director to release him from that confinement, and as he then appeared more tranquil it was done. The following morning he by some means or other got possession of a chemical match, and at night set fire to his bed, which was soon burnt, and the fire afterwards caught the woodwork with which all the cells of the violent lunatics are lined, and next burnt through the ceiling to the roof above. Once getting vent, the flames rapidly extended right and left, and spread alarm throughout the place. The keepers and others then rushed to the different cells to get out the inmates, which was a work of great difficulty, as many of them were strapped down to their beds, and after they were set free they had to be carried out by main force. The task was at last accomplished, and the guardians and others were congratulating themselves that no lives had been lost, when, on making another round among the cells, they found that six of the women had rushed back unobserved into the flames, where they met a horrible death. As for the madman who had caused the catastrophe, he was afterwards found running about in the garden singing and appearing highly delighted with what he had done.

General Statistics of Asylums for the Insane.

In one of our former numbers (April 1863, page 149), we noticed Dr. A. Erlenmyer's synopsis and statistical account of the asylums of Europe.

We find now in a popular German journal called the 'Irren Freund' (April and May, 1863), a critique—by one of the editors, Dr. Brosius,—on Dr. A. Erlenmyer's statistical tables of Switzerland, which country Dr. Brosius visited a short time ago for this express purpose.

Dr. Brosius found in almost every paragraph of Dr. A. Erlenmyer's tables of Switzerland grave mistakes and errors.

It is a striking example how inaccurate and consequently useless such statistical labours finally prove to be.

We take this opportunity to inform our readers that similar reasons have induced Doctor Mundy to abstain from continuing the publication of the statistical tables which he began in the January number (1863), of this Journal.

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* See 'Journal of Mental Science,' July, 1863, p. 296. M. Renaudin "On the English County Asylums for the Insane."

The new Italian Journal of Mental Science.

We learn* with real pleasure of a new journal of mental science to be published in Milan, commencing with the present year (1864). This is but one of the many signs of vigorous life exhibited by the kingdom of Italy, now that it is released from its cruel bondage to a foreign power.

We have received a prospectus of the journal in question, which is to bear the title of 'Archivio Italiano, per Malattie Nervose e più Particolarmente per le Alienazioni Mentali,' and will be under the joint direction of Dr. A. Verga, Director of the Great Hospital at Milan, Dr. C. Castiglioni, medical director of the public asylum, and of Dr. S. Biffi, medical director of the private asylum at Milan. It is not, however, entirely new, but represents the transformation of the psychological appendix of the 'Gazette Medica Italiana-Lombardia,' into an independent publication. While watching the course of the study of nervous and mental diseases in other countries, the main object of the 'Archivio' will be to represent the contributions of the kingdom of Italy, and pathology is to hold an important place in a list of subjects, including anatomy, physiology, and hygiene. The editors, however, observe with becoming modesty, that the less they indulge in "grand promises and pompous announcements," the better shall they be able to serve the end they have in view. It is proposed to publish the journal every two months, or a smaller number every month, when occasion arises, and the year's contributions are to be collected into a volume with a suitable index. The publisher is Chinsi, No. 2, Via di San Vittore, e 40, Marteri, Milan, and the price is fixed at 2 frs. 50 cts. for each full-sized number, and half that sum for a smaller one, and at 12 frs. a year within, and 14 frs. 50 cts. beyond the bounds of the kingdom of Italy.

We as heartily wish all success and prosperity to this new Italian journal as we do to the kingdom of Italy itself; and may the conductors of the journal live to see the fair queen of the Adriatic joined to the Italian kingdom and Venice—once again free—working with them at the great and glorious aim of re-establishing Italy in her place of scientific eminence among the nations of Europe.

We send by book post a copy of this Journal to the editors, and shall hope to receive *by book-post* their numbers in exchange, addressed to Dr. Robertson, Hayward Heath, Sussex, England.

Appointment.

Thomas Bowerman Belgrave, M.R.S. Eng., L.A.C., to be Assistant Medical Officer to the Lincolnshire Lunatic Asylum, Bracebridge.

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* We are indebted to our associate Dr. Bacon, late of the Norfolk County Asylum, now travelling in Italy, for this information.

Notice to Correspondents.

English books for review, pamphlets, exchange journals, &c., to be sent either by book-post to Dr. Robertson, Hayward's Heath, Sussex; or to the care of the publishers of the Journal, Messrs. Churchill and Sons, New Burlington Street. French and German publications may be forwarded to Dr. Robertson, by foreign book-post, or to Messrs. Williams and Norgate, Henrietta Street, Covent Garden, to the care of their German and French agents, Mr. Hartmann, Leipzig; M. Borrari, 9, Rue de St. Pères, Paris. Booksellers' parcels from abroad bring our exchange Journals with such irregularity, that we must request the Editors of the *Zeitschrift für Psychiatrie*, of the *Correspondenz Blatt* (and Archiv. für Psychiatrie) of the *Irren Freund*, of the *Annales Médico-Psychologiques*, of the *Archives Cliniques*, and of the *Journal de Médecine Mentale*, to regularly transmit our exchange copies by *BOOK POST.* The copies of *the Journal of Mental Science* will in future be regularly sent *by Book-post* to our foreign Correspondents and Honorary Members, and we shall be glad to be informed of any irregularity in the receipt of the 'Journal of Mental Science.'

The *American Journal of Insanity* is regularly received, as also our exchange copies of the *Dublin Quarterly Journal*, the *British Medical Journal*, the *Medical Circular*, the *Social Science Review*, and the *Edinburgh Monthly Journal.*

Dr. Bacon's clinical case is unavoidably postponed to our next number.

We are also compelled to defer to our next "*An Oasis in the Desert of German Restraint*," an article by Dr. J. Mundy, of Moravia, founded on Dr. Ludwig Meyer's able paper in a recent number of the *Zeitschrift für Psychiatrie.*

The Honorary Secretary (Dr. Tuke) has received a letter from Dr. Damerow, of Halle, acknowledging in warm terms his sense of the honour conferred upon him in his recent election as honorary member of this Association.

We have to thank M. Brierre de Boismont for his kind letter and enclosure, of which we have availed ourselves in the "Foreign Psychological Literature."

INDEX TO VOL. IX.

The Editors are indebted to Dr. Dean Fairless, Medical Superintendent of the Old Asylum, Montrose, for the compilation of this Index.

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