

cheek, and trickles gradually down the throat. There is no need to open the teeth, for if some of the teeth are not absent, which is generally the case, there is plenty of room behind the last molar, or even between the teeth, for the liquid to reach the pharynx.

If, however, the patient obstinately refuses to swallow the food, a gentle pinch of the nose, so as to obstruct nasal breathing and compel him to breathe through the mouth, will overcome this, as he is bound to swallow in order to breathe. After feeding in this way for a time, the patient finding he is perfectly helpless in the matter, soon gets tired of resisting and takes food voluntarily.

I have not only frequently used this method on the insane in general practice, but have also employed it on young children with the most satisfactory results; and I feel sure that if it were generally known and had a fair trial, the œsophageal tube would be little heard of in the future.

Insanity and Marriage. By G. E. MOULD, M.R.C.S.,
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IN giving advice concerning the marriage of a person who has had an attack of insanity or who belongs to a family with a hereditary predisposition to insanity, on what considerations should our opinions be based? Firstly, on the welfare of the individuals who are about to marry and of their families present and prospective. Secondly, on the welfare of society. Our advice might have far-reaching consequences if we were only agreed on common principles.

We must bear in mind the well-being of posterity in general, for although the first is the most important and personally responsible set of considerations in regard to which we can estimate the probabilities with some degree of certainty, we must not feel satisfied unless we can reconcile the immediate future with the remote. In developing a somewhat optimistic opinion favouring the permission of marriage to persons with insane histories I hope to give some facts in favour of that opinion, not

only with regard to the persons themselves and their immediate offspring, but also with regard to the race in general. Is the hereditarily insane individual more likely to be happy, to remain sane, or to be free from recurrence of insanity, married or unmarried? I claim that the chances are on the whole largely in favour of the married, because a larger interest in life, a stimulus to work, a gratification of natural desires, a probable immunity from venereal diseases and alcoholic excesses, will counterbalance the possible disadvantages—anxiety with regard to family, incompatibility, marital excess, and puerperal dangers. The cases in which we are likely to be consulted are those who have recovered after attacks of mania, melancholia, and acute dementia, or cases sane in themselves but with a bad family history. We must take into consideration the sex and condition of the parties. The woman has possibly to face the risk of loss of the bread-winner by insanity; the man has possibly to face the loss of the mother of his children, resulting in a more or less prolonged celibate existence. I do not see so much misery among the wives and husbands of the insane as to outweigh the previous happiness of their married life,—the hope of renewal on recovery and the pleasure they take in their children. With regard to the possibility of the transmission of their infirmity to their offspring, are not the chances on the whole in favour of not one of these inheriting it? And, if it is inherited, by how many will it be inherited? The probability is that there will be a net gain of sane persons to the State. Genius is well known to occur in insane families, and the production of one commanding intellect might well outweigh many lunatics and idiots. Melancholia has frequently attacked persons of the greatest intellect and finest sensibilities, and many men of great force of character and energy, producers of most excellent work, have had attacks of mania. We take a great responsibility in interfering with the happiness of these persons or in preventing the transmission of their qualities which are more valuable in the evolution of the human race than their racial infirmity. The progeny of Ormonde, for instance, have not inherited the vices of his constitution; and we have now come to see that tuberculosis is not truly hereditary.

I have no wish to minimise the influence of heredity in regard to insanity; but when any one emphatically states that

there has been no case of nervous instability in his family I suspect his heredity.

Although one cannot catch insanity in an asylum like small-pox in a fever hospital, still as tuberculosis may be acquired by members of the same family living under the same unhealthy conditions, so insanity may be predisposed to by faulty modes of life in particular families.

The advice to stamp out insanity by a ruthless and indiscriminate prohibition of marriage is logically on a par with the opinion that all incurable lunatics ought to be put to death. If the latter is indefensible, if we are bound to afford them as much happiness as possible (just as the physician is bound to prolong life at all costs), then the right course in the former case is to urge the choice of a suitable partner, and to advise prophylactic hygienic measures for parents and children. Any defect can be bred out of any race of animals given sufficient time. But good results can only be gained by an undeviating conformity with every law of health.

In conclusion, I must not be understood to advocate an indiscriminate permission to unstable individuals to marry. Each point of moment must be considered carefully—the nature of the mental disorder, the family history on both sides, and, most important, the physical vitality of the person chiefly concerned. I have spoken to deprecate the dogma, “Once a lunatic, always a celibate.”

DISCUSSION

At the Annual Meeting of the Medico-Psychological Association, London, 1899.

Dr. YELLOWLEES.—I should be entirely false to my convictions if I did not say how emphatically I disagree with Dr. Mould's opinions in this matter. Nothing could be more dreadful than that we should advise insane people to marry and to run the risk of untold misery. Still more terrible is the risk for the children, and most extraordinary is the ground upon which that risk has been justified. The hope that the insanity may disappear in the course of generations, and the chance of insanity begetting genius, seem to me to be very poor and unjustifiable excuses. I cannot express too strongly my conviction that it is our duty, except in most exceptional and special circumstances, to advise against the marriage of persons who have been insane. Owing to the risks of an action for defamation, I have found it necessary to give advice to such persons in the most careful and guarded manner, and never by any chance to say, “I advise you not to marry,” but to intimate in the most careful Scottish fashion, “If it were my daughter, I would not allow her to marry.”

Dr. JONES.—I would ask Dr. Yellowlees whether he would advise not only the person who has had one acute attack of mania, but would also advise the children not to marry. Also whether he draws a line between cases of hereditary insanity and those due to traumatic causes, and insanity such as we have heard of this morning, viz. general paralysis and other forms due to syphilitic influence. Would

these come, according to Dr. Yellowlees, into the category of non-marriageable cases?

Dr. YELLOWLEES.—Every case must certainly be considered upon its own merits. General paralysis is, I am quite sure, one of the least hereditary forms of insanity. I do not think an attack of puerperal insanity in the mother is sufficient reason. It depends on the degree and directness of the inheritance, but I am quite sure that it is wise for us to err on the safe side. I think that the misery which is thus brought into families is something too dreadful to be faced. Whatever advice you give, however, people will generally act in accordance with their own intentions.

Dr. JONES.—I have lately had to advise as to the marriage of a private patient after an acute attack of insanity, and I had no hesitation in urging very strongly that they should have no children. This is not in agreement with the reader of the paper; but I see no reason why the happiness and comforts of a married couple should be marred through transmission of insanity to their issue in almost endless posterity.

Dr. MOULD.—I am afraid my paper must have conveyed a great deal more than I intended. Each case must be, of course, judged upon its merits, and one must advise in view of future probabilities.

A Note on Sulphonol, with a Case of Toxic Peripheral Neuritis following on its use. By JOHN SUTCLIFFE, M.R.C.S., L.R.C.P., Assistant Medical Officer, Royal Manchester Hospital, Cheadle.

SULPHONAL has been extensively used in the Royal Manchester Hospital during the last two years. We have found the drug prepared by Bayer to be constant and trustworthy in action, converting noisy and turbulent patients into comparatively quiet and manageable cases.

It is usually given in doses of forty grains in hot milk at bedtime, and we have rarely found it necessary to increase this dose. After a short time sleep ensues and continues during the night; this is followed by a period of quietness, as a rule lasting until next evening. The cases in which it has been usually given have been of the chronic type—noisy, excited, and troublesome maniacs, and restless, agitated melancholiacs. We do not consider it advisable to give it in acute or curable cases. We have not noticed hæmato-porphyrinuria, irritation of the gastro-intestinal tract, eruptions of the skin, loss of appetite, or depressing effects on the heart, although we have seen other untoward results. Two gentlemen have taken forty grains daily,—one for twenty-five weeks and another for eight weeks. The following cases are of interest: