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.

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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, Hypochondrie, 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." (Waehsmuth, 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.