

smoking, night-capped, surly keeper directs his sidelong watchful looks on the group of afflicted beings at his mercy. The heavy keys, held behind him in his careless hands, tell us of the cells they close so often on these unfortunate patients; and the whip, hanging out of his pocket, shows the universal remedy he wields for the errors and griefs of the mind; one of his victims has rudely drawn the likeness of this functionary on the wall, in the active exercise of his vocation.

“Such numerous and gratifying changes have taken place in asylums for the insane within the last few years, that instead of contemplating a picture of this kind with unmitigated pain, the comforting thought ever arises that in our modern or our reformed institutions the gloomiest patients are consoled, and the most distracted have their thoughts drawn away from dreams and fancies to pleasant occupations; that night-capped keepers are no more; that not only have whips disappeared, but the strait waistcoats; and that while all aids are given to recovery, all alleviations are imparted to the incurable. These changes, scarcely yet appreciated by the public at large, have not been effected easily; and the shadow of dreadful evils has but very recently passed away; evils greater far than those revealed in the picture which we have been contemplating.”

C. L. R.

The Diagnosis of Acute Mania and Melancholia. By
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My object in this paper, is to endeavour to draw a strict line of demarcation between those forms of insanity which may be comprehended under the terms of mania and melancholia, and the delirium, which we witness in the various inflammatory affections of the brain fever, or delirium-tremens. If we were aware of the absolute pathological changes which exist in insanity, the correctness of a theory would be easily proved or disproved. In the absence, however, of evidence of this nature, which may be regarded as of a positive kind, I am compelled to draw my inferences from symptoms of disease during life, which may be regarded as evidence of a circumstantial nature. It is now some years since Dr. Wigan

published a work on the duality of the mind, or, in other words, that as the brain consists of two sides or hemispheres, so these may have a distinct individuality of their own, just as occurs in the various senses, the eye, the ear, &c.

From the observations I have made upon a number of cases of acute mania and melancholia, I am of opinion, that two minds or thinking powers, as it were, appear to exist in the same individual,—one healthy, the other diseased; one only being in operation at one time; the individual's thoughts and actions being in direct sequence to whichever of the two, at the moment, is in play. These peculiarities may be witnessed in acute mania, as well as in melancholia. The incoherence or irrationality observable in fever, or in delirium-tremens, appears to arise in consequence of disease attacking both hemispheres of the brain equally, and in contra-distinction, may be regarded as instances of true delirium.

In many affections of the brain, we find a disposition to attack only one hemisphere, as is observed in apoplexy and paralysis, and I believe after experience will sanction the views I take as to the acute forms of mania and melancholia, when the disease is fully established, being in the majority of cases, considered as disease occurring in one hemisphere alone.

Now, if we for a moment examine into the physiology of the brain, so far as is known, we read* that for all but its highest intellectual acts, one of the cerebral hemispheres is sufficient; for numerous cases are recorded, in which no mental defect was observed, although one cerebral hemisphere was so disorganised, or atrophied, that it could not be supposed capable of discharging its functions.

Again: "It would appear, that when one hemisphere is disordered, the same object may produce two sensations and suggest simultaneously different ideas; or, at the same time, two trains of thought may be carried on, by the one mind, acting and being acted upon differently in the two hemispheres." It is not the object of this paper to enquire into the nature of the changes which occur in the structure of the brain, constituting mania and melancholia, nor yet to offer any explanation as to the manner in which the healthy and diseased hemisphere alternately exert a controlling influence over the actions and thoughts of the individual; but to infer, by analogy, that there exists a strong probability that one hemisphere alone is capable of discharging the ordinary functions of reason, memory, &c.; and further to shew, that the symptoms of the disease just named, may be satisfactorily

* Kirk and Paget's *Physiology*.

explained, by assuming the above hypothesis, and that this condition actually exists.

I must, however, admit, that I have both some hesitation and diffidence in advancing a theory of this nature, as the authors of the greatest repute and respectability of the present day, will not, I fear, bear me out in my suppositions. I have, however, selected one or two passages, which appear to me to have some approximation to these views, although in other instances, I find passages of a directly opposite tendency. One author, speaking on the subject of mania observes,* "there is not so much destruction or defect of mind, as some derangement of its proper harmony." Again, "in the slighter instances of mania, the patient will break off his subject, in the midst of a narrative, or of conversation, and will pass abruptly to some other, with which the previous one has no sort of connection, and then again to another." Another writer observes,† "to alternations of delirium and reason, of composure and agitation, succeed acts the most strange and extravagant;" but then again, we have in the same chapter, this apparent contrariety, "that the whole mind generally suffers in consequence, and that confusion then becomes universal throughout the countless changes of the brain." We have, however, in another chapter, on the Diagnosis of Mania, the following passage, "The observations and the remarks are sometimes found to have a certain kind of cleverness and shrewd appreciation of all that is taking place." I now proceed to detail a few extracts, from two accounts written at my request, from patients who recovered under my care; one a case of acute mania, the other a case of acute melancholia. I have selected them, not because they are the most striking that occurred to me, but because the patients were willing to write, in their own words, the history of their own case. Amongst the poor and uneducated, a greater difficulty is generally found to get a complete history from the patients themselves. Their carelessness on recovery, their inability distinctly to describe symptoms and other causes of this nature, always, more or less, prevents their medical attendant procuring a faithful and trustworthy account.

The first case to which I call attention, is one of acute melancholia. The lady, the subject of it, belonged to a family hereditarily predisposed to insanity. Before being placed here, she had been under medical treatment at home for a few weeks, and during that time, I understood, had occasion-

* Noble, *Psychological Medicine*.

† Bucknill and Tuke, *Psychological Medicine*.

ally exhibited some slight degree of violence. During the first two months that she was under our care, she was extremely taciturn, but when capable of being drawn into conversation, she exhibited no peculiarity; she almost refused food, and had sleepless nights. On her recovery, she wrote me the history of her case, so far as she could remember, from which I extract the following:—"On arriving at Rook Nest, I remembered the place again, having been once with mamma to a sale. After sitting two or three minutes in the drawing-room, some female, tall and rather stout, entered, whilst Mrs. Atkinson went out, &c. After much persuasion, Mrs. A. led me into the dining-room; a little boy and a young man came in soon after and seated themselves. She finally says, all the events of that first evening are fresh in my memory; I can even recollect what was for dinner, but it would occupy too much time to write all, besides being unnecessary." Now the whole of the foregoing is perfectly correct, and we were unable then to detect any special delusion, or illusion of any of the senses; but we find from another portion of her written history, that other trains of thought were in existence at this period. She goes on to say, "As I sat by the fire the same evening, I thought I saw a skeleton in the garden, and at night, after retiring to rest, I thought I heard carriages arrive at the door, and a man's voice loudly exclaim, Drown her in a butt of her grandpapa's ale." "I thought Mr. —, the station-master had arrived, and a lady from — at whose school I was once a boarder; also my mamma, and all my sisters and brothers, &c. The meaning of all this seemed to be witnesses arriving to give their evidence against me, and she ultimately states, that all this time, she thought she was Palmer, and going to be hung; and she draws this remarkable conclusion, from her peculiar state of mind, in the following words:—"It appears to me, as if I had had at the same time two existences; and I now look upon my past delusions as if they had occurred in a dream, although still quite fresh in my memory!"

The next case I purpose relating is, one of acute mania; the lady, the subject of it, was not hereditarily disposed to insanity, but for many years had passed through severe adversity and trouble, and had for a lengthened period, prior to admission, devoted her exclusive time and attention to religious subjects. In conversation, on first entrance, she could well recollect past and present events, and would converse with a moderate degree of freedom on any ordinary topic. She could not sleep, very often noisy, and continually trying to make

her escape, &c. From her written history I extract the following. "I remember going out the night of the storm, and continuing my walk until I was stopt by the gate of the toll-bar. I remember some one on horseback, walking beside me, until I passed a wood; and I remember remaining at the bar until the sky looked calm, though cloudy. Whilst I stood there, I went to ask shelter at the bar. I remember mamma waiting for me—putting me to bed and bringing me hot flannels and cocoa and making me comfortable. I went out again and was stopt by some men, who brought me home, and Mr. — Surgeon, came to see me, and again on the Sunday morning. When he came in the evening, I had tried to get out of the window, and one of the men came and held me all the evening. Mr. — gave me some medicine, and brought a woman with him, who remained with me all night; I fastened the door by the banister; She broke them down and came into the room. When Mr. — came again, I hid myself and would not see him, and I think many people came into the room, and I kept myself hid from them as well as I could. I remember coming here and sitting on the same side of the coach with Dr.—, &c., &c." All these statements are related with perfect accuracy, but in the same account she proceeds to give the history of very different matters which appeared to her to be going on at the same time, for in her own words we have—"this state of excitement I suppose produced disease, and I thought I saw Mr. — (her clergyman) taken and destroyed in a great fire, but the Lord took him and hid him, and I must pursue him, to be absolved, and to restore him his anointing, or we should both be lost eternally. I thought they had clothed and suffocated me with abominable garments (she was continually, night and day, tearing her clothing from her person, and completely stripping herself), and were seeking to kill me, having obtained the help of the evil one, whose fiery darts were to be quenched by faith, and all that was done about me I thought was the work of the devil, who came in the appearance of the people about me, that I might be deceived and destroyed by him. I thought it was to effect a great work in the ransom of souls, that all this trial was appointed, but that by reason of my drowsiness, I hindered much, and many went up before me. I thought the priest was to go up and shine as a star, and the Lord would set him on high, because he knew his name; and I thought I was to be a star also, though I was dead in the body, except my hands and head, which they could not touch, being anointed, and that my heart was taken away by God lest it

should be touched by satan. I had a dreadful vision of you (myself) in the night, which first made me think you were an evil spirit, and I was afraid of you when you came to me, and I thought it was so arranged that you could see into my thoughts and knew all that was passing there. I threw all the bed clothes from me, imagining they were grave clothes, which would prevent me rising, and that they did prevent me rising beyond the sky. When I ceased to take you for an evil spirit, I took what you gave me, &c." (She obstinately refused food for many days, which was given by compulsory measures). To contrast with the cases just recorded, it would be necessary to picture the ordinary symptoms observable in cases of fever, delirium-tremens, &c., in order to show what I mean in contra-distinction, as examples of true delirium, or in other words, disease affecting both hemispheres of the brain; these, however, being so well known, it would be superfluous occupying any space on this head, suffice it for me simply to call attention to the fact, that, for instance, a patient suffering from delirium-tremens may, for many days consecutively, remain perfectly ignorant as to the room in which he is placed; the parties with whom he converses; mistake his nearest relative, &c., &c.: in short, his mind is completely mystified, without any interval of reason, until, perhaps, a prolonged sleep restores it to rationality and health; this diagnosis of delirium-tremens will not meet the descriptions given by the latest and best psychological writers; it argues that the whole and not part of the brain is affected, as in mania, whereas I find some of the authors above alluded to (Bucknill and Tuke) rely in their diagnosis more upon the character of the hallucinations, the pulse, skin, muscular system, &c.; my observation of this disease place it in the same category, so far as regards a state of complete delirium, as that of fever or inflammation of the brain. Nor yet am I unmindful of the objection that these observations do not coincide with the opinions of the Fathers of Psychological Medicine.* Dr. Copland tells us that Pinel defines mania as a "general delirium, with agitation irascibility and propensity to furor." Rush, also, as a "violent general delirium." Esquirol the same. I candidly admit these are authorities difficult to overthrow. From the foregoing observations we deduce the following axioms,—1st, That one hemisphere of the brain may be completely destroyed, or partially diseased, without interfering with its opposite, just as one eye may be destroyed, or partially diseased, producing optical illusions, without necessarily inter-

* Copland's *Dict. Art. Insanity.*

fering with the other. 2nd, That acute mania and melancholia are diseases arising from some abnormal action affecting only one hemisphere of the brain; the other, usually remaining in a healthy condition; the effect of this, producing in the patient so circumstanced a rational and an insane mind, having alternate influence upon all his thoughts, words, and deeds, and that this last peculiarity is the essential fact in the diagnosis of these diseases.

On the Condition of the Insane, and on the Treatment of Nervous Diseases in Turkey. By R. F. F. Foote, M.D., Member of the Imperial Medical Society of Constantinople; lately Second Class Staff Surgeon, Her Majesty's Service, attached to His Highness Omar Pasha; formerly Physician Superintendent to the Norfolk County Asylum, England.

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No. II.

The English Hospital at Constantinople, is a good one, and situate near the Tower of Galata, overlooking the ancient Chalcedon, the modern Kadeköi, the ancient Byantrum, the modern Stamboul, with its elegant minarets, and well proportioned mosques; in the distance is the snow-clad Olympus, and within a few hundred yards, the Golden Horn, crowded with ships from all parts of the Globe. What a magnificent site, as far as view is concerned, would this offer for a hospital for the insane. But the ground is too valuable to afford any opportunity to enclose proper courts for exercise, and gardens for occupation.

Although we have spoken of the general arrangements being very good in this hospital, yet we are surprized to find that there is no adaptation of its internal economy for the insane, or for the treatment of persons who may suffer from temporary mental derangement, and whose early attention produces so much benefit. The necessity of such arrangements we think indisputable, as not unfrequently cases of mania occur here among the English community, requiring immediate attention, and if these cases are neglected, chronic insanity, or a fatal termination may result. A case came under