

"1st. That traumatic insanity is generally characterised at its commencement by maniacal excitement, varying in intensity and duration.

2nd. "That the excitement is succeeded by a chronic condition, often lasting many years, during which the patient is *irritable, suspicious, and dangerous* to others.

"3rd. That in many such cases distinct homicidal impulse exists.

"4th. That the characteristic delusions of this form of insanity are those of *pride, self-esteem, and suspicion*, melancholia being very rarely present.

5th. "That this form of insanity is rarely recovered from, but has a tendency to pass into *dementia*, and to terminate fatally by brain disease.

"6th. That the symptoms, progress, and termination of insanity resulting from traumatic causes are sufficiently distinctive and characteristic to entitle it to be considered a distinct form of insanity."

PART IV.—NOTES AND NEWS.

The Asylums of Sweden.

WE are indebted to our correspondent Dr. Ernst Salomon, medical superintendent of the asylum at Malmö, for an interesting letter on the condition of the insane in Sweden.

The following table gives a summary of the numbers under treatment and of the different forms of insanity in the Swedish asylums during the year 1863.

NAME OF ASYLUM.	Mania.	Melancholia.	Ecnia.	Paranoia.	Dementia.	Idiocy.	General Paresis.	Epilepsia.
Hernösands (<i>the most northly situated asylum</i>)	28	21	1	12	19	9	—	—
Upsala	40	34	14	22	17	21	2	14
Stockholm	63	70	17	24	18	5	8	6
Nyköping	5	11	2	14	19	9	—	4
Wadstena	51	35	40	41	60	82	1	38
Wexiö	28	24	18	19	54	15	—	9
Göteborg	25	24	1	5	9	14	1	4
Malmö	83	64	9	2	36	10	—	12
Wisby	7	5	1	1	—	1	—	2
Total	1360							

In 1862 the total number of patients was 1304, showing an increase of 56 during the year 1863.

Of the 1360 patients under treatment during the year 1863, 130 were discharged cured, and 71 died. The mean number resident was 1079.

The following extract from Dr. Salomon's letter gives an interesting account of the treatment at Malmö. It may be instructive for our French colleagues to note that Dr. Salomon has for two years entirely given up the use of all forms of restraint, and has adopted in his practice the English non-restraint system, which he studied so diligently during his visit to this country:—

“My treatment at Malmö is partly pharmaceutical and partly moral treatment. For the drug-treatment is the tonic-treatment principle. Iron and quinine are much in use; opium and frangula is very often had recourse to. Calomel I use when a case of acute mania is beginning to get chronic. In two cases I saw complete recovery at the same time as the operative effects did show themselves. Camphor and arnica I don't use any more, because I have found them useless.

“Instead of digitalis in acute mania (which you like very much), I only use prolonged tepid baths, during one, six, or twelve hours. Padded rooms are in use when the patients are apt to hurt themselves against the walls. To keep up the spirits among the chronic cases (mental invalids), the social intercourse has been promoted so much as possible, through work in common and general amusements, and through gymnastics and drilling, whereby the one is learned to help the other; and hereby the sickly egoism has in some measure been diminished. During the last *two years* no case of corporeal (bodily) restraint has occurred in Malmö Asylum. The only sort of restraint here in use is seclusion. The old strait-waistcoat is quite done away with; and, except for some special surgical case, there can't be any use for this old, dull instrument.”

The Annual Reports of the County Asylums.

The treatment of insanity is by the nature of the disease so distinct a specialty, that even those who object most to the multiplication of specialties in medicine are compelled to make an exception in its favour. At one time the care of the insane was almost entirely in the hands of keepers of asylums who were not medical men. The exposure of the great abuses perpetrated, the weight of the influence of the Commissioners in Lunacy, and the modern scientific views of the nature of insanity, have combined to throw the care of the insane almost entirely into the hands of medical men. Scientific investigation of mental diseases, and great and beneficial reforms in their treatment, have been the happy results of the revolution. But as the treatment of insanity thus came to the profession from without—was, as it were, imposed upon it, not solicited by it—those engaged in this department of practice have stood very much apart, and their work has scarcely been sufficiently known. The extreme separation has not been without injury both to the profession and to the specialty: the former, though not unscathed by the scandals which have from time to time occurred and excited popular prejudice against the mad doctors, has suffered more, perhaps, by the entire neglect of the scientific study of the functions, healthy and morbid, of the noblest organ in man; the latter, already weighted with an inherited odium, has been further damaged in public estimation, and has had its scientific development hindered, by its too great isolation. Though it is most necessary that there should be men engaged in special researches in a limited department where the field of labour is vast, and though it is unavoidable that specialties of art or practice must follow in the social division of labour, yet it is most certain that with specialisation there must, in the social as in the physiological organism, be at the same time due co-ordination or integration of parts; for no branch of science or practice can