

ness, depressed aspect, tremors of tongue and lips, speech thick, greasy and discoloured skin, or congestion of nose and cheeks, atheromatous vessels, hyperidrosis after slight exertion, chronic gastritis, pain at the epigastrium, vomiting, frequent diarrhoea, albuminuria, jaundice, bronchitis and emphysema, and œdema of the limbs. It is all important to remember that in this condition very slight injuries cause bruises, and that their range is unusually extensive, for unjust blame may be attached to attendants under these circumstances at a coroner's inquest. The face was very frequently drawn to one side and the tongue deviated. After death no case of apoplexy was observed, but on careful dissection small apoplectic cicatrices were frequently discovered. In many instances the relatives had died of apoplexy.

The value of Dr. von Speyr's memoir is increased by the fact that he has only made use of cases of a purely alcoholic nature, *i.e.*, disorders of which abuse of alcohol was the principal or exclusive cause. He has rejected every case of acute mania in which onanism or epilepsy could be supposed to come into play in the ætiology. As carefully has he taken into account the forms of alcoholism complicated with disturbances of a hysterical or traumatic nature, and similarly he has disregarded those cases in which there was a transition of alcoholic disorders into progressive paralysis. We have omitted many, and, indeed, some important points, which are well brought out in this thesis; but we have said enough to indicate that the author has made a careful study of alcoholic insanities, and possesses excellent qualifications for an accurate and intelligent clinical observer. We shall look for more papers from him in respect to other forms of mental disease.

---

*A Treatise on Insanity in its Medical Relations.* By WILLIAM A. HAMMOND, M.D. London: H. K. Lewis. 1883.

We have been long expecting a work on insanity from the American medical press. We have had from time to time valuable contributions to psychological medicine from men in the States to mental disorders. Long ago, but not by any means obsolete, there appeared a classic work on the disorders of the mind, written by the celebrated Dr. Rush. There is in recent times the excellent work of the distinguished Isaac Ray on the Medical Jurisprudence of Insanity, a work which will always mark an era in psycholo-

gical literature; and there is the volume of miscellaneous contributions to medical psychology from the active pen and intelligent brain of the same lamented author, of whom alienists in America are justly proud, and to whose services to the insane, and especially the criminal insane, we gladly bear our testimony. To the esteemed Superintendent of the Pennsylvania Hospital for the Insane, Dr. Kirkbride, we are indebted for highly important and most practical publications on the construction of asylums, and for annual reports of the working of his own institution, which of themselves constitute admirable essays on the treatment of insane persons, and on the duties of society and the legislature towards them—essays which must have materially affected the condition of the insane in the United States. Dr. Pliny Earle, again, has laid the profession of medical psychology under great obligation by his frequent contributions to this branch of medicine, of which he has so long been an eminent authority. Dr. Gray, of Utica, also has during a long course of years occupied a prominent position, and exerted by his writings and asylum work no inconsiderable influence upon psychological medicine.

But from none of these, however, or other men in America, whom we might mention, has there appeared any large work professing to travel over so large an area as is implied by the title at the head of this article, "A Treatise on Insanity in its Medical Relations;" more especially as the term "insanity" is employed by the author in a very wide sense, for Dr. Hammond begins with the statement that as all normal mental phenomena are the result of the action of healthy brain and all abnormal mental manifestations result from the "functionation" (an atrocious term) of diseased brain, the latter ought to be included under the designation of "insanity," as the former are under "sanity." For him there is no middle ground between "sanity" and "insanity."

Dr. Hammond's work includes the consideration of the general principles of the physiology of the human mind; the nature and seat of instinct; sleep and dreams; and, lastly, the description and treatment of insanity. Out of the 718 pages to which this book extends we have to pass through 234 before we arrive at what constitutes for us the most important section of the treatise.

Dr. Hammond commences with the definition and description of insanity, and after citing the definitions usually given by standard authorities, proceeds to give his own

as follows:—"A manifestation of disease of the brain, characterized by a general or partial derangement of one or more faculties of the mind, and in which, while consciousness is not abolished, mental freedom is weakened, perverted, or destroyed."

Subsequently Dr. Hammond wavers, however, and then adopts in preference the definition given by Dr. Cruse, "Insanity is a psychic manifestation of brain disease," with the addition of the words, "unattended by loss of consciousness."

It is very remarkable that Dr. Hammond, after insisting upon the unlimited view of the nature of insanity, with which he sets out, and after contending that there is no middle ground between a healthy and an unhealthy condition of the brain—that the one is the equivalent of sanity and the other of insanity—should, immediately he attempts a practical definition, make a distinction between different unhealthy cerebro-mental states of the most radical kind. A man whose psychic manifestations are affected by cerebral hæmorrhage to the extent of unconsciousness, has confessedly passed into an unhealthy condition of brain, and yet Dr. Hammond is driven to admit that "he certainly is not insane." Again the somnambulist has passed into an unhealthy condition of brain and mind, and ought to be regarded as insane according to the author's first stand-point, but as he is unconscious of his surroundings he cannot be so regarded according to the definition he finally adopts. It is peculiarly unfortunate to make so much hinge upon this subsidiary and epiphenomenal factor, when, as all modern researches in mental physiology show, so large a range of abnormal psychical phenomena occur independently of consciousness. The automatic acts performed by the epileptic, and of which he has no remembrance, must not, according to this definition, be regarded as insane; and if there is to be no middle ground between sanity and insanity they are clearly sane. What again of mental stupor so profound as to leave a complete blank behind it when the patient recovers? Such cases must be excluded from Dr. Hammond's definition of insanity. It is noteworthy that the author in abandoning his own definition for that of Dr. Cruse, appears no longer to regard the weakening of mental freedom as an element in the definition of insanity. So complete a change on a point of fundamental importance arrests our attention, and we look for some explanation. None, however, is vouchsafed us, and in another chapter (p. 681) Dr. Hammond re-

adopts his discarded definition and holds that "mental freedom is weakened, perverted, or destroyed" in all cases of insanity. The value of this part of the definition appears, however, to be of no practical value, for the weakening of mental freedom bears no relation to the loss of responsibility, for the author holds that many of the insane are not only in part, but even wholly accountable for their acts, and ought to be regarded as fully responsible for any crime he or she may commit. Dr. Hammond sees no difficulty in maintaining an unyielding line between legal sanity and legal insanity, and holds that "no better one than that based upon a knowledge of the nature and consequences of an act, and that it is or is not a violation of the law, can be devised" (p. 681). Shade of Ray! What must be your mournful regret to see this legal dogma perpetuated after all the pains you took to explode it, and after you had lived to see at least two intelligent Judges adopt your views of responsibility. Had Dr. Hammond explained this test away till it only meant what Sir James Stephen assures us it does mean, we could have understood, though we should not have agreed with him. But to accept the dogma in its barest form without paraphrase or modification, is indeed a disappointing retrogression, but one which we are glad to think scarcely any Superintendent of an American Asylum will be prepared to endorse. If this work does not faithfully represent the opinions of transatlantic alienists, they ought to let it be clearly known; for on so essential, so vital a question, there ought to be no misunderstanding as to the teaching of the American school of medical psychology, the trusted representative of which we have always regarded as Dr. Ray, whose opinions and whose whole tone towards the law in relation to criminal responsibility strikingly contrast with the sentiment expressed in the work under review.

Dr. Hammond's classification of mental disorders may be said to be neither better nor worse than most of those which have preceded it. It is impossible to regard it as an advance. The difficulty, however, of framing one which is altogether satisfactory is inherent in the subject so long as the physiology of the brain and mental pathology are so far from having advanced to the stage in which we can speak with precision of the parts affected in different forms of insanity and of the nature of the morbid changes which take place.

Dr. Hammond's groups of insanities are psychological in character, although he is obliged to admit that the psychological method cannot be exclusively followed in the way he

had previously attempted in his "Treatise on the Diseases of the Nervous System." There are in the present volume seven divisions presented to the reader, namely, Perceptual, Intellectual, Emotional, Volitional, Compound, and Constitutional Insanities, and, lastly, Arrest of Mental Development. The obvious objection to the first as a distinct division is that unless the intellect, or reasoning faculties, are themselves involved there is no insanity, understood in the practical sense in which it has to be regarded; for it is all important to know whether a person labours under a simple optical illusion, for example, or under visual illusions which he credits, and is, therefore, insane, not only according to received doctrines but the definition of Dr. Hammond himself, when he speaks of the weakening of mental freedom as a necessary element of insanity. To conclude that there is an insanity in cases where the state of the optic nerve, or track, gives rise to an illusion of sight, seems to us totally unwarrantable in theory and a mischievous confusion in practice. The second and third divisions are only open to the criticism which the author himself recognizes, that they necessarily overlap one another, but this is unavoidable in the best psychological classification. It is no doubt of the highest importance to recognize those forms of insanity which are mainly and distinctively emotional, though they may involve more or less of intellectual disorder.

In regard to the volitional group, a grave difficulty presents itself, for in truth the greater number of the forms of mental disease are, in a very true sense, the result of the loss or weakening of the supreme centres, by which the impulses and the thoughts are no longer under control, but are driven wildly along, escaped from the guiding hand of the master. A volitional class is, therefore, too small in its area as given by Dr. Hammond, and is too large for systematic use, seeing that if logically adopted it would comprise nearly all phases of mental disorder. At the same time, a number of interesting cases are introduced under this head; actual paralysis of will (*aboulomania*), to which Billod has attached great importance, being a very marked condition of insanity, and well worthy of more careful study.

It is to the sub-division, "Volitional morbid influences," that the observation above made of the difficulty of distinguishing between morbid will and impulses no longer inhibited by the will, and therefore morbid, applies. It seems rather anomalous that we have to pass through the four grand divisions of the insanities of Hammond before

we reach, under the term "compound insanities," such important forms as "acute mania" and "dementia," and we have to proceed further still before we arrive at "epileptic" and other striking forms of mental disorder. The last division, "arrest of mental development," is a natural one, and includes "idiocy" and "cretinism." Dr. Hammond's treatise is, however, characterised by the omission of any description of these mental conditions, and is so far necessarily incomplete. We do not propose to follow the author through his description of the sub-divisions of the classes to which we have briefly alluded. We may remark, however, that "katatonia" receives considerable attention. There can be no doubt that there is some hesitation in the British School of Medical Psychology to attach one name to the succession of mental symptoms to which Kahlbaum has given this designation. It is not that anyone disputes the well-marked cataleptoid condition which often occurs in mental stupor, nor doubts that this is frequently preceded and followed by melancholia or by excitement and exaltation. That intense excitement should be the cause of stupor in some instances is only what might be expected, and that after the stupor the previous excitement should return is not remarkable. Whether, however, our present terms do not sufficiently describe all that is necessary, whether the series of phenomena referred to are so united together by a common pathology that they can be regarded as constituting a typical form by itself, are questions still legitimately open to debate. Whatever the decision may ultimately be, it is very desirable to continue the work so well begun by Kahlbaum and Kiernan and expanded by Hammond, of collecting together as many cases as possible which show not only that (as in many other forms of insanity) very different symptoms may arise in the course of the disorder—one phase being the well-recognised state of mental stupor with catalepsy—but that such symptoms are so uniform in their character and succession, and so knit together by the same bond, that the whole form one type of insanity, distinguished by so abnormal a condition of the mind and muscles as to be adequately expressed by one word, and that word *katatonia*.

Dr. Hammond quotes a case from the "Sketches of Bedlam," which he has no hesitation in regarding as one of *katatonia*. We confess that if the symptoms there given suffice to constitute it, we do not see what is gained by the use of the term, or that the symptoms tally with the defi-

dition which Dr. Hammond adopts from Kahlbaum. Thus a young man had paroxysms of mental stupor and cataleptic rigidity, in which the whole body was stiff, and the eyes were fixed, staring open, and insensitive to touch. His breathing was very feeble. His body was as stiff as a plank, and he might have been carried about like a ladder. When this unconscious condition passed away he had no recollection whatever of anything that had happened, but said he had had dreams and visions. Afterwards he was dejected and feeble—anything but a state of tension (katatonia).

While we have not hesitated to criticise this work, and while we think it falls short of what a treatise on insanity ought to be at the present day, nay, further, while we deem Dr. Hammond's teaching in relation to criminal responsibility, on the occasion when he refers to it, absolutely mischievous and retrogressive, we consider that he has done his best to arrange and digest in a lucid and attractive manner a large amount of information relative to the manifold forms of mental aberration, and that he has advocated some views and practices in the moral treatment of the insane, which will, we hope, be of service wherever the latter are subjected to the cruelties he asserts to be still practised in some asylums in his own country.

---

*A Treatise on Diseases of the Nervous System.* By JAMES ROSS, M.D., LL.D., F.R.C.P. Lond., Senior Assist. Phys. to the Manchester Royal Infirmary, &c. (*Illustrated with Lithographs, Photographs, and Three Hundred and Thirty Woodcuts.*) 2nd edit. Revised and enlarged. Two vols. London: Churchill. 1883.

The first edition of this treatise appeared in 1881. The fact that, notwithstanding the size and price of the work, a second edition has been called for so soon shows that the profession are not slow to welcome a really good book when they see it.

The present edition bears the marks of careful revision throughout. One of the most noteworthy features is the insertion of copious references as foot-notes. The text also is enriched by further researches, by additional illustrative cases, and in several cases by fuller descriptions. A large number of new woodcuts have also been added to this edition.

So short a time has elapsed since we reviewed the first