

A year ago white hellebore was much used in certain nervous affections, such as mania, epilepsy, &c. At the present day green hellebore is much extolled by American physicians as a valuable substitute for bleeding in inflammations. Austen Flint says, "Like aconite, it lessens the force and frequency of the heart's action, and produces all the good effects of venesection, without impoverishing the blood. There is no doubt it also acts as a sedative on the nervous system." Garrod Ringer and Neligan admit this. Neligan says, "It has a sedative influence upon the nervous system, and can be employed for an indefinite period with safety, and if suspended its effects speedily subside. It is prompt and sure in its action, and is not cumulative."

It should be given in the form of tincture, and in doses of mxx bis vel ter die. After a year's trial of it, and in a considerable number of cases, I am convinced of its efficacy in certain forms of insanity, especially when occurring in females; the patients most benefited being those who are noisy, violent, and destructive, labouring under chronic and recurrent mania; in them the pulse is lessened in force and frequency, and the nervous system tranquillised. I have never seen any ill effects from its use beyond slight and transient sickness. Some patients tolerate 30 minim doses, others can't bear 20, and some few, after taking it for weeks, are not in any way affected by it. Of course I lay no claim to the discovery of a new remedy, but experience has convinced me that in *Veratrum Viride* we have a most potent, certain, and efficacious remedy for some very troublesome cases occurring in asylum practice, and that this drug ought to be rescued from the oblivion into which it has so undeservedly and unaccountably fallen.

Asylum Notes. By JAMES MACLAREN, L.R.C.S., and JOSEPH J. BROWN, M.B., Assistant Physicians Royal Edinburgh Asylum.

Extravagant delusions are certainly not among the rarities of asylum life, and the experienced alienist is seldom astonished at the most remarkable statements made to him by his patients. Now and then, however, cases are met with where the mental condition indicated by the delusions expressed is so peculiar and so far removed from any of the ordinary classifications of insanity as to be worth noting.

There is at present in the Edinburgh Royal Asylum a

general paralytic, who displays a singular dual consciousness. He is in the second stage of general paralysis, and has the characteristic delusions of grandeur. He thinks himself King of the City of Edinburgh, King of Scotland, King of Kings, &c., &c., and is lavish of documents, presenting his friends with millions of money. No one listening to him can doubt that he thoroughly believes in his own position and wealth, but the curious part of his mental state is this. Before he came to the asylum he had the sum of £1 invested in a savings bank, and the interest on this £1 up to a few months ago was 3s. 4d. Now these two sums—the real £1 3s. 4d. in the savings bank and the supposed £26,700,000 in the bank of Scotland—he always keeps perfectly distinct. He never adds the one to the other or mixes them in any way, and though he is always willing to give a cheque on the Bank of Scotland for any amount, he declines to part with a penny of the sum in the savings bank. Another curious fact is that he often calculates the interest of his imagined wealth, doing so at 25 per cent., but always makes an incoherent mess of it, while the interest on the real property he calculates at 5 per cent., and knows to a halfpenny how much is due to him.

A father and daughter, inmates of the asylum, present a curious coincidence of delusions. The father has the monomania that he is a royal personage, viz., King of the Nation, and married to the Queen, while the daughter thinks she is of royal family and a princess. This, on her part, seems natural enough; the daughter of royal parents ought to be a princess. But the odd part of the matter is that neither derive their delusion from the other except in so far that heredity has transmitted insanity to the daughter. He quite understands that his daughter is insane and a pauper, while she knows perfectly that her father is a blacksmith with an insane delusion. If she took her rank from her father's position as King of the Nation, and if he thought his children the offspring of royalty, there would be a certain coherence, so to speak, in their insanity; as it is, however, what we have stated regarding their mental characteristics and their respective views of their relative positions presents rather a puzzling study for the psychologist.

Delusions regarding change of sex are rare. We have lately seen a woman who believes herself Jesus Christ—a curious delusion, implying both a belief in a change of sex and of position in life.

Cases of suicidal impulse often present curious character-

istics. When such cases are associated with melancholia or with delusions, they present a class which, though most difficult to treat, and causing the greatest anxiety to all connected with them, do not offer anything very remarkable or rare in their characteristics. Sometimes, however, cases are met with where, without melancholia and with no ascertainable delusions, the desire to commit suicide exists as a thing *per se*.

We have recently had occasion to note this condition in the case of two ladies. Both of them are possessed of superior intelligence, have great capacity for enjoying life, and adding to the enjoyment of others, and both of them have kind and affectionate friends and comfortable homes. Yet with all this they are each possessed with the strongest desire to be out of the world. There is no melancholia in either case, unless indeed the state of mind itself might be termed a variety of it; but at any rate there is no depression of spirits in the ordinary sense of the term. On the contrary, with the exception of occasional slight attacks of irritability, certainly not greater in degree than is compatible with sound mental health, they are perfectly cheerful, and as happy as the majority of their sane sisters and brethren. Yet, in one of them especially, at no time is the thought of self-destruction absent. She will be as merry as possible one moment, and the next, if the attendant's eye is off her, will be nearly out of the first open window she can get to, or trying to secrete some weapon with which she could accomplish her purpose at greater leisure.

There is one other feature of her case worth noting, namely, the transmission of a neurosis to her children. She herself is of course insane, and her husband is a drunkard. They have had eleven children (all before the mother became insane), eight of whom died in early years, and all of head affections of some kind or another. The other lady mentioned is young and unmarried. A cheerful, happy girl, much liked by all who know her, and in excellent physical health. About a year ago, with no predisposing or exciting cause that can be ascertained, she became strongly anxious to make away with herself. She bought small quantities of laudanum, which she secreted till she thought she had enough, and drank it. Failing thus, she then attempted to strangle herself, and when she did not succeed endeavoured to open a blood vessel in her arm with the only weapon left her by her careful relatives—a darning needle. All her attempts proving futile she refused her food, and had to be

fed with the stomach pump. Now during the whole time of her illness she had no delusions, and slight, if any depression. She has often lately assured us that she was quite unable to account for her mental condition, that she had no reason to be dissatisfied with her lot in life, on the contrary was indulged beyond other members of her family, and yet her desire to be out of the world was perfectly uncontrollable.

Both ladies seem now recovering somewhat, but their cases present a puzzling study for their physician. When the only manifestation of the suicidal tendency is the actual attempt at self-destruction, and where there are no other indications except those of sanity, constant care and supervision can hardly ever be dispensed with.

OCCASIONAL NOTES OF THE QUARTER.

Hitherto and no Farther.

Most of our readers are doubtless aware that at the Annual Meeting of the British Medical Association each year, it is the custom to have an address in Medicine, and another in Surgery, delivered: the one by an eminent physician, and the other by an eminent surgeon, who have been selected for the duty. At the meeting which was held this year, in Norwich, the address in medicine was given by Dr. Reynolds, who had evidently bestowed great and conscientious pains on the preparation of an elaborate essay, which should be worthy of the occasion and of the audience. We confess to having read this address with some feeling of disappointment, indeed with a stronger feeling of surprise: disappointment at its vague and discursive treatment of subjects too vast to be fairly dealt with within the limit of time which the occasion imposed; surprise at the mental attitude of the author, as a scientific physician, in relation to the subjects which he touched upon in a somewhat *dilettante* fashion. While pointing out that many processes and phenomena which were formerly held to be among the "sacred mysteries of life" have been shown to be facts of chemistry and physic, Dr. Reynolds is, nevertheless, sorely troubled at the tendency which is evinced at the present day to decompose, explain away, or get rid somehow of the great mystery of life—"the