

diagnosis, or scientific treatment of idiocy, we cannot close the book without reiterating our feelings of disappointment that the bright red covers should enclose so little that is really good.

---

*Lectures on Mental Diseases.* By W. H. O. SANKEY, M.D. Lond., F.R.C.P., Lecturer on Mental Diseases, University College, London. Churchill and Sons, 1866. Pp. 281. (*The right of translation is reserved.*)

DR. SANKEY has published in a handsome volume the lectures he delivered to his class during the session of 1865. "They are published," he writes in the preface, "in the hope that they may prove acceptable to the profession, and under the conviction that some sort of obligation attaches to one who has enjoyed peculiar privileges for observing a disease. The author for about ten years had constantly under his care from six hundred to a thousand insane patients. And considering that the class of affections observed is excluded from general hospitals, and treated only in special establishments which usually are far removed from the medical schools and from which the profession is virtually excluded, the obligation becomes, perhaps, the more enhanced."

Great credit is, doubtless, due to the perseverance and industry which enabled Dr. Sankey to overcome the obstacles met with in introducing a course of lectures on mental disease at University College Hospital. The lectures before us are the course which he delivered during his first session (1865). Had they been published in one of the weeklies after the manner of London lecturers, we should gladly have admitted their claim to our special notice. We think it, however, a pity that Dr. Sankey should have chosen so permanent a form in which to embody his first efforts at teaching. Had he subjected his material to the revision which would have followed a second delivery of the lectures, they certainly would have been more worthy of publication. At present they are of very different and varying quality, and some of the latter lectures bear marks of haste and want of finish. Thus, nothing can be more meagre or faulty than Lecture XI, on "Medical Treatment." Lecture XII, on "Moral Treatment" is not much better. Lecture XIII, on "The Legal Relations of Insanity" is very poor. These chapters bear all the marks of slovenly haste. The matter is ill-arranged, the style rambling and disconnected. On the other hand, there are through-

out the lectures many valuable hints and observations, the result of Dr. Sankey's wide experience. Lectures VIII, IX, X, on "General Paresis" and on the "Pathology of Insanity" are valuable and original contributions to the study of mental disease.

Dr. Sankey's first lecture is devoted to the phenomena of mind and the method of their study. A more singular medley of philosophy, medicine and physiology, we never read. The following is really a fair sample:—

"We may draw at all events a comparison between the phenomena of the excito-motor system, and that which takes place in the production of a special sensation. For example, in vision, the rays of light from a distant object collected and intensified by our special organ, the eye, pass from without, from our environment to our central organ, brain or sensorium; and we see the distant object not there, not in our sensorium, but we refer it back to our environment; there is equally, then, an afferent influence, a central sensation or æsthesis, and an efferent act or reference to the environment; thus, the phenomena producing sensation can be compared with those producing motion. We may speak of an excito-sensatory effect as well as an excito-motory. There is this difference only, that since there is no special activity—no active motility in sensations, there is no nerve-communication back to an exterior motor organ connected with sensory impressions; the resulting effect is not an external action but an internal, a mental effect—a perception or sensation.

"Perceptions or sensations differ from sensori-motory resultants—the one precedes the other.

"I must here guard you against an error which my words may perhaps convey. In speaking of a centrum or central æsthesis,\* all I wish to convey is this, that since there is evidently a current to and a current from a point, there must of necessity be an intervening point.

"But my chief object is to show that there is a parallel arrangement—a ternary series of phenomena in sensations as well as in movements. In the excito-motory system the result is a movement; in the excito-sensatory the result is a sensation.

"Now, connected with the excito-motory system, we have disordered movements, convulsions, choreal twitches, &c., and these are produced by centric and eccentric irritation. So we have in mental disease *disordered sensations*, and they are of both *centric* and *eccentric* origin.

"A disordered sensation is called an *illusion* or an *hallucination*."

Our limits hardly allow of our discussing here the theory which Dr. Sankey prominently brings forward, viz., that there are no different species of insanity, but that all the phenomena observed are the symptoms of one disease (insanity), which commences with a stage of depression and passes through those of delusion and excitement to mental torpor and decay. The theory is as good in its way as many of the classifications of insanity which in this Journal have recently been brought forward. With an extract from the conclud-

\* "The word æsthesis is borrowed from Neumann, to whose treatise, 'Der Psychiatrie,' the reader is referred, and whose physiological introduction has much in common with the line of argument here maintained, though, perhaps, not sufficiently identical to be cited in corroboration."

ing lecture, in which Dr. Sankey gives a summary of these opinions, we conclude this notice :—

“To assist you I will now again enumerate the different forms of insanity which I have described. This may help you in making your diagnosis, and it will form a recapitulation of my whole course, and a general classification of mental diseases.

“In the first place, then, I consider that mental diseases in all the varied forms described in books consist of but a very few separate morbid species. I would admit at present two only, viz.—

- “1. Insanity.
- “2. General Paresis.

But mental symptoms occur also, as epiphenomena in certain cases of epilepsy, giving us—

- “3. Epileptic Mania.

“These are the diseases; but mind is imperfectly manifested also from—

- “1. Impaired development, as in idiocy.
- “2. Decay as in old age.

“This forms the sum of all we have to study.

“With respect to ordinary cases of insanity, the phenomena exhibited in primary attacks are the following chiefly—

- “Depression,
- “Morbid apprehensions,
- “Illusions,

Constituting an attack on Melancholia.

“It must be admitted that in a pathological point of view any degree of depression is a fault in the mental functions; but considered legally, the amount of depression must be excessive to justify interference with legal rights.

“The above phenomena may terminate, after a varying time of persistence, in the following ways :

- “1. In health.
- “2. In death.
- “3. In Mania.
- “4. In Chronic Insanity.

“When the Melancholia persists, the disease may be called after a time Chronic Melancholy.

“The melancholic apprehensions take various forms, as fears about fortune, safety here, or safety hereafter (*Religious Melancholy*), about their health (*Hypochondriacal Melancholia*). Prominent symptoms of these melancholic states have given occasion for names, as *Suicidal Melancholia*, *Wandering Melancholia* (M. Errabunda), *Melancholy with Stupor*, &c. There is no proof of these forms being specifically distinct.

“When the Melancholia terminates in Mania, the disease is called *Acute Mania* or *Chronic Mania*, according to its duration.

“*Acute Mania* has been named also from various accidents connected with it, as when it occurs in phthisical or puerperal conditions, or when its origin is supposed to be drink, &c.

“*Chronic Mania* exhibits various modes of course or progress. At times its course is a gradual and even decline towards imbecility. More rarely, it is a gradual progress toward sanity.

“In other cases its course is variable from time to time. The following are the chief variations, three in number :

1. “A condition of persistent aberration, with greater intensity of the symptoms at irregular intervals (Chronic Mania, Monomanie).

2. “Distant periods of maniacal violence followed by a period of nearly complete sanity of more or less lengthened duration. Cases of *Recurrent Mania* belong probably to this category. Among these cases are those in which the outbreaks are sudden, without much warning, and are at times acts of crime, as murder, suicide, rape, drink ; in other cases merely noise, hilarity, or simple violence, &c.

“Evidence of the earliest symptoms in the primary attacks of these cases is still a desideratum. In the absence of which I will repeat, that all those cases which have come under my observation, and in which the history of the first attack could be obtained, exhibited a stage of melancholia in first attacks, though not in subsequent outbreaks.

3. “An alternation of maniacal with melancholic symptoms, or the alternation, may be, of melancholia, mania, and a lucid interval, constituting the *Folie à double forme* and *Folie circulaire* of the French authors.

“Lastly.—Any and all of these conditions may terminate in imbecility and dementia, and towards this goal all gradually tend as long as life continues. Even those with lucid intervals are enfeebled by each attack, and ultimately terminate in the same way.”

We have not flinched from the unpleasant duty of finding fault where fault is due. A manual of mental disease, such as these lectures in their wide scope assume to be, is not to be written by any one in the hurried manner in which Dr. Sankey has put his materials together, and to say that he has now failed in his undertaking from want of care and of revisal is, we hope, only to point the way in which, in a future issue, he may succeed. He has here shown himself quite capable of so doing.