and "after some weeks more were gone to waste" (p. 180) he goes to Clara, and soon they return to Clairvaux, where he devotes himself to the practical casuistry of sinning, and yet praying to be rid of the rewards of sin.

"Two years did this experiment engage Monsieur Léonce Miranda" (p. 207), and this brings us to the 20th day of April, 1870 (p. 214), and that is the day upon which Léonce Miranda threw himself from the Belvidere of Clairvaux. Much more might, doubtless, have been ascertained had not his only constant companion, Clara de Millefleurs, been interested in establishing the validity of the will, but still even without any history of these years which have slipped out of Mr. Browning's reckoning, there is, it seems to us, ample reason for regarding Léonce Miranda as a madman. Mr. Browning's study is as careful and able as his other works. Although desiring to prove his hero sane, he has been the means of laying before us a careful pathological examination which has enabled us to form an opinion other than that which he himself has expressed. Whether he is right or wrong, he has produced a most admirable work. But praise in such cases comes so short of merit that it sounds almost like censure. We will say no more. "The case is closed."

The Treatment of Insanity.

According to the promise made in our last number, we shall endeavour to give a brief abstract of the chapter on Treatment in the third edition of Drs. Bucknill and Tuke's "Psychological Medicine." The chapter in question, as our readers are aware, is by Dr. Bucknill, and contains not only his own views, but those of various other writers on many questions connected with the treatment of the insane.

After some preliminary remarks on the historical theories of treatment, he proceeds to the subject of *prophylaxis*, "how the physician may prevent the outbreak of insanity in a person who, not being yet insane, is in more or less obvious danger of becoming so. No medical forethought can prevent the occurrence of insanity from accidental causes, from fevers, sunstroke, or other physical injuries ; but a vast proportion of the insane become so in consequence of physical

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conditions of life and modes of living, which lead to the result as certainly and evidently as unsanitary conditions of physical life lead to typhoid fever or tuberculosis. In order to establish a prophylaxis, the first step is the recognition of the Insane Diathesis."

By the insane diathesis is meant the condition of a person who is really of sound mind, yet who from constitutional fault is more liable than others to mental disease. It is as real a diathesis as that of gout or tubercle, and as hereditary, not unfrequently generated *de novo* by unsanitary conditions in the parentage or in fœtal or infantine life, but most frequently the outcome of hereditary predisposition. One form presents itself as constitutional timidity and self-depreciation; a more frequent form, at least in the male sex, is a reckless spirit of audacity and defiance of and resistance to all rule, often accompanied in children by lying and cruelty, and passing, with advancing years, into outrageous irregularities of life and debauchery. Another form is overweening self-conceit and preposterous vanity; or simply detestable temper, or moroseness varied with outrageous passion; and in all these forms the intelligence is intact and not unfrequently precocious.

Here moral treatment is the true prophylaxis. If brought under the influence of strong and wholesome minds, the more favourable instances of these hereditary weak people may avoid the fearful heritage. The choice between home treatment and school treatment will be most important. And the growth of a sound body will also have a powerful influence on the soundness of the mind. Study must not be too severe, and should be wholesome in degree and kind. When a lad becomes his own master he is specially exposed to trial and temptation, and many a youth who passes through school without disaster, breaks down at college, when greater temptations have to be met with less guidance. If a man is threatened with insanity, various questions will arise—shall he give up his work, or business, or studies? Shall he travel? An infinite variety of circumstances will here demand consideration. To foreign travel Dr. Bucknill is decidedly opposed. He has known most disastrous results arise from patients being sent to travel without efficient watch and ward, and, as he says, to allow sensitive relatives to seclude from the public eye a man on or over the threshold of insanity, is to invalidate the whole spirit of the lunacy laws which are framed to protect Englishmen. Travel within the four seas,

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however, is a fair and proper thing to try, with due provision for care and protection.

Concerning *marriage*, he says that the celibacy of the insane is the prophylaxis of insanity in the race, and although a well-chosen mate and happy marriage may sometimes postpone, or even prevent, the development of insanity in the individual, still no medical man, having regard to the health of the community, or even that of the family, will possibly feel himself justified in recommending the marriage of any person of either sex in whom the insane diathesis is well marked. The marriage of threatened lunatics is a veritable Pandora's box of physical and moral evil.

Dr. Bucknill then proceeds to consider the treatment to be adopted at the outbreak of an attack, and here he especially speaks of patients of the upper classes usually treated in private homes or private asylums. In former editions he spoke chiefly of the pauper class, for whose treatment our county asylums are provided. The only danger for the pauper is that of being shunted into the dismal solitary neglect of the union-house, where the guardians of the poor-rates will regard him with an eye of calculating parsimony. That this danger is a great one, so great as seriously to diminish the recoveries of the pauper insane, no one is more aware than Dr. Bucknill.

But how, on the outbreak of insanity, is a patient to be treated, who is not a pauper either actually or constructively? Really efficient and satisfactory treatment in a private house is costly; removal from home is necessary in almost all cases, and therefore removal to a private asylum is the wisest and most prudent step to be taken at once. Dr. Bucknill disagrees with the proposition enunciated by Dr. Maudsley, that not many persons recover in asylums who might not recover equally well out of them, and he would send all patients to an asylum in the first instance. We think that he speaks here too much from the point of view of the asylum physician who sees few cases save those which are confirmed in character, and more or less lengthy in duration. Many cases, however, are brief and transitory, yielding quickly to appropriate treatment, but likely to be converted into prolonged and severe maladies by the removal to an asylum. These passing attacks are, we are convinced, far more frequent than is suspected by asylum physicians, and we should have been glad of some hints to guide the practitioner in forming his diagnosis as to whether the insanity was likely to prove temporary or not. To a private asylum, then, Dr. Bucknill

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recommends that private patients should be sent, and proceeds to give advice as to the choice of an asylum, "for these institutions differ from each other more than we shall venture to describe or depict." The asylum should contain a considerable number of inmates, at least thirty or forty, a careful classification being a main element of treatment. And the house must be spacious, airy, well furnished, and not overcrowded. "We have too often seen the inmates of private asylums for the wealthy classes so crowded together in sitting-rooms, that there was not a chair, or seat, or a sofa available for any new comer. Many of the private asylums, and especially the metropolitan ones, appear to us to be licensed for the reception of a far greater number of inmates than they are capable of containing under conditions of comfort and well-being, the defect being most apparent in the sitting-rooms, which are often quite inadequate to the bedroom accommodation, which is generally taken as the standard of the house capacity. And this defect is thus rendered more grave by the absence of the wide corridors in private asylums which afford so much foot-space in almost all public institutions, and which admit the possibility of walking about with some freedom within doors. It is a defect which might be remedied to some extent by the provision of spacious recreation rooms, or even of covered spaces, in which patients might freely walk about during inclement weather. As a rule, not half enough is done in our private asylums to provide the mere bodily exercise for their inmates which is needful for their health and comfort."

Dr. Bucknill complains that private asylum proprietors provide too few occupations and amusements for the inmates; that there are no saddle horses, boats, or games; no cricket, fishing, or hunting; and of such things he says—"We will not say that accidents never happen in these pursuits, which we recommend, though we have never known one. A constant benefit may well be purchased cheaply by a rare accident; but, in fact, accidents to the insane do not come by the way or in the manner by which most people would expect them, and well watched liberty with enjoyment is certainly far less perilous than the weariness, though apparent safety, of restriction and monotony. A lunatic is far more liable to commit some violent act on himself or others on account of the misery of a wearisome existence, than in breach of the confidence which is imposed in him for the purpose, well known to himself, of increasing his limited enjoyment of life."

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The observations on the duties and qualifications of asylum physicians and attendants are most valuable, but they cannot be abridged, and we commend them to the reader's notice. With regard to mechanical restraint and seclusion, our author reprints some of the opinions expressed by him to the Commissioners in Lunacy and printed in their report for the year 1854. "It is not denied," he says, "that cases have occasionally arisen in which it was difficult in the extreme to avoid the imposition of restraint, for instance those of suicidal patients. The occurrence of such cases, however infrequent they may be, renders it impossible to deny that the imposition of mechanical restraint may, in rare instances, be rendered necessary for the safety of the patient." He further states (p. 754) that "restraint is avowedly admissible and necessary for medical as for surgical purposes. We tie a patient into a chair before we use the stomach pump, and ought to record the fact, or we break the law; and the Commissioners do not prejudge the inadmissibility of restraint, even for moral purposes, in all cases."

Dr. Bucknill comments on the various kinds of violence displayed by the insane, and classifies them under five heads, with their appropriate treatment. His remarks are very valuable, for it is too much the fashion among those unacquainted with insanity to suppose that all violence proceeds from the same cause, and is to be met with the same remedy. In speaking of the treatment and classification in asylums he discusses the methods to be observed in public rather than in private asylums, and although what he says of refractory wards, refractory airing courts, sick wards, and so on, is of great value, it chiefly concerns those who have the charge of public asylums.

With regard to the removal from an asylum, Dr. Bucknill fully agrees with Dr. Maudsley that such removal sometimes directly conduces to the recovery of an insane patient. In the irritable state of nervous weakness which so often succeeds an acute attack of insanity, the moral influence of one sound wholesome mind brought into constant relation with the recovering intelligence and subsiding storm of emotion is invaluable, and this influence can certainly be brought into play more advantageously in a private residence than in an asylum. And many chronic lunatics can reside with advantage in their own homes or in the private residences of others, and can be placed in all the freedom and enjoyment of life which their malady and means will permit. "But there is

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another side to the question. If some insane persons are kept in asylums who ought not to be there, certainly many others, perhaps as many others, are kept out of asylums who ought to be placed therein." And so great is this evil that Dr. Bucknill is of opinion that it demands the interference of the legislature, for, as he says, the relatives of lunatics have, as a class, peculiarities which often render it a most difficult and sometimes an impossible task to persuade and influence them to a right and rational discharge of their duties.

The use of food and work is strongly insisted on in this chapter, and these elements of treatment are conjoined, because they are twin influences in the supply of good blood to the brain. With too much food and too little work, or too little food and too much work, the vivifying stream from which healthy mind is eliminated in the convolutions of the brain, will either be impure or impoverished. If patients were well fed in foreign asylums, the proportion of those who would be excited and turbulent would be so much lessened that the question of mechanical restraint would be greatly diminished in its dimensions. The work most essential for the treatment of the insane, whether it be labour in the case of the poor or recreation in that of the rich, is bodily exercise in the open air. This is far more easily applied to the former class, and we are cautioned that lunatics should not be permitted to engage in the out-door work of the public asylums except under medical sanction. Gentlemen, though they cannot be expected to dig and delve, yet walk, ride, shoot, row, and play cricket when sane, and so may be encouraged, when insane, to have recourse to the same exercises to promote their recovery or add to their amusement. The remarks on this question are worthy of attentive consideration.

Dr. Bucknill then passes to the *medicinal treatment*, which must, he says, be founded on the ultimate diagnosis which, as nearly as possible, refers the symptoms of each individual case to the exact pathological condition from which they arise. This treatment may be classified into that of the acute and chronic forms of the disease—into that which is curative and that which is only palliative, into that which is directed to the urgent symptoms of the outbreak and that of the more tranquil period which often succeeds between the outbreak and the convalescence, and the following objects are to be kept in view:—1st, to obviate any general derangement or diseased condition of the system. 2nd, to remove

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the pathological condition of the brain, whether consequent upon, or independent of, general physical disturbance. 3rd, to treat urgent and dangerous symptoms.

Of *Bleeding* we read that in the treatment of more than two thousand cases the author never used the lancet, yet he thinks that as our forefathers were undoubtedly wrong in their abuse of it, so we may be not altogether right in our total disuse. And local bleeding by leeches or cupping is to be justified when, in addition to symptoms of acute cerebral hyperæmia there are superadded those of inflammatory action within the cranium. *Tartrate of antimony*, so often misused, he has found useful, not in producing nausea and depression, but in cases where a tolerance for the drug was manifested and where there is a good appetite for food. In certain cases also where acute mania threatened to become chronic, *mercury* pushed to ptyalism was beneficial. This treatment ought, however, to be followed only in the most exceptional cases; as a rule this medicine is to be avoided on account of the irritability of the nervous system which it tends to produce.

"The right employment of opium in the treatment of insanity is a question whose importance is inferior to none in the whole range of psychological medicine." After some notes as to the history of the use of opium in insanity, he notices the value of this drug in an allied disorder, viz., *delirium tremens* and "the transition is easy from *delirium tremens* to an important class of *maniacal* cases—mania—mania with pale face and weak pulse, with restless activity and utter want of sleep—and in these the preparations of opium or morphia are most beneficial." Their operation, however, is aided by that of other remedies, as warm baths, aperients, stimulants, and nutritious food. As a rule, opiates are inadmissible in mania so long as cerebral hyperæmia exists. "There is great risk in laying down rules, but, as a general rule, if a patient has been without sleep for three nights a full dose of morphia ought not to be withheld, notwithstanding heat of head and other symptoms of central congestion."

Dr. Bucknill is fully aware that there is some danger in the administration of opium in such cases. "There is," he says, "in certain cases of mania, a tendency to death from asthenia. Opium is powerfully influential in lessening this danger if it takes good effect on the system and procures restorative sleep; but if the pathological condition is too profound for the remedy, and large doses of opium are

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administered without procuring the desired effect, the depressing influence of the ineffectual drug, which in voiding its desired function becomes a powerful sedative, is added to that of the disease, and the tendency to death from exhaustion is greatly increased. The knowledge of such danger has often withheld the administration of heroic doses of these narcotics, when the urgent need of procuring sleep at almost any risk would otherwise have indicated their use." This danger cannot be too strongly impressed upon the practitioner. Dr. Bucknill's remarks on opium remain almost exactly as they were written in his first edition of 1858. Had he practised his profession up to the present time we have no doubt that what he has said on the subject would have undergone much modification; for now-a-days we have other weapons in our armoury in the shape of chloral, bromide of potassium, and their combinations, which enable us to procure sleep with tolerable certainty, even in very maniacal cases, to dispense with opium and its preparations, or to reserve them for those cases of melancholia in which they are so eminently useful.

Of hydrate of chloral Dr. Bucknill has a high opinion, though it necessarily happens that his own experience of it is small, inasmuch as it was not used in this country till 1869. He quotes in its favour the opinions of Dr. Saunders of the Devon Asylum, Dr. Andrews of the Utica Asylum, New York, and Dr. Clouston, now of Morningside. The latter physician recommends that chloral should always be given combined with a stimulant, and given not in small and repeated doses, but in one hypnotic dose. By combination with spirits, wine, or porter, it is supposed that its depressing effect is counteracted. and that the wretchedness attending the awakening from sleep will be prevented. The cases, we read, to which chloral seems to be best suited, are those in which sleeplessness appears to arise from exhaustion of the brain, cases of dementia with intercurrent maniacal excitement, cases of mania in old age, of insanity following prolonged lactation, and many others in which a similar pathological condition may be diagnosed; and it is exactly in these cases that its combination with a stimulant is indicated. Cases of restless sleepless mania and melancholia, in which opium and all its preparations absolutely fail to procure sleep, are often found to be amenable to chloral. The most important combination of chloral mentioned is that of its use with morphia. From this combina-

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tion the best effects have been observed. Fifteen grains of chloral, with a quarter of a grain of muriate of morphia, will often produce sleep which morphia alone would not effect, and after sleep leave a far greater amount of nervous tranquillity and a tendency towards recovery which chloral alone would not induce. Dr. Bucknill does not mention the combination of chloral with an alkali, which, in our opinion, tends frequently to enhance the hypnotic power of the former, and enables us to produce the desired effect by a greatly reduced quantity. Certain opinions adverse to chloral are quoted, as that of Schüle, who accuses it of producing flushing and congestion of the head, and a rash on the forehead. Dr. Hammond has observed congestion of the retina, and Dr. Wickham temporary blindness. We also are told that in a certain number of cases the drug produces nausea and vomiting, and here its use must be interrupted. It is not to be expected that the effect of a powerful drug, like chloral, will be the same in every case; but, though Dr. Bucknill does not say so, we suspect that anomalous symptoms are not unfrequently due to the use of a bad specimen of the medicine.

The author's experience of *bromide of potassium* has been to a great extent restricted to its efficacy in the cure or amelioration of epilepsy. Its value as a narcotic and calmative has been established by the well-known experiments and observations of Dr. Clouston, and this gentleman's latest conclusions are given at length in this work, and should be carefully considered by those who have to treat the insane. They relate not merely to bromide of potassium, but to bromide in combination with other neurotics, as Indian hemp, hyoscyamus, and opium. As to the usefulness of *digitalis* in reducing cerebral excitement, Dr. Bucknill refers us to the papers of Drs. Lockhart Robinson and Duckworth Williams, and he quotes Dr. Crichton Browne's writings concerning *ergot of rye* and *Calabar bean.* He repeats his former observations on stimulants, purgatives, and counter-irritation, with some slight additions, and quotes Dr. Clifford Allbutt's experiments with *electricity* as performed at the West Riding Asylum, and those of Dr. Newth at the Sussex. To his former section on baths, he adds a word upon the Turkish bath, which he thinks more calculated to improve the health of chronic and incurable patients than to act remedially on those whose malady is recent and curable. The *wet sheet* or *wet pack* was, we read, first used with much

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benefit by Dr. L. Robertson, in cases of sthenic mania. Dr. Bucknill has not, however, used it himself. In forced alimentation he prefers a tube passed through the mouth to one passed through the nose. "But after all, either the regular stomach pump, or the nasal tube, or any modifications of these injecting instruments, are only of very rare and occasional value in the treatment of the insane. In the Devon Asylum for every patient fed through a tube, there were at least twenty fed without or against their will by spoons, pap-boats, and various devices for introducing food into the mouth, from whence it was swallowed. Our strongest advice is, however you decide to feed, feed early, and feed abundantly."

Owing to the division of labour adopted by the authors of this work, it happens, we think unfortunately, that the treatment of insanity is considered apart from the description of the various forms of the disease. On several of these, however, Dr. Bucknill makes some observations—on *Epileptic* and *Hysterical* Insanity, *Syphilitic*, and *Puerperal*. With regard to syphilis, he says, "That in the present state of our knowledge no physician would be justified in treating any insane patient for syphilitic insanity, unless the symptoms of syphilitic cachexia were actually present; without these syphilitic insanity is a doubtful type."

In noticing the treatment of puerperal insanity, Dr. Bucknill states that the most common condition of this variety is blood poisoning, septicæmia, of which there are various sources, the effete elements of the disintegrating uterus, retained alvine evacuations, the elements of the new milk secretion, and, according to Sir J. Simpson, the urinary excrements. Of these the reabsorbed uterine materials are by far the most important, and the treatment in such cases is to be antiseptic, eliminative, and anodyne. We do not agree with this septic theory, which is, we believe, propounded by obstetric rather than by alienist physicians. If puerperal insanity thus arose, we believe that it would be encountered among parturient women far more frequently than it is. When we turn to the descriptive notice of puerperal insanity at p. 350, we find no mention of this blood-poisoning. Under the head *ætiology*, we read that "hereditary predisposition is a striking feature of cases of puerperal insanity. Among exciting causes are mental shocks of any kind, distress of mind, especially in unmarried women, a tedious, exhausting labour, flooding, and the use of the lancet for puerperal convulsions." In our own experience we have found hereditary predisposi-

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tion in a large majority of such cases, and that septicæmia should so frequently occur together with this predisposition, is difficult to believe.

The therapeutic treatment of general paralysis, we are told, may hitherto be said to be *nil*, for it is invariably fatal. "There is no reason, we are aware of, why this should be so, nor why some remedy, or combination of remedies, may not yet be discovered, with power to arrest and counteract the organic changes which slowly take place in the cord and brain, and such well-intentioned experiments as Dr. Crichton Browne has made with Calabar bean, and other drugs, may not always be unsuccessful." The medical management, however, is highly important, and we are especially cautioned not to allow paralytic patients, in the later stages, to lie in bed, and so contract bed sores, and Dr. Bucknill reminds us of the reclining chair invented by him, and depicted in the first volume of the "Asylum Journal."

We shall conclude this notice of the chapter on treatment with some valuable remarks on the combination of remedies. "The method of employing single remedies only with the purpose of observing more accurately their effect is, without doubt, scientific, and of great value, but as a matter of treatment it is open to objection. Before we can properly combine and use medicines therapeutically, we must know what they are worth by themselves, and the investigations of Dr. Crichton Browne on ergot, Calabar bean, and nitrite of amyl; of Dr. Clouston on bromide of potassium; and Dr. Robertson on digitalis, are worthy of all honour. But that single medicines do not possess the power of curing disease like skilfully combined ones is a fact which none of the great physicians, even of our own time, can be cited to contradict, and among the older physicians the skill of combination was carried to a high art. The one-drug investigations of the present day have no relation, except that of contrast, with such teaching as that which is contained in Paris's 'Pharmacologia,' and then it is well to remember that in dealing with complicated states, like that of many concrete cases of insanity in which sometimes several diseases are co-existent, the pharmaceutical skill of the prescribing physician is often far more successful than the stricter method of the investigator. The question, What is this drug worth? is different from that other question, How shall I cure this patient? and both are right in the right place. The patients in our institutions, supported by public funds, may fairly be required to

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forego some margin of their advantages for the sake of a great public benefit which the precise determination of a drug's value undoubtedly is. But the physician, in the usual practise of his art, must, like St. Paul, be all things to all men, that by any means he may save some; he must vary and change and combine the powers he employs, so that when the patient is cured he may often be unable to say which drug, or part of his treatment, has had the most curative effect."

We have thus set before our readers some of Dr. Bucknill's views as to the treatment of insanity, especially the additions made in the present edition. The whole chapter, however, should be read. His experience of private, public, and official lunacy is so extended that his opinions on this subject are necessarily of the greatest weight and value.

CLINICAL NOTES AND CASES.

Two Cases of Intra-cranial Syphilis. By J. Hughlings Jackson, M.D., F.R.C.P., Physician to the London Hospital, and to the Hospital for the Epileptic and Paralysed.

Case 1.—There was, in the following case, no history of syphilis, but the appearances *post mortem* seem to me to warrant the diagnosis. It may be asserted that the severe blow on the man's head was not merely, as I suppose, the determining cause of intra-cranial syphilis, but that it alone, without the predisposing help of syphilitic taint, led to the changes discovered *post mortem.* The nodules in the testis, however, were, I think, pretty conclusive evidence that all the blow did was to determine syphilis locally. The cicatrices in the liver were more than merely suggestive. Further, the disease of the cerebral arteries was quite like that seen in cases in which there is such evidence as nodes to demonstrate the existence of syphilis. The first attack of hemiplegia, if not the second, was due doubtless to local softening consequent on thrombosis of a syphilitic artery. Such an indirect mode of production of paralysis in syphilitic cases must always be carefully considered. It has been described in this country by Bristowe, Wilks, Moxon, Broadbent, Buzzard, and myself. I have recorded several cases.—"Lond. Hosp. Rep.," Vol. 4, 1868.

Valuable evidence of syphilis is in the clinical course of the case. *A random Association, or a random Succession of*

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