

THE JOURNAL OF MENTAL SCIENCE.

[*Published by Authority of the Medico-Psychological Association
of Great Britain and Ireland.*]

No. 153. NEW SERIES,
No. 117. APRIL, 1890. VOL. XXXVI.

PART 1.—ORIGINAL ARTICLES.

On the Psychical Disorders of Peripheral Neuritis. By JAMES ROSS, M.D., LL.D., F.R.C.P., Physician to the Manchester Royal Infirmary, and Joint Professor of Medicine to the Owen's College.

GENTLEMEN,—I feel it a great honour to be asked to address your learned Society, and yet it is not without misgiving that I have undertaken the task. I am, indeed, somewhat abashed at the temerity which has led me to discuss Medico-Psychological problems before such masters of the subject as I see before me, but I am in some measure reconciled to the position in which I find myself by the consideration that the kindness which induced my friend, Mr Mould—I presume, with your sanction—to ask me to address you, will be extended so far as to incline you to overlook my shortcomings. It is also possible that an exchange of ideas between the general physician and the alienist on the great subject of mental disorders may be productive of good to both. For between complete sanity and that degree of mental derangement which the law recognizes as insanity there is a wide border-land of disordered physical functions, in which the opportunities of the general physician for making observations may even be greater than those of the alienist himself, and it is from this border-land chiefly that I have culled the few observations which I propose to present to you to day.

You are aware that in recent years certain diseases which at one time were supposed to differ widely from one another have, by the name of peripheral neuritis, been brought together under one common description and one common pathology. The most remarkable characteristic of these diseases is that, with the exception of a few cases which in our ignorance we call idiopathic, they are generally caused by the action of some

poison. The poisons which cause neuritis are animal poisons, such as the poisons of diphtheria, septicæmia, typhoid and other fevers, syphilis, and tubercle; vegetable poisons like morphia; diffusible stimulants such as alcohol, bisulphide of carbon, di-nitro benzole, and the fumes of naphtha and other agents used in special manufactures; endogenous poisons, like those generated in rheumatism, gout, and diabetes; and metallic poisons, such as lead, phosphorus, arsenic, and mercury. The phenomena of multiple neuritis are also found to accompany many diseases, like cancer, Addison's disease, exophthalmic goitre, chorea, chlorosis, hæmoglobinuria, pernicious anæmia, and other diseases which are attended by great impoverishment of the blood. Some degree of neuritis probably also occurs after severe shocks to the nervous system from injuries or moral causes. Whatever may be the cause of this form of neuritis, it is liable to be accompanied by psychical disorders which have in all cases a certain family likeness, although the best marked examples of these mental aberrations are met with in the neuritis, which results from chronic poisoning by morphia, and by alcohol and the other diffusible stimulants. I shall not occupy your time in describing the sensory, motor, vasomotor, and trophic symptoms of peripheral neuritis; but before entering upon the consideration of the psychical disorders, I will, with your permission, make a few remarks upon the meaning which ought, in my opinion, to attach to the terms hallucinations, illusions, and delusions. By the first two is meant a disorder of perception, and by the last, a disorder of the reasoning powers. Taking the word *delusion* first, it may be said to be a *false belief*, using the term *belief* in the sense of an assent to a proposition, the truth of which can only be established by indirect evidence. Every false belief, however, is not a delusion. In order to constitute a delusion, the belief must be held in the absence of any evidence to give it plausibility, and consequently it must be added that a delusion is a *false and groundless belief*. But even as thus amended, the definition is insufficient. An obstinate man often holds a false belief in the absence of any evidence in its favour, but in order to constitute it a delusion, it must be held in the face of the most cogent opposing arguments, and of all adverse experience. It is, indeed, of the very essence of a delusion that it cannot be corrected by argument or experience; and consequently this factor must be included in the meaning of the term, and a delusion may now be defined as a *false, groundless, and incorrigible belief*. From experience, it is known that

delusions relate to matters which concern the patient personally, but this circumstance is one which it is hardly necessary to include in the definition.

Turning now to the disorders of perception, we find that in every perception there are two factors, namely, presented feelings, or sensations, and represented feelings, or a judgment as to the cause of these sensations. Now, in hallucinations, both the presented and represented feelings are unreal, inasmuch as a perception or a semblance of a perception arises in the absence of any external cause; while in illusions the presented feelings are real in so far as they are always caused by some external object or event, but the represented feelings or the judgment formed of their cause is erroneous. Hallucinations are of various degrees, and the more they impose upon the subject as realities, the greater the disorder of mind indicated. For practical purposes, they may be divided into three kinds: (1) faint; (2) vivid but corrigible; and (3) vivid and incorrigible hallucinations.

The *faint* hallucinations generally present themselves as the patient is settling down for sleep. Most people who use their eyes in reading before going to bed, and especially with gas light, see a bright golden cloud before their eyes on closing them, and in the early stage of hallucinations, representations of faces, houses, battle scenes, and other images appear in this cloud. The representations, however, appear like paintings or photographs of actual persons and scenes, but never impose upon the patient as realities. Some patients describe these hallucinations as consisting of *forms or shadows*, rather than of pictorial representations. The condition, so far as I can judge, is this: as the subject is falling asleep, the thoughts wander to some event or person around which strong emotions of love or hatred cluster, and the outline of the figure of a dead friend or of a detested enemy appears before the mind with startling vividness, just as occurs in dreams. The hallucinations of hearing of the early stage appear also as the patient is becoming composed for sleep, and consist most usually of strains of music or of voices, but which are soon recognized as being of subjective origin. The early hallucinations are often pleasing in character, and the patient may be much entertained in observing them, but with the progress of mental irritability they are apt to assume horrid shapes; the faces become distorted and make grimaces or appear like the dead; or the hallucinations represent loathsome animals; whilst the music of the first period is apt to be replaced by disagreeable noises and distressing cries.

In the *second* degree of hallucinations, the subject, with senses fully awake and in full light, sees images or hears voices which have almost all the vividness of reality, but which at the same time the patient, by a little observation, proves not to be real. Some persons possess the faculty of reproducing a scene, once witnessed, with photographic exactness and with almost all the vividness of reality, while others have a similar command over sounds, reproducing in imagination musical strains with wonderful vividness and correctness. These are the endowments of genius. There is, however, a counterfeit endowment of this kind which, instead of indicating genius, may be taken as a sign of the insane constitution. I read a short time ago in a French journal—the reference to which I regret having forgotten—of a painter, who said: “When a person comes to me for his portrait, I look at him intently, observe his expression, colour, figure, and dress; and afterwards, when I want to work, I think of him and see him as if he stood before me, and so paint him.” This man’s brother was in an asylum, and he afterwards became insane himself. In the visual disorders of this stage, the patient sees the image of a person, animal, or other object with all, or almost all, the vividness of reality, but such facts as that the figure is seen to glide in air instead of walking on the ground; that its motions are found to be dependent upon the movements of the subject himself, and especially upon the direction in which he turns his eyes; that it transmits light more freely than would a solid body; and, above all, that it eludes the grasp, soon convinces the patient that the representation before him is not a reality. It is after applying tests of this kind to the phantom dagger that Macbeth exclaims:

“I have thee not, and yet I see thee still,
Art thou not, fatal vision, sensible
To feeling as to sight? Or art thou but
A dagger of the mind, a false creation,
Proceeding from the heat oppressèd brain.”

Of two persons who are the subjects of the hallucinations of this stage, one may, by education, have a superstitious belief in the existence and power of spirits, and he will think that the hallucination is a ghost, while the other, educated in the sceptical opinions of the present day, recognizes that the hallucination is a product of his own mind. Of those two persons, the first may represent a lower stage of mental development than the second, but it is the lower stage of a defective education, and so far as the hallucination is to be taken as a sign of mental disorder, and an indication of approaching insanity, the two

stand upon a level. One of the most frequent auditory hallucinations of this stage is, that the patient, whilst walking, imagines he hears the footfall of a person coming quickly behind him, but on turning abruptly round, he discovers his mistake, and acknowledges that the auditory impression was the product of his own fancy. At other times, his thoughts are echoed in his ears as if they were spoken from without, so that it seems to him as if he were two persons. He is, however, still able to trace the connection between the thoughts passing through his mind and the audible words, and is thus able to correct his first impulse to attribute the sound to external agency.

In the *third* degree of hallucinations, the perceptions are so vivid, and the mental disorder which causes them so profound, that the subject believes in their reality, notwithstanding every persuasion to the contrary, and in the face of the most adverse experience. When this stage is reached, a belief in the reality of his hallucinations is not the sole mental disorder which is present. The patient entertains some impossible hypothesis to account for his disordered perceptions. When he has a perception of persons standing by his bedside, he believes that they are policemen coming to drag him to prison, ministers of justice come to execute vengeance upon him, or persons carrying on an intrigue with his wife, whom he accuses of infidelity, and although the images may appear to pass through a stone wall or through a key-hole when chased, he is none the less convinced of their reality. When the hallucination has reached this stage of incorrigibility, it scarcely differs in any respect from a delusion, and may, like it, be taken as a sure test of insanity. The auditory hallucinations of this stage consist mainly of voices, which seem to him to come from some external source, and not unfrequently assume the form of commands from heaven or some superior being, and when this stage is reached, in which a belief is entertained in defiance of all reason and experience, the hallucination again becomes merged in a delusion.

In an *illusion*, the presented elements of the perception are caused by some external object; but the represented elements fail to correspond with the reality. If the presented feelings of the illusions are, as in the case of a mirage, so like to the judgment—a lake—which the subject forms of their cause, that most healthy persons would form a similar judgment if placed in the same circumstances, then the illusion may be a sign of defective knowledge, but it cannot be held to indicate mental disorder. When, however, the presented elements are very unlike those

which would result from the object judged to have caused them, as when a patient on awaking in a hospital ward judges that the next bed with its occupant, is a cow grazing, then it will be at once seen that such a judgment could only have been formed by a mind greatly deranged or enfeebled. In a case like the example just given, the patient corrects his illusion by a little further inspection, so that only a temporary mental disorder is indicated; but when a manifestly erroneous judgment of this kind is persistently maintained in the face of all argument and experience, then the illusion becomes merged in a delusion, and may, like it, be regarded as a test of insanity. It will then be seen that although hallucinations and illusions differ widely from delusions in their origin, and in their character during the early stages of their development, yet in their extreme forms the two first merge into, and are, for practical purposes, indistinguishable from the last.

Let us now turn our attention to the psychical disorders of multiple neuritis. These may be divided into four stages: (1) a premonitory stage in which the special senses and imaginative faculties are liable to be exalted; (2) a stage of depression or melancholia; (3) a transition stage of mania or melancholia with excitement, or of convulsions passing on to (4) a final stage of dementia.

In the *stage of exaltation* the patient often suffers from hallucinations of the first degree. A patient suffering from a moderate degree of glycosuria told me that on closing his eyes for sleep he was much troubled with seeing all sorts of figures passing before him, chiefly representing soldiers and policemen in threatening attitudes. On several occasions he heard music as plainly as if someone were playing the piano in the next apartment, but on being assured by his attendant that no one was playing, he at once owned that the music was, like the visual representations, the product of his own mind. He never heard distinct voices. A young man aged 21 years, a steward on board ship, was under my care in the infirmary a short time ago suffering from well-marked symptoms of alcoholic paralysis, who gave a very vivid account of his hallucinations. As he closed his eyes for sleep a bright cloud shone before him, and in the midst of it appeared faces, which he spontaneously compared to photographs. These faces were never distorted or disagreeable, and he was much entertained in watching them. He was also subject to very vivid dreams, but they also were not often of a disagreeable character. This man appeared to have passed his waking hours in a

kind of fairy dreamland, but on being asked to describe the nature of his fancies he laughingly declined.

The effect of chronic indulgence in alcohol varies greatly according to the character of the subject. In all cases the intellectual powers are lowered. The patient becomes more absorbed with his own thoughts and less observant of what is passing around him, and more selfish and less qualified to discharge the ordinary duties of life; but while a man of timid and poetic nature is apt to direct the current of his thoughts to vain and vapid imaginations, a man of bold and intrepid character is apt to concentrate his thoughts round one or two great passions of revenge or ambition. The consequence of allowing the thoughts to centre upon one great passion is that the subject ceases to be interested in everything that does not seem to him to tend towards the realization of his aspirations and becomes intolerant of everything that seems to oppose them. A man in this state of mind will bear with equanimity, often with complete callousness, the greatest calamities of life, such as the death of his wife or children, so long as such events do not seem to cross the line of his ambition, but the most trivial incident that appears to run counter to the realization of his hopes evokes the most gloomy and painful emotions, and is apt to be met by a fearful outburst of mental irritability. Again, apparent success in the line of his ambition causes the mind to become unduly elated, and is likely to lead to extravagant conduct, sure to end in disaster. A character of this kind is finely sketched by Scott in "Waverley," in the person of Fergus MacIvor, and although the exciting events in which Fergus was one of the chief actors were well calculated of themselves to develop this exalted mental state in one of his ardent and ambitious nature, yet I cannot but think that the subject of the original study was one who had partaken pretty freely of alcohol, even although in those days he might have been regarded as a temperate man. Fergus was born and bred as a conspirator, and from his youth upwards all his pleasurable emotions clustered around the correlative ideas of revenge upon the Hanoverian dynasty, and the restoration of the Stuarts, carrying with it the glorification of Fergus himself as the chief actor in the drama. For the achievement of this idea he had planned and plotted all his life, and when at last his ambition seemed near its realization by the brilliant victory of Prestonpans, his mental balance was shaken, and henceforward all ideas of caution, of prudence, and of skilful adaptation of means to the achievement of the great enterprise in which he had

embarked were thrown to the winds. His mental condition during the march into England is thus graphically described: "As Colonel MacIvor's regiment marched in the van of the clans, he and Waverley were perpetually at its head. They marked the progress of the army, however, with very different eyes. Fergus, all air and fire, and confident against the world in arms, measured nothing but that every step was a yard nearer London. He neither asked nor expected nor desired any aid except that of the clans to place the Stuarts once more on the throne." Waverley, on the other hand, observed "that in the towns in which they proclaimed James the Third, no man cried God bless him." The mob stared, the wealthier Tories fled or feigned illness, the ignorant gazed at the clans with horror and aversion, and the prudent showed every token of their expectation that the rash enterprise would have a calamitous termination.

The unreasoning irritability of temper and the suspicious disposition which characterizes this stage is also well exemplified in the quarrel which Fergus had forced upon Waverley, at this time, ending in the dramatic scene in which the chief, by a blow on the head with the discharged pistol, laid the treacherous Callum Bey insensible at his feet. And when the collapse of the enterprise came, as it did virtually when the retreat northwards was determined upon at Derby, the transition to the *stage of melancholia* is so powerfully depicted that I cannot forbear to quote it: "None," says Scott, "were so sanguine as Fergus MacIvor; none, consequently, was so cruelly mortified at the change of measures. He argued, or rather remonstrated, with the utmost vehemence at the Council of War; and, when his opinion was rejected, shed tears of grief and indignation. From that moment his whole manner was so much altered that he could scarcely have been recognized for the same soaring and ardent spirit, for whom the whole earth seemed too narrow but a week before." And when a few days later he sought an interview of reconciliation with Waverley, he announced to him that he himself must be dead or captive before the morrow inasmuch as he had seen the *Bodach Glas*, a family spectre which always appeared to the Vich Ian Vohr of the day on the eve of death or some impending disaster. He thus describes his encounter with the *Bodach Glas*: "Since this unhappy retreat commenced I have scarce ever been able to sleep for thinking of my clan, and of this poor Prince, whom they are leading back like a dog in a string, whether he will or no, and of the downfall of my family. Last night I felt so feverish that

I left my quarters, and walked out, in hopes the keen frosty air would brace my nerves . . . I crossed a small foot-bridge, and kept walking backwards and forwards, when I observed with surprise, by the clear moonlight, a tall figure in a grey plaid . . . which, move at what pace I would, kept regularly about four yards before me. I was astonished at the man's audacity in daring to dog me. I called to him, but received no answer. I felt an anxious throbbing at my heart; and to ascertain what I dreaded, I stood still, and turned myself on the same spot successively to the four points of the compass. By Heaven, Edward, turn where I would, the figure was instantly before my eyes, at precisely the same distance! I was then convinced it was the *Bodach Glas*. My hair bristled and my knees shook. I manned myself, however, and determined to return to my quarters. My ghastly visitant glided before me (for I cannot say he walked), until he reached the foot-bridge; there he stopped and turned round. I must either wade the river, or pass him as close as I am to you. I made the sign of the Cross, drew my sword, and uttered, 'In the name of God, Evil Spirit, give place.' 'Vich Ian Vohr,' it said, in a voice that made my very blood curdle, 'Beware of to-morrow.'" The spectre then vanished.

It may be said that the character of Fergus being fictitious, no useful purpose is served by analyzing it, but if it is true to nature, as it undoubtedly is, it is no more fictitious than is the most accurate record to be found in a hospital report. The stage of melancholia to which he had attained was characterized by gloom, sleeplessness, mental agitation, restlessness, vivid but corrigible hallucinations in full light, and loss of elasticity of step, with other indications of a minor degree of motor paralysis; and instead of being exceptional, it is, in its minor degrees at least, one of the commonest functional nervous affections for which our advice is sought. This is the period of self-questioning, of soliloquy, of remorse, often also of repentance, and of the formation of new habits founded upon principles of duty; and perhaps there is no more interesting period in a man's history, or one in which wise advice is of greater use, than during one of these times of depression, whether the mental condition represent the more or less normal reaction which always follows disappointment and disaster, or the abnormal reaction which succeeds to a time of excessive excitement and exaltation engendered by circumstances in a brain inherently unstable, or rendered unstable by the abuse of alcohol or other poison.

The transition from the stage of exaltation to that of melancholia is not always brought about, as it was in the case of Fergus, by the sudden collapse of cherished hopes. In some cases the stage of exaltation culminates in an outburst of extravagant conduct, which may display itself in reckless speculations, or in the purchase of objects which are altogether beyond the means of the patient and of no value to him when obtained. Some of these patients have to be placed at once under legal restraint, while others are brought to their senses by financial difficulties and social ostracism as effectually as if they were placed within the locked doors of an asylum.

A few words now regarding the sleeplessness of melancholia. Those who take alcoholic stimulants in what is usually considered to be moderate quantities have frequently a morbid dread of not sleeping on going to bed, long before they manifest any other sign of mental derangement, and if the physician protest against two glasses of whisky being taken at bed time, the reply often is "I cannot sleep without it." The dread of lying awake arises from the fact that already the disagreeable incidents of life, with their associated painful ideas and gloomy thoughts, are apt to obtrude themselves, and the patient is led to invoke his favourite beverages in the words of Banquo:—

" Merciful powers,
Restrain in me the cursèd thoughts that nature
Gives way to in repose."

And when the stage of melancholia is reached, the mind is apt to be excited at night by thoughts which chase one another in serial order with lightning speed, or to be agitated by a tumultuous tempest of conflicting thoughts and passions, which altogether prevent sleep. This is the stage at which our advice is most usually sought, and the mental condition must be treated by abstinence, rest, moral constraint, and the prudent use of anodyne drugs, otherwise the patient is sure to find transitory relief by drenching his brain by the free use of his ordinary beverage, and if he adopts this last alternative he has already begun to roll down the steep slope which leads to Tartarus. When once these patients begin to drown their sorrows in their cups, some readily develop acute delirium; others, after suffering for some time from great mental gloom, develop an attack of excitement or of mania, and have to be placed under restraint; while a third group manifest certain mental characteristics which incapacitates them for business, and renders them unfitted for attending to their social duties. The patients

belonging to the last group become shy and retiring in disposition ; they cease to mingle in society, and attention to the ordinary details of business is a source of great worry to them, while many are unable to hold a business interview with a well-known customer without being previously fortified by a glass of brandy. One of this class, who had gradually fallen into habits of intemperance, told me that for three years he had been greatly depressed, and during that time he had become very shy and timid. "I cannot," he said, "sign my name whilst under observation." "I live in the country," he continued, "near three or four neighbours, with whom I am on friendly terms ; but if I see one of them before me in the lane leading to the station I hang back so as to avoid speaking with him. I cannot endure to speak with strangers, and have a great aversion to see even one of my most intimate friends." He never had visual hallucinations, but was very susceptible to noises, and he has many times heard the sound of what seemed to be a foot-fall behind him, but on turning round he found no one present. He gave way to uncontrollable outbursts of temper at home, but he has not had homicidal or suicidal temptations. This timidity of disposition is well seen in females who give way to secret drinking. One of the earliest symptoms of mental disorder is that they cease to attend to their social duties ; they refrain from visiting, and friends, on calling, generally find them indisposed. As the disorder increases they become suspicious and distrustful of their nearest friends, and often accuse their neighbours of circulating scandal about them, or of overt acts of insult. It is in this class of patients also that the moral degradation, produced by chronic alcoholism, is best seen, for they are often mischief-makers, and their first impulse is always to tell a lie, even when no purpose whatever is served by it.

Patients in this stage suffer from dizziness, a feeling of insecurity in walking, and a peculiar derangement in their perception of the space relations of surrounding objects, which may be regarded as a hallucination of the muscular sense. One patient of this class, in walking to my consulting rooms, sought all the narrowest streets he could find, and he told me he did not think that, to save his life, he could cross over the open squares of the town. The hallucinations of the muscular sense are well marked in morphia poisoning, and have been described with unrivalled graphic power in the pages of De Quincy. "The sense of space," he says, "and in the end the sense of time, were both powerfully affected. Buildings, land-

scapes, etc., were exhibited in proportions so vast as the bodily eye is not fitted to receive. Space swelled, and was amplified to an extent of unutterable infinity. This, however, did not disturb me so much as the vast expansion of time; I sometimes seemed to have lived for 70 or 100 years in one night; nay, sometimes had feelings representative of a millennium passed in that time, or, however, of a duration far beyond the limits of human experience."

In the stage of melancholia the patient is often racked with remorse for the past, and at times some foolish act, which at most was only an absurdity to be laughed at, assumes in his half-accusing mind the proportions of a great crime. At other times, or at the same time, he is horrified at finding that his mind is filled with thoughts which prompt him to commit evil actions. These thoughts sometimes take an erotic turn, while at other times they assume the form of homicidal or suicidal impulses.

I do not propose to dwell upon the *third or maniacal* stage, because the mental disorders there met with are much better known to you than they can possibly be to me. An additional reason for passing over this stage is that its symptoms are accurately described in Dr. Bevan Lewis' excellent and elaborate work. The visual hallucinations are now vivid and quite incorrigible; to the patient they assume the form of burglars who have broken into the house, of detectives who have come to take him to prison, of men in collusion with his wife, and of animals of various sorts; and although the patient, on pursuing these images, finds that they escape in a way wholly impossible to solid bodies, yet he never doubts that they are realities. A patient under me a short time ago in the infirmary, who was exposed to the fumes of naphtha in an indiarubber factory, and who also partook pretty freely of alcohol, told me that he counted sixty rats in a row running over his bed; he also saw real men in his sleeping apartment and thought they were familiar with his wife, and, in consequence, he made a determined effort to strangle her. The fact that exposure to the fumes of naphtha may of itself cause mental disorder, was proved by the condition of a patient in the next bed to this man, who worked in the same factory, and who, although a total abstainer from alcohol, had yet suffered from great depression of spirits and well-marked pictorial hallucinations. Similar symptoms are also met with in poisoning by lead. A girl, under me in the infirmary a short time ago who had worked in a red lead factory, and who manifested

a well-marked blue line of the gums, double wrist drop, double ankle drop, double optic neuritis, and other signs of aggravated lead poisoning, had experienced pictorial hallucinations, and whilst in the infirmary had an attack of mania, during which she became so unmanageable that she had to be sent to the workhouse hospital.

The aural hallucinations now assume the form of distinct voices uttering blasphemous oaths and curses, or they are the voices of evil-disposed persons intriguing against the patient, or they become commands from heaven or threats from the spirits of darkness. The delusions connected with the lightning-like pains and other sensory disorders from which the patient suffers, are endless. One patient imagined that a foe had lurked in the cellar and then devised an electrical machine, by which he tortured him; while the delusion of having the skin covered with vermin, fostered, doubtless, by the feelings of fornication, which accompany the neuritis, and those of having the food poisoned and of having a dead body near, fostered by derangements of taste and smell, are well-known and need not be further dwelt upon here.

The last phase of alcoholic insanity is of real interest, because it possesses very distinctive features. I say alcoholic paralysis, because it is most usually met with in chronic drunkards, but I have seen a more or less similar condition in chronic poisoning by lead, and it is possible that it might result from many of the other poisons mentioned, were the patient continuously exposed to their action. This condition may be called *alcoholic dementia*. The patient may pass into this form of dementia after an attack of mania, after an epileptic seizure, or, as in the case of women, somewhat suddenly and silently, without being preceded by any manifest symptom of mental derangement. The patient seems to talk rationally and calmly, but his mind is a complete blank with regard to dates and events. An infirmary patient of my own, who lay helpless in bed for nine weeks, narrated day by day to us how he had been out walking on the same morning. To the usual question of, "Where have you been to-day?" he would reply, "Oh! I have been out to the Pier. It was blowing quite fresh, but it has done me good." "Have you had anything to drink?" "Oh! yes; I met a friend. I forget his name, but I know him quite well, and we went to a public-house and had three-pennyworth of whisky each." On another day he described himself as having been walking in Whalley, of which district I believe he was a native, and he never failed

to praise the beauty of the country, or to meet a friend with whom he had the inevitable three-pennyworth of whisky. This man was also accustomed to tell us for many weeks that he had a baby in bed with him, and at first he was not a bit abashed when it was pointed out to him that there was no baby in bed, but as his mental condition improved a little he met us with the statement, "Oh! its mother has taken it." Another patient recently under me in the infirmary was a hawker of green vegetables about Fallowfield and Didsbury, and to the question of "Have you been out to-day?" he replied, "Oh! yes; I had a walk out yonder." "Did you meet anyone you knew?" "Yes; I met a friend, and him and me went into the public-house up yonder—I forget the name—and had a glass of beer." "Was it the Blue Bell?"—a wrong name being purposely suggested. "Yes," he replied dubiously; then proceeding more airily: "It is the public-house at the corner up yonder. You know it quite well. We had a glass of beer there." "And had you any more than one glass?" "Well, yes; we then came down to that other public-house, and had another glass there." A somewhat similar conversation took place day-by-day at the morning visit, and all this from a man who had been in bed for the greater part of the day for a month and had not been outside the ward during the whole of that time.

Gentlemen, I will not trespass further upon your patience. Before concluding, however, I would desire to tender to you my warm thanks for the patience with which you have listened to the imperfect and desultory remarks I have addressed to you on a subject, my knowledge of which, I am fully sensible, must be greatly inferior to that which is already the possession and rightful heritage of every member of your learned Society.

Description of the New Hospital Wings at James Murray's Royal Asylum, Perth. By A. R. URQUHART, M.D., Physician Superintendent; and A. HEITON, F.R.I.B.A., Architect.

It is now sixty-two years since James Murray's Royal Asylum was opened for the reception of patients; and, in the course of its history, many changes have been made in the architectural arrangements. The original directors were actuated by motives of the purest philanthropy, and laid