

*Insanity and its Treatment.* By G. FIELDING BLANDFORD, M.D. Oxon., F.R.C.P., Lecturer on Psychological Medicine at the School of St. George's Hospital, London. Oliver and Boyd, Edinburgh, 1877. (Second Edition.)

We can give a hearty welcome to this second edition of Dr. Blandford's practical treatise. Since the first edition went out of print there has been no book to which the general practitioner could so satisfactorily refer for guidance in his dealing with mental disease. The views which it contained were not only founded on a wide experience and extensive knowledge, but the conclusions arrived at were evidently the result of a judgment peculiarly calm and judicial. The new edition, though to a considerable extent re-written, remains substantially the same book, and deserves the same success as its predecessor. We are glad to add that the author has scarcely increased the size of the work, thus evincing a power of resisting temptation which is unfortunately as rare as it is commendable.

The great bulk of the volume is devoted to the discussion of the practical details of diagnosis and treatment, and to giving useful information and advice to the practitioner as to his powers and duties in dealing with insanity in its legal relations. It is, perhaps, unavoidable in any such work to devote some space also to a consideration of the systems of classification that have been proposed by other writers on insanity, to the geographical distribution, and to other points resting on statistical enquiry. But we are glad to see that Dr. Blandford has not thought proper to occupy many of his pages with such subjects. The first two lectures which discuss the physiological conditions necessary to the healthy performance of mental action have been to a considerable extent re-written for this edition so as to give due place to the results of the investigations of Ferrier and others who have been working in the same direction. The views expressed are sound and clearly explained, without running into detail on points of no practical significance. They also give the key-note to the pathological and therapeutical views chiefly insisted on throughout the rest of the lectures. He enquires—"What are the conditions necessary to mental health over which the individual or the community can exercise control?" The absence of these constitute the preventable causes of insanity, the restoration of them when lost constitute the most rational indications of treatment. The

chief of such physiological requirements are thus summed up by the author :—

Given a healthy apparatus, free from defect, we require for its working a due amount of material in the shape of food, to be converted through the agency of the digestive and circulatory system into healthy blood, supplying the waste in the brain cells. This blood must be in all respects fit for its purpose, rich in oxygen and all necessary ingredients, and free from all impurities, as urea, bile, carbonic acid, or other poisons. Secondly, we require for the due discharge of mental action a certain amount of heat. Thirdly, we must at stated intervals have a period of rest and cessation, which in man is given by sleep. Failing any of these, mental action becomes disordered, and finally ceases.

It is a somewhat remarkable feature of a book on insanity that it should adopt no definite system of classification, yet such is the case with the work before us. Those systems which have been proposed or adopted by some of the more eminent writers are placed before the reader; but none being in the author's opinion satisfactory, none are made systematic use of in the book. The guiding idea which seems to have been followed is to take up in the most convenient order every form of mental disorder which has been described, and every aspect from which mental disorder has been viewed without reference to what nosological or pathological theory they may seem to involve, if only they seem fitted to aid us in obtaining clearer views of treatment or prognosis; but it is also pointed out that many such forms and aspects have no claim to be considered permanently established in their positions. The scope of Dr. Blandford's view may be gathered from the following passages :—

“Physicians engaged in the cure and treatment of insanity,” he says, “will never be able practically to lay aside the classification of mania and melancholia—will be for ever compelled to treat melancholy as one thing and mania as another.” But he adds that “as pathologists they will comprehend under these general names a multitude of conditions which must be assumed, but cannot at present be demonstrated, but which year by year will be more and more differentiated and specialized, not by fixing our attention upon one condition, and one only in each case, but by looking on every case as the result of an infinite number. . . . If we can examine the individual at the outset of the disorder, and thoroughly ascertain his history, we may be able to lay down with considerable accuracy his pathological condition. He is not yet in a state which warrants the name of mania or of melancholia, still less of dementia; but his

state is clearly aberration of mind and disturbance of brain function depending on some conditions or causes such as I have been describing to you. But as the disorder becomes more marked and systematized, it will be found to assume one or other of certain forms, and to be accompanied by certain symptoms which have gained for it the name of mania, or melancholia, or acute dementia; and as the treatment and prognosis must vary according to the symptoms, I shall pass in review some specimens of these different patients, that I may be enabled to give you some practical advice as to what you are to do when called upon to treat them. To classify insanity perfectly we ought to be able to connect the symptoms of exaltation or depression with the pathological history of the individual; but this at present we cannot do."

We believe that Dr. Blandford has done wisely in discarding any attempt at a systematic classification of insanity, not only because he can thus make his treatise more practically useful, but also because it is indeed impossible to construct a scientific classification of the fragmentary elements of that incomplete group of conditions which are included in the general idea of insanity. To fail to see that such a classification is impossible seems to us to imply an ignoring of the relation of disordered mental function to disease in general. The attempts of Skae, Morel, Tuke, and others, have been useful as affording systematised modes of looking at the subject. The symptomatological, or, as it has been called, the psychological classification of Esquirol, indeed remains still the most efficient of all the systems for practical use. But it must be remembered that this system is purely symptomatological, and can no more be looked on as a classification of mental diseases than a catalogue of such symptoms as cough, dyspnoea, expectoration, etc., could be regarded as a classification of respiratory diseases. It is only by keeping carefully in view the relation of mental disorders to diseased conditions of every kind that any true idea of its pathology can be obtained.

Wherever disease manifests itself in disorder of the mental function of the brain, whether by exaltation or depression, by excitement or enfeeblement, whether the disorder be of short or of long duration, we must have to the eye of the scientific pathologists a state of mental disease or insanity. But it is of the highest importance to bear in mind that disordered function in any organ is not in itself a disease, but only a symptom, though it may in many instances be the chief symptom, of a disease. And it would be a mistake to regard

every disorder affecting any one organ or system of organs as being of necessity included within one special class of diseases. In many diseases, all the functions of the body are disordered, and in no disease is the morbid disturbance limited to one system of organs. But even if this were not universally admitted, disturbances of the function of respiration or of the action of the circulatory system have as much claim as mental disorders to be regarded as special classes of diseases. And we might with equal propriety enquire whether excitement or depression of the circulation ought to be regarded as distinct forms of disease as to enquire whether maniacal or melancholic conditions ought to be so regarded. If our clinical knowledge were sufficient to make it practicable, mental disorders would find their proper places in the symptomatology of the several diseases in which they occur. The transitory mental disorders occurring in acute diseases would be described as part of the phenomena constituting their clinical history; the mental disturbance occurring with chronic diseases would be similarly associated with their respective histories; and the various forms of mental perversion or enfeeblement left behind by different diseases would be described among their other *sequelæ*. Such a mode of representing mental disorders is indeed impossible in the present imperfect state of our knowledge; but we are convinced that it is the only mode by which they can be relegated to their proper position in a truly scientific pathological system.

The great obstacle which has stood in the way, and which still stands in the way, of a comprehensive scientific view of the subject is the fact that social and legal considerations have forced upon us an artificial and unscientific limitation of our conception of the nature of mental diseases. We are obliged to exclude from our social view of the nature of insanity all mental disorders which do not render the patients incapable of performing their ordinary duties. And from what remains after these have been eliminated, we have still to exclude all conditions of mental disorder that can be recognised as transitory. Thus shorn of a large portion of the acute forms of disorder and of almost all the milder forms, it is easy to understand that difficulty has been experienced in adapting to the truncated remnant a system of classification which to be satisfactory at all must be suitable to all the members of the complete group.

To prevent misconception of the view of insanity that is

here insisted on, a few words may be necessary in regard to that large number of the insane who do not labour under any active disease of which the mental symptoms can be symptomatic. These all belong to the class in which the mental perversion or weakness is more or less chronic, and they divide themselves naturally into two great sub-divisions—those in whom the abnormality of mental action represents the permanent injury that has remained after the subsidence of active morbid processes, and those in whom it represents some failure in development affecting the organ of the mind or some premature occurrence of decay. The first of these sub-divisions corresponds in the purely somatic sphere to such conditions as the permanent modifications in the shape of the bones which may be left by rheumatism, and which permanently modify the gait or other movements of the individual. And it can be no justification of a refusal to classify them in analogous positions in our scientific system, that an altered gait is regarded practically as consistent with health, and that a twist in our reasoning processes may necessitate seclusion in an asylum. It is merely because in the one case the lesion does not seriously affect the conduct and social relations of the individual, and that in the other case it does seriously affect them, that it is necessary to treat them so very differently in practice. The same considerations also apply to the scientific analogies and wide practical differences between the physical and mental conditions which result from failure of development or premature decay.

We must not leave the consideration of Dr. Blandford's book without drawing attention to the thorough manner in which he lays before the reader the various modes of treatment which should be adopted, not only in the different forms of insanity, but also in the different circumstances in which it may be necessary for the practitioner to treat them. The book is full of important instruction as to details of treatment. The administration of drugs, modes of giving nourishment—forcible and otherwise; the circumstances in which asylum treatment ought or ought not to be resorted to, and the precautions which must be taken by medical men in such circumstances, both in the interest of themselves and of their patients, are all given in the most satisfactory manner. As an illustration of the author's practical manner, we may give, before closing this notice, his instructions as to the mode of obtaining and conducting an interview

with a patient whose condition it is necessary to ascertain:—

Concerning the cases of acute disease, in which the mind is temporarily disordered, little is to be said. You will not think of signing certificates here. And in acute insanity, where medical assistance is urgently needed, there will be little difficulty in appreciating the state of mind, and signing a certificate. In these cases, the real difficulty experienced is more frequently in gaining access to the patient, and engaging him in conversation. This done, his malady is revealed, and our end is accomplished. In gaining admittance to a patient, our difficulties may come from the patient himself, or from ill-judging or ill-meaning friends, who, because they think that all doctors are leagued together to shut every one up in a madhouse, or because they have an interest in keeping the patient where he is, frustrate the endeavours which perhaps his nearest of kin are making for his safety or cure. Such persons resist the inspection of the patient, on the plea that he is not insane, but only a little excited, and requires rest and quiet. They will insist that he is not dangerous, and to the best of their ability they will keep him from doing anything very outrageous. I suppose that scarcely one lunatic has ever been placed in an asylum without some of his friends or acquaintances denouncing the sinfulness of the proceeding. There is, however, little danger, though there may be some difficulty, in visiting such a patient. There is more to be apprehended from one who himself dreads and avoids you, and who from a fear that you are coming to do him some harm may resist to the uttermost, using murderous weapons. In such a case, it is not possible to lay down rules which are universally applicable. You have to converse with the patient, to assure yourself of his insanity, to sign a certificate. Here, if at all, it may be justifiable and necessary for you to resort to stratagem, to invent an excuse for an interview, to feign to be other than a doctor. Such measures are to be avoided when it is possible, and they often can be avoided by tact or by open and straightforward plain speaking. They often lead to great difficulties, cause the patient to distrust all about him, and give him occasion to make great complaint. But I am not prepared to say they can always be dispensed with. If a madman has armed himself with a revolver, and vows that he will not be shut up, and if he has by previous experience found out that doctors are a necessary item in the process, he will be a bold man who will go in a strictly professional capacity to sign a certificate. One thing is certain, that stratagems are better left alone in many cases where friends urge their adoption, especially the devices invented by friends, which frequently are so clumsy, that you may by them be absolutely debarred from having the requisite conversation with the alleged lunatic. I have, on arriving at a house, been shown suddenly into a patient's room, and introduced

to him as some person of whose name, occupation, or relationship, I was utterly ignorant. If you are introduced, not as a doctor, but as a lawyer, man of business, or the like, you cannot discuss the patient's health, mental or bodily, and questions which you may wish to put, will sound impertinent or absurd, or will make him suspect you to be a doctor in disguise, and he may then refuse to hold any conversation with you. In most cases go as a doctor, and as nothing else. You have then a reason, whether he admits it or not, for cross-examining him closely as to his bodily and mental health. If stratagem is absolutely necessary, consider it well before-hand, its probable direction and consequences, and be sure that those in league with you play their parts faithfully. I am assuming now that the insanity of the patient is not doubted, but that conversation with him is difficult. The peculiar features of the insanity will furnish suggestions for your plan of proceeding. One man has invented a marvellous scheme for enriching himself and all belonging to him. You are come to treat with him for the purchase of his patent, or a partnership in his business. Another is going to buy houses and lands. You have houses and lands to sell. There is little difficulty in dealing with such, or in gaining access to them. But if a man is suspicious, fears a conspiracy, and shuts himself up against policemen, bailiffs, or the like, he may resist strenuously all efforts to observe him. Such a patient is, however, by the nature of his case fearful; and if, accompanied by sufficient assistants, you boldly confront him, he will probably not be able to escape entering into conversation with you. If access is denied to you, not by the patient, but by others, you must consider how the law stands. A man's own house in this country is his castle, and sane or insane he cannot be removed thence except for some good reason, and after lawful proceedings. The law allows a man's relatives or friends to remove him from home for treatment or cure, upon a legal order and certificate, but if a husband chooses to keep his insane wife in his own house, or a wife her insane husband, no one can order his or her removal, unless it can be shown that he or she is improperly treated or neglected. Cases of this kind often arise, and the lunacy authorities are appealed to and requested to give an order for the patient's removal; but they have not the power, and the only method of effecting it is to lay information before a justice or justices, as I have mentioned in my last lecture."

We observe that a German translation of the book has been undertaken by Dr. H. Kornfeld, district medical officer (Kreisphysician) in Wohlau, and is now being published by Enslin, of Berlin. Much of the legal information given by Dr. Blandford, will, we fear, prove useless to a German practitioner. If, however, the translator ventures to adapt the paragraphs dealing with the relations of insanity to

English law, so as to make them applicable to the German law, or if he merely supplements them by a statement of how the German law differs from the English, we shall be furnished with a valuable comparative statement to which we shall look forward with interest. In the meantime we congratulate Dr. Blandford on the increase to the numbers of his audience which will result from the appearance of the lectures in the German tongue.

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*Report on the Lunatic Asylums in New Zealand.* By Dr. F. W. A. SKAE, *Inspector of Lunatic Asylums for that Colony.* 1st July, 1877.

This is the first report by the recently-appointed Inspector of Asylums for New Zealand, and we may say at once that we think it a very good and a very thorough-going report. There is no doubt that an Inspector of Asylums was not appointed a day too soon in that colony, and his appointment now will be the means of doing an enormous amount of good to the insane, and of saving a vast amount of money to the colony in the long run. Its lunacy policy will be shaped in a definite direction in accordance with the most recent and the most humane ideas that prevail in Europe, and the institutions will be remodelled and reorganised on a proper plan according to the most improved ideas. There will be no doing and undoing, while a public confidence in asylums will arise in the colony that will prevent anything like panic lunacy legislation or wasteful expenditure.

It appears there are in New Zealand 783 lunatics distributed in 8 asylums, the largest, that at Dunedin, having 235, and the smallest (New Plymouth) 4 inmates. Dr. Skae describes the condition of each asylum, and in reading his descriptions of some of them we seem to be taken back to the Parliamentary Committee's Report of 1815. In speaking of the Auckland asylum he says—"The condition of the patients generally speaking is deplorable. The great majority of them are simply prisoners, who are not, and in the present circumstances of the asylum cannot be, subjected to any system of treatment curative or palliative. They have neither occupation or amusement." Regarding the management of the Wellington asylum he says that a portion of it is of a "quite disgusting description," that the matron gets £225 a year, and that the "deputy keeper" on being asked for a certain return got a week's leave of absence and took