On Temporary Insanity. By W. LAUDER LINDSAY, M.D., F.R.S.E.; Physician to the Murray Royal Institution for the Insane, Perth.

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DR. LAUDER LINDSAY commences his, as he himself truly terms it, very suggestive paper, by relating an extremely interesting case of temporary insanity, and on this case he builds his paper.

The history of the case, told briefly, is as follows:—A cook in a gentleman's family had been unable, owing to some family squabbles, to see her mother for many months. "On the forenoon of the day of her illness she had had an opportunity of visiting her, having been sent to town on a message by her mistress," but, being unable to effect her object, she came home in a state of "great hysterical excitement," which gradually increased during the time she was preparing dinner, until she at last became perfectly frantic, and, dashing down the dinner, she rushed to a window, broke the panes, and began weeping violently, "protesting that the dinner was wrongly prepared, and that she was looked down upon by her fellow-servants."

She remained in a state of the greatest violence for from two to three hours, during which time she struggled violently with those around her in her endeavours to escape from the house. Having been at last coaxed up to bed, and a strong dose of "Battley" administered, she became calm and rational, and got up and went about her work as usual the next morning.

Dr. Lindsay justly points out that such a case as that above recited illustrates—

I. *The extremely short duration, the paroxysmal or ephemeral character, of certain forms of insanity; their sudden incursion and equally sudden disappearance; the occasional composure and sanity of a patient represented to have been only a short time before in a state of "furiosity."*

"This attack began about six, and was over before nine;" and Dr. Lindsay thinks it teaches us a lesson as to how careful we should be before we condemn the judgment of a certifying medical man when patients are brought into asylums, as they often are, only, on the day after admission, to appear perfectly sane. Dr. Crichton Browne, in a paper he wrote in the 'Psychological Journal' some three years ago, has clearly described this complaint under the term mania "ephemera."

II. *The extreme difficulty of properly naming and classifying*

all the phases or forms of mental aberration, and the unsatisfactory character of all modern nosologies thereof.

Thus, the above illness might come under the denomination of ***hysteromania,*** "for it appeared to be an exaggeration of hysteria;" or ***delusional insanity,*** for the patient thought her fellow-servants despised her, and that she had neglected her duties; or ***monomania,*** "inasmuch as the intellectual aberration was visible in one or two channels only;" or ***suicidal melancholia,*** for she was evidently bent on self-destruction; or, lastly, ***delirium tremens.***

Dr. Lindsay therefore thinks that there is no nosology so practically useful "as the old one of half a century ago, viz., that which divides all forms of mental aberration into—

"1. *Mania;* 3. *Melancholia;*
2. *Monomania;* 4. *Dementia;* and,
5. *Idiocy* (*or Amentia*);"

and he thinks he is clearly borne out by the fact that, almost without exception, all asylum reports adopt this classification, although at the same time he admits the difference between ***practical usefulness*** and ***scientific accuracy,*** and finally remarks—

"In truth, ***there can be no classification of insanity absolutely correct or scientific,*** inasmuch as the phases of abnormal mentalisation are as infinite, as varied and varying, as contradictory or capricious, as the phases of human nature, of normal mentalisation, of emotional exhibition, of the play or display of the passions. Neither normal nor abnormal mind has been or can be accurately defined so as to *in*clude all the phenomena of the one, and *ex*clude all those of the other. I believe a scientific definition to be impossible. The principles of nomenclature and classification as applied to such sciences as botany and zoology are inapplicable, cannot be carried out, at least into the details of species and varieties, without sacrifice of truth; and while this is so all attempts at such classifications are simply mischievous and absurd, leaving the subject more confused than they found it, rendering the science (?) called 'Medical Psychology' a bugbear to the student, a butt for satire and abuse by the lawyer, a subject of suspicion to the public."

III. ***The frequent extreme difficulty of dealing—for the best—with sudden outbursts of violent insanity in private life.***

This is not the least important nor the least difficult portion of Dr. Lindsay's paper. Indeed, the difficulty of dealing with insane patients in private life is a daily increasing evil, which needs all the skill of the physician successfully to combat.

As Dr. Lindsay remarks, such a patient as the above, suddenly

breaking out into a fit of temporary insanity, might be committed to gaol or the police office, but the public would probably cry shame on such a proceeding, although such a course is infinitely better than allowing the poor patient to do himself or those around him harm. Or he might be treated at home by powerful attendants, but that there is such great difficulty in procuring them properly trained, those usually to be had being almost invariably of the "Betsy Prig" stamp. Indeed, the necessity for "training of attendants on the insane for service in private homes," is becoming daily more apparent, and is truly worthy of the attention of the phlainthropist.

Dr. Lindsay then proceeds to give a rather lengthy tirade against the total abolition of mechanical restraint, which does not seem quite pertinent to his subject, and is more allied to French than modern English teaching, and thus concludes his otherwise very interesting paper:

"III. *Résumé.*—The foregoing paper is intended to be *suggestive,* rather than descriptive. The main points mooted therein, and to which I would earnestly invite the attention of the medical profession, and through it of the general public, are these:

"1. The necessity for training a body of attendants on the insane for service in private life.

"2. The consideration of the best means of mechanical restraint of the insane in cases where this is required.

"3. The responsibilities, helplessness, and difficulties of masters of insane servants and guardians of insane patients under certain exceptional circumstances.

"4. The responsibilities and difficulties of physicians in the same classes of cases.

"5. The medico-legal and other relations of sudden, violent, ephemeral insanity.

"6. The non-necessity for, or impropriety of, sending *all* insane patients to lunatic asylums.

"7. The distinctions that ought to be drawn between the treatment of the insane in well appointed hospitals and in private life.

"8. The effects of a false philanthropy in multiplying and aggravating the evils resulting from insanity.

"9. The dangers arising from revulsions in public opinion and practice, as illustrated by prison and asylum discipline.

"10. The necessity for readjusting the equipoise in the relative treatment by the law and by public opinion of the insane and sane in certain circumstances.