persons, as compared with those who pass for sensible, I could only do so in favour of the former. I acknowledge freely that I respect the insane in general more than the rest of mankind, that I like living amongst them, and that in their society I do not miss the companionship of other people, and that I even find them in many respects more natural and sensible than the rest of mankind."

It may be hoped that Professor Jessen, having such sentiments, will spend the remainder of his days among those whom he appreciates so highly and loves so well.

II.—*English Psychological Medicine.*

By S. W. D. Williams, M.D., L.R.C.P.L., Assistant Medical Officer of the Sussex Lunatic Asylum, Hayward's Heath.

Notes of Lectures on Insanity, delivered at St. George's Hospital, by Geo. Fielding Blandford, M.B. Oxon.

(*Lecture V. Melancholia—Mania. Lecture VI. General Paralysis—Definition of Insanity. Conclusion.*)

In the October number for 1866 of this Journal, we gave a brief *résumé* of four lectures on Insanity, delivered at St. George's Hospital by Dr. George Fielding Blandford, and published in the 'Medical Times and Gazette.' Since then, two more lectures, concluding the course, have appeared.

In Lecture V, Dr. Blandford proceeds to consider those patients of whose insanity there is no doubt, who require medical care and treatment. Putting aside all chronic and incurable cases, he roughly divides the recent and primary into those characterised by great depression of feeling with corresponding delusions—in other words, *melancholia*—and those marked by the exaltation of gaiety, or fury, or ambition, or by the frenzy of delirium, comprised under the generic name of *Mania*.

"Probably," truly remarks Dr. Blandford, "the most curable and the most frequent of all forms of insanity is slight non-acute melancholia, which shows itself, first of all, by a restless depression, and passes through various stages of despondency, until, from being simply low-spirited and fanciful, the patient's fears assume another shape, and become definite delusions, which are almost invariably of a most distressing nature, and often prompt to suicide. With this mental state, symptoms of a physical nature appear: "the tongue, as a rule, will be coated, creamy, and foul with old epithelium, producing great fœtor of breath, the whole being often the result

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of starvation; the pulse is quick and weak, the bowels are constipated," &c. These symptoms Dr. Blandford considers to be due to the mental symptoms; but in this dictum many will disagree with him, rather believing them to be prior to, if not the cause of, the mental alienation, as would seem to be proved by the undoubted fact that an abatement and finally the disappearance of the physical symptoms is always a precursor of amelioration of the psychical phenomena. These cases, as already remarked, generally get well, often without the necessity of sequestration in an asylum. Medicine here, says Dr. Blandford, can do much: enemata of castor-oil and turpentine, than which there is no surer remedy, will remove the hardened scybalæ that block the bowels; bark, quinine, iron, stimulants, good solid nutritious food, to restore tone to the constitution; and, finally, some preparation of opium—of which preference is given to the bimeconate of morphia, as causing less sickness and constipation than any other—to "procure sleep and allay the ever-present panic." And with the medical should be combined a judicious moral treatment, including cheerful companions and plenty of light amusement. These cases do not, however, always progress so favorably, but at times pass "into a state of excited terror and panic, which may fitly be called *acute melancholia*." This disease is of a most distressing and unfavorable nature, and frequently arises at the close of some chronic or wasting disease, such as phthisis, in patients whose constitution is broken down, and who have no power to withstand it. Patients suffering from this variety of acute melancholia almost invariably refuse their food with the most obstinate tenacity, says Dr. Blandford: and he proceeds to enumerate the various means and modes of forced alimentation, for which he seems to have a decided partiality. He says, "Every asylum doctor has his favorite method of forced alimentation;" which is, however, scarcely the fact, as many now-a-days deny altogether either the use, efficacy, or necessity for it, rather believing it to be a remnant of the rapidly exploding restraint system. In some asylums, it is true, we hear of the stomach-pump or nasal tube being used daily at each meal-time on a greater or lesser number; but, in others, such a thing is totally unknown. Whence this discrepancy? Are we to suppose that in the one case it is used unnecessarily, or that in the other the patient is left to die? Is it not rather probable that the more you use the stomach-pump, the more you may, and that refusal of food treated by forced alimentation in one case in an asylum is very apt to produce an epidemic of such cases? especially as it is usually the young assistant medical officer who has to force the alimentation, and the patients requiring such treatment will be usually found amongst the young hysterical females. It was Mr. Commissioner Browne who, I believe, once wrote that no patient should ever be forced with food until, if of the male sex, the matron

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had exhausted all efforts to coax him to eat; or, if a female, until the assistant medical officer had tried all his powers of persuasion.

Dr. Blandford next proceeds to consider *Mania*, and writes—

"The primary forms of mania—for I do not speak of the chronic forms of this or any other kind of insanity—are at least three in number. There is the complete delirium of true acute mania, *délire aigue* of the French; there is the noisy, violent, but conscious mania, sometimes called acute; and there is the quiet, orderly insanity with delusions, called by some *monomania*, by others *partial insanity*. *Acute mania* or acute delirium usually comes on very rapidly in persons under, rather than over, middle age, who are in the height of strength and vigour. The premonitory symptoms will vary much; but after great restlessness and excitement of manner, with sleeplessness and probably pain in the head, the outburst may suddenly occur with or without definite delusions. There will at first be intervals of comparative calm, till at last the storm breaks out, probably in the night-time. Then begins a period of raving unconscious delirium, with singing, shouting, and laughing, an incessant strain of incoherent talk, and perhaps perpetual motion of the limbs. The patient will not stay in bed, will not keep any clothes on, is wet and dirty; but he is not dangerous, and is only violent when opposed. Yet he must be placed where he cannot come to any harm. His room must be rendered safe, whether it be an asylum or not, for mechanical restraint must not be used here; it can only serve to exhaust the patient and prolong the attack. Such cases get well suddenly, recovering very rapidly when the delirium ceases, and may be quite well in a month, or even less, but they must be carefully tended while in the delirious stage. They require an empty room, dark, cool, and airy, with bed on the ground; and their clothes must be fastened so that they cannot strip them off. They do not, as a rule, refuse their food, though they are whimsical and require coaxing, sometimes rejecting it, sometimes eating ravenously.

Dr. Blandford's suggestions as to the treatment of these cases appear to us to be, on the whole, most valuable. He asks, What is the medical treatment of such a case? and truly answers, Very little so far as drugs are concerned. It has become the fashion now-a-days, on the idea that seclusion is part of the restraint system, to decry its use altogether; and we find, in the annual asylum reports of some asylum, self-laudatory remarks on the total, or almost total, abolition of seclusion in such asylum. But, to our experience, nothing is so necessary to a patient suffering from acute mania as total seclusion, and nothing so likely to cause the acute mania to degenerate into chronic mania as allowing a patient labouring under the former disease to associate with the external world of an ordinary lunatic ward.

"There is," writes Dr. Blandford, "another form of mania, sometimes called 'acute,' characterised, not by delirium, but by noisy violence and outrageous mischief. It does not, as a rule, come on so suddenly as the last, but gradually developes till it reaches this stage. Nothing but an asylum will restrain or cure such a patient, for he is perfectly conscious, and with all the wits at his command taxes the temper and the ingenuity of those who have the care of him. His health appears tolerably good; he sleeps occasionally, perhaps by day, and makes night hideous with singing or shrieking. He will destroy

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everything he can—clothes, furniture, bedding. He will be wet and dirty not from unconsciousness, but from pure love of causing trouble. Such patients try the temper and patience of all who have to do with them; they will go on for months in this state, and then get well or quiet down into a more orderly form of mania, or from continual excitement and want of sleep they may sink and die of exhaustion. These are the cases in which extended and prolonged muscular exercise has been recommended, and is of great service. In acute delirium this, I need not say, is out of the question; but in this subacute or noisy conscious mania, it will divert the normal bodily activity and procure a greater amount of sleep. It is here, also, that such drugs as tartar emetic, digitalis, and hydrocyanic acid are useful; opiates will not avail much, but the others will often allay the great excitement, and make a man more rational and obedient. For these know and understand perfectly what is said to them, and require to be treated with great firmness as well as kindness. Pre-eminently they demand moral control; their *amour propre*, their self-respect, must be stimulated. A man in acute delirium, under any kind of moral treatment, may regain consciousness and recover his right mind; but these patients, under rough hands, may degenerate into dementia or chronic insanity. They will eat heartily, and require plenty of food. The medicines I have mentioned must be carefully administered and closely watched, and of the three probably digitalis is the most useful, not in heroic doses of half an ounce, but in safer doses of half a drachm. There may be little to discover in the way of delusion in such, their insanity being chiefly displayed in action. On the other hand, they may be full of delusions and hallucinations, in which case the prognosis is less favorable, especially if the attack be prolonged. This kind of violent mania without marked delusions is in women often denominated *hysterical mania*, and it may last a very short or a very long time, varying from a few days to months; and an analogous form often occurs in young men who are nervous or weakly, or given to self-abuse. This may run its course in a few days, presenting all the appearance of a violent hysterical attack."

Dr. Blandford describes monomania as mania characterised, not by excitement, but simply by delusions; and when the patient acts orderly and tranquilly, and can talk rationally on other points, it is often termed *partial insanity*. Such insanity is usually chronic and the termination of a more acute attack, though without this some drift by degrees into the condition of delusion. When such delusions have appeared recently, and are traceable to some given cause, they may possibly be got rid of by change of scene, by the substitution of other employments and ideas, and similar appropriate treatment. But where they have been, apparently without any cause, evolved out of the disordered ideas of the brain, and when they remain and persist, immutable and inexplicable, they form, perhaps, the most incurable of all the varieties of insanity. In such cases the absence of necessity for immediate treatment frequently causes it to be postponed till the time is past and the disease is chronic and ineradicable.

Dr. Blandford next considers (Lecture VI) *Dementia*, which he defines to be an "annihilated intellect," a decay of the faculty of ideation, so that ideas are not retained in the mind, or have no

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connection one with the other. Chronic dementia he passes by in a few words, and proceeds to acute dementia, which he distinguishes from Baillarger's *mélancholie avec stupeur*, by an absence of depression, by the history of the very earliest symptoms, and by the absence of suicidal attempts and suicidal refusal of food. The prognosis of this disease he considers to be eminently favorable; and as it usually occurs in persons "frail and delicate, with a weak and sensitive nervous organisation," medical treatment does much for them. The older the patient, says Dr. Blandford, the less favorable the prognosis and the greater probability of the supervention of chronic dementia:—

"What is the treatment of such cases, and where is it to be carried out? An asylum is not absolutely necessary for them. The proper treatment can be applied as well in an ordinary house and family, though it can hardly be at home. They are for the most part passive rather than active patients. They require much stimulation and nutrition, which shall raise their prostrate nervous power and excite it without exhausting it. Plenty of food and stimulants will be requisite; brandy and wine—above all, warmth. Warmth which to others would be excessive and depressing, will barely suffice to raise their circulation to an ordinary level; warm rooms, warm baths, and warm clothing will all assist, as well as the warmth brought about by exercise. Cold shower-baths are often of great service, given as stimulants, not as depressants, for thirty or forty seconds, and followed by continued friction till the surface is warm. Tonic medicines, too, are valuable, as quinine and steel, and small stimulating doses of morphia. If the bowels are inactive, the mildest purgatives will suffice, as castor-oil or confection of senna. The catamenia will at first be absent in most cases; but this, after a time, will right itself, and meddling in this direction will do more harm than good. In the majority of cases such treatment will be successful."

Dr. Blandford then briefly sketches the symptoms of general paralysis of the insane, remarking, *inter alia*, that, as a rule, man is its chief victim, and that, although in the county asylums there are always some few female general paralytics to be found, perhaps in the proportion of 15 to 50 males, in the asylums for the better classes you may search in vain for a lady affected with general paralysis. Reviewing the pathology of general paralysis, he speaks favorably of the recent researches of Dr. Franz Meschede, contained in a paper published in Virchow's 'Archives,' 1865; an abstract of which, however, Dr. Blandford published in the last October number of this Journal.

Dr. Blandford concludes his course with the following words:—

"Such, gentlemen, are the chief varieties of insanity which it is expedient —nay, necessary—to bear in mind, either for diagnosis, prognosis, or treatment. Infinite subdivisions may be and have been made, for, in truth, as no two persons are alike in mind, so are no two alike in the method of their madness. And this applies equally to another subject, which, for the same reason, is as difficult as the classification—I allude to the definition of

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insanity. Can we define it—can we do more than describe? Must our definition be of that negative kind which logicians tell us is no definition at all? Looking at these various forms of unsoundness of mind—at idiocy, at insanity with and without delusion, at instinctive and transitory insanity, at primary or secondary dementia—what can we say the disorder is? It is evidenced, as I stated, by what is *said* or *done*. This is the result; but if we keep in view the analysis of mind and mental processes laid down in the first lecture, we may, I think, arrive at a conception of what insanity is. *It is a want of co-ordination, of harmonious action of the two functions of the brain, commonly called feeling and intellect, a state either congenital or produced by disease, by which want of harmony true volition is distorted or destroyed.* The intellect may be defective, idiotic, or full of delusions, leading to acts devoid of intelligence or prompted by deluded ideas; or the intellect may remain clear, but blind and uncontrollable feeling may force a person to sudden and unaccountable action. Wherever the defect may be, the true harmony and co-operation of the two functions are suspended or lost. Hence true volition, which results from this perfect harmony, is interrupted, and insanity, an irresponsible and faulty mental condition, is the consequence. It were useless to recite the definitions of various authors, or to point out their defects. None can be perfect, for all must partake more or less of a negative character, inasmuch as insanity is the negative of sound mind. With one suggestion I take leave of the subject—avoid attempts at definition when you are in the witness-box.

"I now bring these brief 'Notes' to a conclusion. There are very many topics which I am compelled to pass over. On one or two I hope some day to say a few words."

An Account of a Second Case in which the Corpus Callosum was defective. By J. Langdon H. Down, M.D. Lond., Assistant-Physician to, and Lecturer on Materia Medica at, the London Hospital; Physician to the Asylum for Idiots, Earlswood.

Dr. Langdon Down, in the forty-fourth volume of the 'Transactions of the Medico-Chirurgical Society,' published an account of a case in which the corpus callosum was defective. Another instance of this "rare abnormality" having come under his notice, he describes it to the same Society in the following words:

A. B— came under my observation in the autumn of 1858. He was the son of a clergyman, and had been submitted to the ordinary process of education with but trifling results. He had been taught to write a little, but he never exercised the art. He had learned to read easy words, and could answer simple questions. His power of calculation was almost *nil*. He was fond of music, had slight power of imitation, and his memory, although defective, was good in relation to persons and things. He was five feet four and three quarter inches in height, and weighed ten stone one pound. His trunk was well formed, and his facial expression that of an imbecile. He was shy, undemonstrative, fond of children (some of whom he petted), while towards persons of his own age and to the opposite sex he was violent and passionate. His friends were very desirous of asserting the non-congenital nature of the mental condition, and attributed it to masturbation. The diagnosis formed, however, was that it was congenital, and that the mas-

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