PART III.—QUARTERLY REPORT ON THE PROGRESS OF PSYCHOLOGICAL MEDICINE.

I.—*Foreign Psychological Literature.* By J. T. Arlidge, A.B. & M.B. Lond., M.R.C.P. Lond.

'*American Journal of Insanity.*'—The July number of this Journal has the unusual quality in American literary productions of being made up of original articles by Americans. This is a proper subject of congratulation, for it must be more gratifying to both editors and subscribers that its original articles should be home-grown, and not mere reprints from British periodicals. To ourselves also it is much more satisfactory, on opening this 'Journal of Insanity,' to find it occupied with the results of American thought and observation, than with borrowed articles from contemporaneous literature. The very large number of public and private asylums in North America afford a most ample field for study and research, and the numerous learned and skilful physicians who superintend those asylums have no apology for neglecting its cultivation and failing to contribute the fruits of their labour for the benefit of their colleagues practising in the same department, through the medium of the Journal which is supposed to represent the state of psychological medicine in their native land. It is far from our purpose to imply that it is an evil to reproduce in the journals of any one country articles or memoirs appearing in those of other lands; indeed, this section of our own publication proves how far such an idea is from our minds; but it is a very different matter, and attains the magnitude of an evil, when it becomes a custom to occupy the bulk of a periodical with reprints of papers taken bodily from other journals, and not merely in abstract, to the exclusion of original communications. It is an evil long since noticed in many American publications, and has tended, and will tend so long as carried on, to blight original thought and arrest research.

Dr. Kellogg, of the Utica Asylum, continues his interesting papers on "Shakspeare's Psychological Delineations," and gives in this number (for July, 1863) his commentary on the character of 'Jaques.'

The appearance of three original papers by American physicians, on which we have remarked, is due to the Annual Meeting of the "*Association of Superintendents of American Institutions for the Insane,*" held at New York in May last, these three papers having

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been read at that meeting. This Association has now been established seventeen years, and seems modelled pretty much on the same plan as our own. The president was the well-known and respected Dr. T. Kirkbride, of the Pennsylvania State Asylum, Philadelphia, who, so far as the report of the proceedings enables us to judge, is the permanent President of the Association, at least no successor was elected for the ensuing year. Moreover, more on an autocratic than on a democratic principle of government, the president appointed the committees. Twenty-six members were present at the meeting; the whole number forming the Association is not mentioned, but the list of those in attendance shows that the unhappy civil war now raging has cut off from communication their brethren in the Southern Confederacy. On the other hand, they had present a member from Canada, Dr. Workman, of the Toronto Asylum, and one from Belgium, Dr. J. Parigot, whose name is so well known in connection with Gheel, who has migrated to America, and settled there as the proprietor of a private asylum in the State of New York.

The American Association gives more time to its annual gathering than its counterpart in this country. The members met on Tuesday morning, and remained in session until the following Friday, when their meeting stood adjourned until the second Tuesday of May, 1864, at Washington. One day, the Thursday, was devoted to visiting several of the Institutions for the Insane, around New York; and the last day partly to business, but in a great measure to hearing Dr. Brown's (of Bloomingdale Asylum, New York) account of different asylums in Europe visited during his stay in Europe in 1862. It will be remembered that Dr. Brown attended at the meeting of our own Association in London, in 1862, "to which he was accredited as a delegate," from the American Association; and we find that he read an account of his visit to the meeting, which unfortunately is not published, as it would be well to know how "others see us."

The length of their session allows our American colleagues much more time and opportunity for reading and discussing papers communicated by members of the Association than we can bestow at our meetings; and the greater part of two days, morning and afternoon, was occupied in hearing and discussing the three communications now printed in the 'Journal of Insanity.'

Before noticing these papers it is desirable to call attention to some of the business transacted at the meeting. The first matter taken in hand was the appointment of committees: one "on business;" a second "on time and place of next meeting;" and a third "on resolutions." This appears a remarkable multiplication of offices, and the work executed by these three committees was marvellously small, taking the report of their doings as correct and

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complete. The "committee on business" recommended certain asylums around New York to be visited; committee No. 2 recommended the time and place of next meeting; and committee No. 3 performed the graceful task of framing resolutions of thanks to the superintendents of asylums which the Association visited, or was invited to visit; and last, not least, to the worthy host of the "Metropolitan Hotel," for his "courtesy in gratuitously furnishing rooms for the meeting of the Association," a proceeding worthy of commendation and of imitation on the part of English hotel-keepers when our Association may require their hospitality. But a more important resolution proceeded from an individual member than from the collective wisdom of the three committees—important in the States of North America, where the independence of legislation in state and domestic matters has led to numerous divergent enactments for the management of the insane, with the inevitable result of mutual inconvenience and annoyance. This resolution was, "That the President appoint a Committee of one member from each State to report to the next meeting of this Association the laws of his State relating to insanity, including the admission and commitment of the insane to hospitals, and their discharge therefrom, the appointment of guardians, and the serving of legal processes; and that these reports be made to the chairman of the committee within three months." It is to be hoped that by a digest of these reports the Association will be enabled to lay before the assemblies of the different States a uniform scheme of lunacy legislation for adoption. A famous bone of contention was thrown down before the members of the Association on the first day of their meeting, in the shape of a paper on "Minor Mental Maladies," by Dr. A. McFarland, which opened up for discussion the question of moral insanity.

'*Minor Mental Maladies.*'—First among these, Dr. McFarland notes erroneous conceptions and delusions relative to the health. He remarks on the misrepresentations or false statements often advanced by persons respecting the sleep they take, the food they eat, the state of the excretions, the operation of medicines, and the effects of particular articles of food; on imaginary diseases, and the love of drug-taking, and playing the part of the invalid. Speaking as a citizen of the State of Illinois, he says, "Well-marked puerperal insanity is a disease peculiarly rife in this section of the country," and the most prevalent is a "chronic and hardly recognised one, which is found treated by no author, the distinguishing feature in which is a change in the disposition of the person affected, especially in whatever concerns the social relations, the domestic affections, and the moral tendencies . . . . Traits of character appear hitherto unknown . . . . She becomes irritable, subject to causeless fits of passion, and jealous of and estranged from those in whom

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she had before invested the fullest confidence. Sometimes she is merely changed in temperament, and is moody, solitary, and reserved. These symptoms have their aggravation whenever the functions of the uterine system are in action, till a regular monthly fit of spleen, or something worse, becomes habitual." The power of self-control remains, and the disordered state is not shown in the presence of strangers. "More rarely, this form of disease is exhibited in a change of disposition as it regards moral acts," and then the so-called "*moral insanity*" is said to exist.

Dr. McFarland is scarcely correct in asserting that this description of mental disturbance is treated by no author. If he intends only that it has not been treated under the head of insanity, and as a particular variety of mental disease, his statement, as far as we know, is true; but beyond that it is not, for no writer of any moment on female disorders has failed to notice mental irritation or other disturbance as frequent at the menstrual period, nor to point out the connection between more pronounced disorder of mind and affections of the uterine functions.

The term "moral insanity" is objected to; for "the insanity of the psychopathist and the physician," and for the treatment of which asylums are instituted, has a meaning which is in part revolutionised when the adjective moral is made its prefix. "It is an undecided question whether what are called the moral characteristics have some distinct existence, . . . or whether they are the fruit, so to speak, of certain mental processes. . . . We cannot call anything moral insanity except an impulse to do wrong, or criminal acts so uncontrollable by the processes of reason—themselves being unimpaired—as to amount to a disease; any appreciable disturbance of mental integrity of course puts the case in another category. To show how rare such a condition must be, I have carefully reviewed about 2400 cases of insanity treated, and am unable to recall a single instance possessing even the general features of the ideal which the mind conceives as the disease in question." Dr. Workman, of the Toronto Asylum, cites a case in the April number of this Journal, "as being the first case of the kind found in 2000 cases treated." It is evident, also, in this case, that its narrator "has some misgivings as to its nature." We have thus only "one case cited in an aggregate of 4400, and that a doubtful one. Is that a per-centage worth basing a nosological distinction upon?"

On the other hand, Dr. McFarland is convinced that in the recorded cases of this disease there was some "real intellectual disturbance, though masked by the stronger manifestation of moral perversity; and that writers have fallen into the common and very natural error of making some isolated, though very impressive case stand as the representative of an imagined class."

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"Every one realises how few of the delusions of the insane mind are ever revealed, and how readily they are revealed under one set of circumstances and concealed under others. . . . In such cases the extent of the disease is not at all measured by what appears on the surface, and those who treat the insane are constantly surprised by the revelations of recovered patients as to the multitude and irregularity of the delusions which possessed them while in a state which seemed, for all discoverable sign, so little removed from full enjoyment of reason. The delusion may be indeed completely latent, . . . and yet may give rise to all those singular, inexplicable, and perhaps criminal acts which a failure to explain by any accompanying indications of delusion has styled moral insanity."

It may be objected that this view makes delusion too indispensable as a phenomenon of insanity. But "delusion among the insane may be supposed to bear about the same relative part in their unnatural acts that a well-defined motive does in the acts of those who reason correctly. Persons possessed of reason perform the larger portion of their acts from no well-considered motive of which they are conscious. Acts are done from an impulse which is, after all, the result of some former reasoning process. So the phenomena of moral insanity, so called, may follow some former diseased process of thought of which the individual himself has no consciousness, and which of course no skill of another could detect."

Again, in discussing the characters of moral insanity, we must not lose sight of "the vast conservative power of reason in saving man from the depraved appetites and instincts common to him and the brute creation."

"Hence the position taken, that moral insanity, if by that term is meant a disease of the affective faculties, in which the intellect has no share, has no proved existence; and that what has received that appellation is nothing more than either the result of a latent, undetected delusion, whose *modus operandi* we are unable to demonstrate, or the passive effect of a weakened influence of the reasoning powers over man's baser instincts."

As might be expected, this opposition to the widely extended recognition of the existence of moral insanity as a special form of mental disorder called forth a lively discussion, the abstract of which occupies seventy pages of the Journal. The question of the separate existence of this form of insanity involved also the discussion of the relations of the mental disorder to jurisprudence, and many excellent remarks and notices of cases were introduced by the several speakers. Of those who expressed a definite opinion in the course of discussion, seven, including Dr. McFarland, declared against the recognition of moral insanity as a distinct form of insanity, and four in favour of it. Among the former were Dr. Gray, of the Utica Asylum, New

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York, Dr. Workman, and the president, Dr. Kirkbride; the latter were Dr. Ray (well known by his writings on the Medical Jurisprudence of Insanity), Dr. Parigot, Dr. D. Nichols, of the Washington Asylum, and Dr. Tyler, of the McLean Asylum, near Boston.

Dr. Parigot, whilst admitting the condition termed moral insanity, and defining it as a perversion of the faculty of volition, and as independent sometimes of intellectual insanity, and even at times of emotional perversion; yet objects to the name, and proposes in its place the term *diastrephia*. He would not use the prefix "moral," because, he says, "in its general bearing, it signifies the opposite of material," and in this sense "implies a contradiction, because mental infirmity or disease cannot coexist with health, and is ordinarily accompanied by perceptible signs."

It was on all hands admitted to be a difficult matter to know where to draw the line between depravity or the mental consequences of vicious indulgence and the condition described as moral insanity; but the discussion turned especially on the question whether this condition ever existed apart from some intellectual disorder or delusion. Dr. Ray remarked that the only material point in any given case is, "Is there intellectual disturbance here or not?" And the argument advanced was that physicians can satisfactorily form a conclusion that an individual is insane, though no intellectual disorder be discovered, and that if the latter be subsequently discovered or manifested, it does not affect the conclusion arrived at as to the existence of insanity. On the other side it was felt that the determination of intellectual disturbance was most important, because the limit between depravity and "moral insanity," as commonly understood, being so untangible, constituted a practical evil in the jurisprudence of insanity. There is, remarks Dr. McFarland, a popular belief that mad doctors regard crime as insanity, and the efforts of counsel are directed, when the doctor speaks of moral insanity, to lead him, by extorting attempts at its definition, to represent "crime as a sort of insanity. Now it is against this I want to guard, and latterly, I have taken the firm position that there is no such thing as moral insanity; that there is, lying concealed behind the moral disturbance and connected with it, some intellectual perversion." Dr. Ray in his observations, stated that his belief in moral insanity rested on the authority and cases of Pinel, Esquirol, Pritchard, and others. To this Dr. Workman subjoined that it was from a close and careful study of those recorded cases, that he was first led to doubt the existence of moral insanity. He thought "that in every one of them clear indications of intellectual defect or aberration were detectable."

To illustrate his opinion that intellectual disturbance complicates the admitted symptoms of moral insanity, though often concealed, Dr. McFarland related the following interesting—

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Case of apparent Moral Insanity. The existence of delusion eventually discovered.—About the year 1840, there was a young lady admitted into the Worcester Institution, twenty years of age, the daughter of a Massachusetts clergyman, of high intelligence and sufficient wealth to give her a most superior education. Her mother was insane for many years. She possessed a fine personal appearance, was of exquisite taste, and a model of a young lady, in respect to her moral, intellectual, and physical qualities. At nineteen years of age she was the principal teacher of a first-class Massachusetts female school. After a term of residence in the asylum she was discharged recovered, and a few months afterwards she married a young clergyman. They commenced life under the very best auspices. In the course of five or six years she began to manifest a disposition to thwart her husband in little matters, to question the propriety of many of his acts regarding his parish and family. For a long time he bore with this, not noticing this change of conduct to others. In the mean time she was bearing children. At length matters became too troublesome, and to try the advantage of change of place, he removed to the State of New York. For a little while matters went on better; but very soon, as soon as the novelty of the position wore off, she began again to thwart him, and again made trouble between his children and himself. Yet during all this time she showed no sort of intellectual impairment. She was the centre of a large circle of friends, which she had the faculty to gather about her wherever she was; but matters became so troublesome by reason of her conduct that he was again compelled to remove, and went to Ohio. Temporary improvement followed, but soon gave place to a progressively worse condition, and the unfortunate husband next moved to Iowa. She began gradually to absorb all the erroneous ideas of that sort of half-medical and half-theological stuff unfortunately too current in certain circles, and she got her mind filled with them. Though she possessed extraordinary powers of mind, she was gradually changing her characteristics into a general "devilishness" in regard to everything about her. The stay in Iowa was short, and after some more wandering they went to reside in Illinois, where the patient came under Dr. McFarland's notice. "Up to this time," he says, "I do not think any one would have discovered in that lady any intellectual impairment at all. There were extraordinary mental capacity and power, great charm of manner, and taste in dress, and good judgment. But with these qualities there was a disposition to make everybody miserable about her. This went so far at last that she set up in opposition to her husband in matters of religious belief; tore his church to pieces, and created great dissentions in his family. At this stage of her history, three years ago, her husband got her admitted into our institution. I do not think that for two years of the closest

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study I could discover any intellectual impairment at all—certainly nothing that deserved that name. Her hatred to her husband had something diabolical about it. Every instinct of love was banished from her. She was thoroughly demoralised and corrupted in all her moral sentiments. Yet the closest study could not discover any intellectual impairment, except when she was sick; then delusion would exhibit itself, and then only. On one of these occasions she informed me that she had discovered that her husband was the great "Red Dragon," and that her eldest son was the "man-child," mentioned in the same Apocalyptic connection, and that was the only delusion I discovered in her in two years and a half. During this time she gave me infinite trouble, and I proposed to discharge her, as the only means of getting rid of an intolerable and unendurable source of annoyance. But her husband protested against her discharge, and she appeared too with a paper, the existence of which I was not aware until she produced it, which she read to the trustees of the institution. It was a paper of some singularity, exhibiting a good deal of power of language and composition, and was a treatise on Calvinism. She was not discharged at that time. She proposed subsequently that she should be allowed to continue to write her book. I gave my consent, and when she got fairly into the work, the whole delusion which had laid concealed in her case for eighteen years became fully developed, and it showed that all this perversity of conduct arose out of one single delusion—viz., that in the Trinity distinctions of sex had to exist; that there could be in the Trinity, no more than in the family, unity of sex; that there must be a distinction of sex, and that she was the female—the Holy Ghost. It appeared, moreover, unmistakably in her writings that this delusion had possessed her for eighteen years, growing and increasing upon her, and giving origin to all this perversity of conduct, clearly and connectedly, as I now see it, making out a case perfectly consistent with the idea of original intellectual delusion, underlying and producing all the so-called phenomena of moral insanity." Her writings afford "a consistent description of the state of her own mind for the last eighteen years, the inception of the disease, its growth, &c."

Doubtful Recoveries.—Dr. Ray, in his interesting essay on doubtful recoveries, remarks first on the traits of insanity seen among people at large accounted sane, which would, in the occupants of asylums, be regarded as evidence of their mental unsoundness. On the contrary, it happens in asylums that no positive trace of disease can be observed in a patient "for weeks or months together, while we are strongly convinced all the time that he is not in his normal condition. Now our conclusion in such a case is determined, not so much by any special indications it may present, as by those general

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impressions which long familiarity with the disease has left upon the mind. Yet no amount of observation or study will always lead us to true conclusions, without the aid of that faculty of the mind which enables us to apply our knowledge to a case differing from all other particular cases in our experience; in other words, to eliminate the essential conditions of the case from the accidental circumstances which accompany them."

Of such incidents and conditions Dr. Ray gives a brief survey. "It is a rule, sanctioned by the highest authorities, that a patient cannot be considered as recovered who does not fully and willingly recognise the fact that he has been insane;" but exceptions to this rule are numerous and not insignificant. Though recovery be perfect, the patient may not admit his previous insanity, from the peculiarity of his mental constitution. "Men who have always entertained a high opinion" of themselves, are unwilling to admit the humbling fact, and allude to their past state as one of nervousness, excitement, or impetuosity, requiring only quiet to subdue it. "This kind of attempted self-deception is most common in cases characterised by high excitement and extravagant discourse, rather than by delusions, or incoherence, or violence." Nevertheless, delusions also are explained away "as only idle, fugitive fancies, of little consequence, that soon passed away. If the patient is unprincipled as well as proud, he may resort to subterfuges that are false as well as weak. The reluctance to acknowledge their infirmity is still more common in a class of patients whose normal condition is marked by striking eccentricities and perversities. Many of them probably labour under a genuine mistake on this point. It may be frequently found that the incident or event which brought upon them the disabilities of insanity only implied the exaggeration of some normal quality of the mind, and it is not strange, under the circumstances, that they should overlook the distinction that, in the one case, they lost entirely the power of self-control which they possessed in the other."

"It may seem paradoxical to say that a person has recovered who fails to recognise the delusions which possessed his mind; yet there are cases where the patient has passed from a state of agitation, excitement, and delusion, into one of calmness, cheerful expectation, and apparent rationality, while retaining some flagrant delusion. With this exception, his views are correct and clear; all the mental processes are well conducted, and he performs his part in the world as well perhaps as ever."

"It is seldom safe to discharge a patient who continues to believe in the reality of any single notion or occurrence which was entirely the offspring of fancy, because this belief indicates morbid action, which, however circumscribed at present, is ever liable to spread and induce farther mental disorder. Indeed, the evil is seldom so limited as it seems to a casual observer."

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"Very ignorant, uncultivated people often fail to recognise their delusions as such, solely from the inability to distinguish the subjective from the objective in their mental experience. This trait is not uncommon among the lowest class of the Irish, who will talk of certain imaginary occurrences as if they really happened, though how they do not pretend to know." There is another very large class of patients from whom we fail to obtain a decided recognition of their mental disorder. The past is to them a painful history, and they seem to avoid reference to it, and to deny the existence of the disorder. "This kind of reticence may be observed, judging from general impressions, in by far the larger part of those who recover. Indeed, a full, free, and earnest recital of the thoughts, emotions, and acts produced by the mental disorder, is not by any means a very sure indication of genuine recovery. Another circumstance, often bearing significantly on the question of recovery, is the duration of the disease. . . . . Apparent recovery within six or eight weeks should always be followed by a longer probationary stay than one at a later period." When convalescence occurs at an early period, or very suddenly at any period, or soon after a state of active disorder, it is seldom permanent; and Dr. Ray confirms and extends Esquirol's statement, observing that a marked remission within the first month of the attack is, far more frequently than not, followed by a renewal of the disease, and the more complete the remission the less likely is it to prove an unequivocal recovery. "These unreliable improvements are not confined to the first month, nor are they peculiar to any particular form of disease, though most common in acute mania. They are not rare even in the course of organic affections of the brain more or less affiliated to general paralysis."

It is to be feared that too many are discharged from asylums as recovered within three months of their admission;—that on the one hand the protecting influences of the asylum are forgotten, and on the other, the trials and responsibilities involved on an emergence into the world.

In deciding on the genuineness of a recovery, some trait, incident, or condition of great significance may be found requiring most careful consideration. "Among the most prominent is a certain impatience, restlessness, and constant dwelling upon the one idea of going home. It is always a suspicious circumstance, and always a sufficient warrant for delay." "Excitement or depression, occurring in connection with apparent convalescence, is always a suspicious circumstance." "Unkindness of feeling towards the hospital, or towards friends, or others who have promoted or favoured the patient's restraint, must always throw doubt on the genuineness of any apparent recovery . . . . But it sometimes happens that a patient, though he may not heartily acknowledge that he has been insane, will

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admit the existence of some mental disturbance, not however amounting to proper insanity," and will, in consequence, question the propriety and justice of his confinement. "The practical question here is, whether this is a transitory stage of disease, to be succeeded by one of a healthier description, or a phasis of character in which normal and abnormal elements exist in very uncertain proportions. In order to decide this question, the first step is to ascertain the natural temper and disposition of the patient, and oftentimes we need go no farther." Beyond this natural character, with whatever imperfections it may be associated, the patients "never can recover, and it is better that they should be allowed the utmost freedom from restraint."

'*Abdominal Lesions in the Insane.*'—Dr. Workman, the author of this instructive paper, attributes a high importance to the alimentary canal in its relations with insanity. Abnormal gastro-enteric function exerts an injurious reflex influence on the mental powers, and "I believe it is incapable of disputation, that restoration of healthy digestive function is the first and best step in the cure of insanity, and though many cases of incurable insanity may be met with in persons who enjoy, or at least seem to enjoy excellent digestive health, yet it is doubtful if ever restoration to mental integrity has been effected, in the presence of persistent digestive derangement."

Again, the author considers that the employment of cathartics is greatly abused in the treatment of insanity, particularly in melancholia, in which intestinal torpor and constipation are among the most prominent symptoms.

It is certainly very desirable under such circumstances to restore the intestinal functions, but this end is not always attained by cathartics; indeed these agents very often are the worst we can employ. Dr. Workman gives eleven cases very briefly in illustration of the danger of exhibiting cathartics indiscriminately, even where constipation seems to call for it. He afterwards more particularly considers that displacement of the transverse colon, so much noticed by the older writers on insanity, which he calls "prolapse of the colon."

Esquirol represented this condition as most common among melancholics, but Dr. Workman believes it occurs almost as often in every other form of insanity. "In a total of 200 autopsies I have found it present in twenty-seven, in various degrees, from a few inches below the natural position, down to the brim of the pelvis, and in a few down into the pelvic basin." Of these twenty-seven, eleven were men and sixteen women. The epigastric pains spoken of by Esquirol in this condition were not met with in Dr. Workman's cases, though in other respects sufficient indication of impaired intestinal function existed. Neither can he confirm the

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notion of Esquirol that there is anything distinctive in the morbid character of the evacuations.

He was at one time inclined to suppose mechanical restraint, as by the strait-waistcoat, might be the cause of the displacement, but inquiry has shown this not to be the case. Nor has it any necessary connection with violent muscular exertion, although it is sometimes clear that its production is due to considerable force. It is highly improbable that it takes place spontaneously, yet no satisfactory cause can be assigned. If muscular agency be concerned in production, as is most probable, it cannot be benefited by agents, such as strong purgatives, which excite muscular action.

Thirteen examples of this intestinal displacement are briefly recorded. The author is unprepared to speak with any certainty as to the relative prevalence of the lesion among the sane and the insane; though, from the little notice of it by physicians in general practice, he is led to assume its greater frequency among the latter.

The morbid conditions discovered in the thirteen cases recorded, where displaced colon had existed, he takes to represent the average in frequency and character. "An analysis of the cases will show that inflammatory or tuberculous disease of the intestines or peritoneum had been present in seven of the thirteen. Phthisis or marasmus was present in as many; hydrothorax, or hydropericardium, or both, in four; quasi general paralysis in two."

"Deflection of the colon in the insane never exists as an isolated pathological fact, nor have we any reason to regard it, in itself, as an adequate cause of fatal termination. It is, however, very doubtful if it is ever present in curable insanity. This conclusion seems to be perfectly warrantable from a careful reference to the persistency of the mental disease in all those patients in whom it has been discovered, and to the formidable associated pathological conditions of other important organs or structures."

"In the majority of patients of this class, the appetite is bad, and refusal of food is a very common fact; but some eat well and appear to relish their food much."

"Undue distension of the stomach by flatus or food might tend to the displacement of the colon, but not necessarily to that elongation or stretching of the omentum, between the stomach and colon, which is always found in advanced cases." Besides, many of the cases afford clear proof that the stomach is quite passive, as where "it is dragged down by the colon and transformed into a bi-cornoid viscus."

"The absence of normal distension of the small intestines by food must be a very common fact in lypemaniacs and sitomaniacs, and these constitute a large proportion of the cases of deflected colon. It would not appear unreasonable in such cases to ascribe the displacement to the fact just mentioned, and if we could discover other

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adequate agencies to which to ascribe it in the exceptional cases of free-eaters, we might for the present rest satisfied with the explanation, especially, too, as it gives us, perhaps, the safest practical indication, the exhibition of liberal nourishment, as the best means of preventing or of retarding its progress. I should certainly have more reliance on this plan of treatment than on the opposite one, of frequent sponging out by purgatives. Besides, I have almost always found that the best purgative means in constipation of the insane has been free and regular eating; this is nature's way of working. There are, no doubt, exceptions to this rule, yet even in these we may find that other sorts of medicines, as for example, large doses of Dover's powder, will affect purgation far more certainly and more copiously than cathartics, so-called, and leave no injurious consequences."

"In many cases of persistent constipation I have seen a few grains of opium move the bowels freely, and leave them unhurt, when perhaps repeated heroic doses of drastics would have failed, or have done worse than fail. In these cases the real seat of intestinal torpor is in the brain and not in the belly, and we should address our medication accordingly."

Dr. Workman treats the belief in the ill-consequences of constipation, both on the body generally, and on the cerebral functions in particular, as a myth. "If the fæces in the intestines were really so offensive, so irritating, and morbific as many seem to regard them, surely they would themselves act purgatively, and provoke their own expulsion." He knew a Methodist preacher whose health was by no means bad, and who was actively employed in his calling, whose bowels were moved only once in four weeks.

"Another mistake with regard to purgatives, or rather to purgative medicine, is to measure their value by the *quantity* of the dejections. A good purgative should do more than empty the bowels; it should improve the functional condition of the entire chylopoietic apparatus, and if it does this, it is not very important whether it effects copious or trivial evacuations." A headache may be removed by an aperient dose long before it has produced a stool, showing that it was not due to constipation, or was not in the colon or the rectum, but referable to the torpid liver and sluggish intestinal glands.

Notes.—Whether the displacement of the colon is more common among the insane than the sane, as Dr. Workman is inclined to believe, must be considered an open question. It is a condition that has not assumed in the eyes of morbid anatomists the position and importance of a pathological entity having determinate relations to other lesions, and connected with definite symptoms, and consequently writers on abdominal derangements have as we have seen Dr. Workman remarks, noted its occurrence only exceptionally. Some of the older writers on medicine, who assigned a higher im-

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portance to such displacements, than their successors have done, have specially remarked on the frequency of this irregular position of the colon in patients not insane. Thus Morgagni notes its occurrence in above twenty instances, and calls it "inflection of the colon." In his thirty-fourth letter he refers to Sylvius, as teaching "that the colon is often carried through the middle of the abdomen, to the navel, and sometimes even quite to the bladder, by a considerable deviation from its more usual course." This statement he confirms by his own observations, and by those of Valsalva, remarking, however, that he has not had occasion to notice in his treatise this abnormal position in all the bodies in which he had found it. Again, in his fifty-ninth letter, he refers to it as an appearance met with very frequently, even in those persons in whom it seems to have happened naturally, rather than from disease.

Dr. Copland ('Dictionary of Medicine') has a notice of these displacements of the great intestine, and refers to recorded cases in the works of several authors, and adds "Dr. Yelloly states that Mr. Lawrence and Mr. Dalrymple, who have examined many bodies of insane persons, have very seldom observed in them any deviation from the natural course of the colon."

The question raised is one of fact, and we may commend its solution to our readers.

Respecting the comparative frequency of the displacement in the two sexes, it seems certain that it is much more common among females, a circumstance we are disposed to attribute in a great measure to their tight lacing by stays; for displacements to greater or less extent of the stomach and other abdominal viscera are well-nigh always found among them. This cause would however be co-operative with the more general one recognised by the older writers, by Dr. Copland, and by Dr. Habershon in his casual notice of the lesion ('Observations on the Alimentary Canal'), viz., frequent and continued constipation and distension of the colon.

'*On the treatment of Delirium Tremens and Mania with Tincture of Digitalis.*' By W. McCrea, M.B. Lond.*—This practical paper, by Dr. McCrea, appears in the pages of a newly-started and meritorious Australian Journal, published at Melbourne, under the title of the 'Medical and Surgical Review,' and edited by Mr. James Keene, late surgeon of the West London Hospital.

Dr. McCrea has had a large experience, as surgeon of the Melbourne Gaol, with delirium tremens, and in a less degree with cases of acute mania, taken to the prison for temporary security prior to their removal to the asylum. He has prepared a notice of eighty cases, in which he has given the tincture of digitalis, forty of which

* In our report for July, 1862 (vol. viii, p. 252), we gave the results of Professor Albers' experience of the employment of digitalis in mania.

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are very briefly recorded in the present paper. "The cases have been, to avoid prolixity, condensed to the greatest possible extent. It may, however, be here stated, that they presented the usual symptoms of delirium tremens and mania respectively, the pulse ranging from 110 to 130 when put under treatment." The other part of the series, with some general remarks on the effect of the remedy in these diseases, will be published in a future number.

The tincture of digitalis was administered in half-ounce doses—in one case, presently recorded, in ounce doses. In the forty cases of delirium tremens and mania detailed there were only three deaths; the instances of the former malady treated are generally noted as rapidly recovered; the majority of the maniacal cases were sent to the asylum unrecovered. Of the three fatal cases treated for delirium tremens, the first presented, on a post-mortem examination, extensive effusion on the brain; the second "showed congestion of the brain and its membranes, extensive arachnitis and effusion of serum at the base of the brain; the third, extensive arachnitis, of old and recent dates, congestion of the brain and its membranes, and effusion of a large amount of fluid in the ventricles at the base of the brain and in the spinal canal. It appeared on the inquest that this last case, that of a woman æt. 40, had been committed over forty times for drunkenness." Several epileptic fits occurred on the day she died.

It seems to have been a common practice with Dr. McCrea to precede the administration of the digitalis with an emetic, and often with a purgative also. In several instances the drug was given three times in the course of the day, at intervals of four hours; in others it was given only at night.

Thirteen of the forty cases are described as mania. These are: W. F—, æt. 30; admitted 11th July, 1861. He was a violent maniac, tearing his clothes. A blister was applied to the nape of the neck, and alteratives were given. Under this treatment he improved, became less violent, but did not sleep at night. On the evening of the 15th forty drops of laudanum were given; and on the 18th sixty drops; after the last dose he slept a little. On the 19th half an ounce of tincture of digitalis was given three times during the day; no effect whatever followed, and that night he did not sleep. On the 20th the digitalis was continued three times in the day; he slept part of that night, and was less violent the next day, the 21st, but at 8 p.m. he became very excited and furious; another dose of the digitalis was then given, and he slept the whole of the night. On the 22nd and 23rd he was much less violent, but did not sleep either of those nights. On the 24th he was removed to the asylum.

"John M—, æt. 30; treated for violent mania on the night of the 19th of July, 1861. Half an ounce of tincture of digitalis was given. On the 20th there was no improvement, and the digitalis was given three times a day. No sleep followed; it was

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again given three times on the 21st; that night he slept at intervals, and the next morning was nauseated; the medicine was stopped, and he slept well on the night of the 22nd. On the 24th he was sent to the asylum greatly improved.

"Donald G—, æt. 28; treated for mania, 31st July, 1861. This was the same person who had been treated for delirium tremens on July 2nd, and rapidly recovered in a few days. He recommenced drinking hard and returned to the jail in a state of mania, talking incessantly night and day. One ounce of tincture of digitalis was given every four hours for three doses. The effect was very marked, he slept well, and the next morning was much quieter. No digitalis was given afterwards. He was treated for disorder of the digestive organs and enuresis, by alteratives and tonics, but the mania was cured by the digitalis.

Patrick M—, æt. 60; treated for mania, 5th September, 1861. Very noisy and excited. Half an ounce of tincture of digitalis was given at bedtime. No sleep followed, and no good effect. The digitalis was repeated twice on the 6th; some sleep followed, and he was much quieter on the 7th—the medicine had nauseated him. An emetic was then given, and another dose of digitalis on the evening of the 7th; he was quieter during the night, but did not sleep much. On the 8th two doses of digitalis were given; that night he slept well, and was quite quiet afterwards, though still lunatic.

Dennis D—, æt. 70; treated for mania, 9th September, 1861. Very violent. Half an ounce of tincture of digitalis was given at bedtime. No sleep followed, and the violence continued. On the 10th two doses of digitalis were ordered. After the second dose was given, in the evening, he fell asleep, and slept nearly forty-eight hours, after which the maniacal symptoms subsided, and did not return.

George F—, æt. 32; treated for mania, 1st October, 1861. Half an ounce of tincture of digitalis was given three times in the course of the day, but without any result at 9 p.m. He rested very little that night, but the next morning he was not so violent. Another dose of digitalis was given on the night of the 2nd, and he slept at intervals during the day of the 3rd; he became very noisy and violent in the evening till midnight, and then slept until morning, when he awoke free from the violent mania, but still insane. The next day he was sent to the asylum.

Roderic M—, æt. 35; treated for mania, November 4th, 1861. Was very violent, tongue clean, and otherwise healthy. Half an ounce of tincture of digitalis was given three times this day. On the 5th he was better, less violent, had slept part of the night. The digitalis was repeated at bed-time with good effect; he slept well, and was much better on the morning of the 6th. The digitalis was repeated at night. The next morning he was quite quiet, though still insane. He was sent to the asylum.

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Theodore W—, æt. 44; treated for mania, 22nd November, 1861. Very violent. Half an ounce of tincture of digitalis was given at night; sleep followed, and a great subsidence of the mania until the evening of the 24th, when he became violent and excited; again another dose of digitalis was given; he slept well, and had no return of the mania.

Samuel B—, æt. 47; treated for mania, 26th November, 1861. This man was a lunatic, and said to be of sober habits; but, from his demands for beer, this statement was doubtful. He was violent and noisy. An emetic was given, and followed by half an ounce of tincture of digitalis every four hours; two doses were given, after which he slept well, and was much quieter the next day. He was afterwards treated by alteratives and tonics; the maniacal violence did not return, but he remained lunatic, and was sent to the asylum.

William J—, æt. 30; treated for mania, 28th November, 1861. This man had been admitted on the evening of the 27th, and an emetic was given that night. He did not sleep, and was very restless on the 28th. Tincture of digitalis, half an ounce, was given at bedtime. 29th.—Much quieter; slept a good deal in the night. Tincture of digitalis, half an ounce, ordered at bedtime, if necessary. 30th.—Digitalis was necessary; slept well after it, and is quieter this morning. Digitalis to be repeated at bedtime. He slept well after this dose, and the mania after this entirely subsided. Discharged cured 11th December.

Mary S—, æt. 30; treated for mania, 30th November, 1861. This woman had been admitted to the gaol on the 26th November, suffering from mania from suppressed menstruation. Her head was hot and pulse very strong; cold was applied to the head, and purgatives given. Under this she improved till the 30th, when she became excited and violent; half an ounce of tincture of digitalis was given at bedtime, after which she slept well, and in the morning was free from mania, which did not return. A few days afterwards her menses came on, and she got quite well.

Anne C—, æt. 28; treated for mania, 6th December, 1861. This woman was suffering from violent mania, with great vascular excitement and heat of scalp. Cold douche was applied to the head, and one half grain of tartar emetic given every four hours. No improvement followed, and the next night half an ounce of tincture of digitalis was given; she slept a little after the digitalis. The next day the tartar emetic was resumed, and continued for two days; the vascular excitement and heat of scalp were reduced, but she did not sleep at night. On the 11th another dose of digitalis was given at night; sleep followed for a few hours, but then she became noisy and excited again. She was removed to the asylum before any more digitalis could be given.

We have recited these cases pretty much in the very words of the

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writer of the paper, in order that each of our readers might form his own opinion of the value of digitalis in the treatment of acute mania in comparison with other medicines. For our part, we are not prepossessed in favour of this treatment, and do not look upon its results as very satisfactory. A parallel set of cases treated by opiates, we believe, would exhibit more success, and that in a more speedy manner. However, we forbear comments until we see the further and concluding portion of the essay, together with Dr. McCrea's remarks upon the whole subject.

'*Der Irrenfreund, ein Volksschrift über Irre und Irren-Anstalten*' ('The Lunatic's Friend; a Popular Journal of Insanity and Lunatic Asylums').—Such is the title of a monthly journal of insanity, edited by Dr. F. Koster, director of the Westphalian asylum at Marzburg, and Dr. Brosius, director of the private asylum at Berndorf, near Coblenz. It appears to have been in course of publication during the last four years, though we have neither seen a copy nor noticed an advertisement of it previously to the present year. In some prefatory observations the editors remark on the great movements taking place in everything relating to the construction of asylums and the management of the insane, and on the desirability of enlisting the interests and co-operation of the non-professional public in these matters, and of diffusing correct notions respecting insanity and the state and wants of the insane. These purposes the journal is intended to fulfil; and, so far as we have yet seen, it seeks to attain its objects legitimately; to inform the public without the sacrifice of professional dignity and soundness of knowledge. It has articles of great interest to professional men, but to succeed in its object as a popular instructor, it should have a large non-professional list of subscribers and readers, a condition of success we trust the editors do actually possess.

The first number for the present year contains the concluding part of an essay by Dr. Löwenhardt, on "Some misunderstood Forms of Insanity," pointing out various conditions, circumstances, and symptoms, which constitute the prelude or first phases of insanity, but are frequently overlooked by the public, or fail to strike them as marks of insanity, even when the existence of the disease is otherwise recognised.

Murder committed under the delusion of witchcraft.—The accused, a carpenter, forty-five years of age, was apprehended, on his own confession, of having killed a poor widow woman in his own house, and the question of his sanity tried by a commission of the faculty of medicine in Berlin, under the presidency of Dr. Casper; the verdict being that he was at and before the time of committing the murder, and at the date of examination, suffering from melancholia, which exempted him from trial on account of the crime.

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In his first confession he asserted that the sorcery of his victim had afflicted him, some time previously to the commission of the crime, with various disorders—with terrors, giddiness, dumbness, pains in the side, and general debility; and that a doctor then told him that his blood, from sympathy with the supposed witch, was vitally destroyed, and converted into foam. He got rather better, but the woman moved into a house opposite to his, and his miseries recommenced. He enlisted the services of his wife to aid him against the wiles of his persecutor, and to propitiate her, sent her a basket of apples. However, he felt he should never enjoy health or happiness until his tormentor was dead. Two days after sending his present, the poor widow called upon him, and whilst he was talking to her he was attacked with the pain at the heart and giddiness, and thereupon seized her and strangled her; or, as he stated on another occasion, laid hold of her and threw her downstairs, breaking her neck. Between his two principal confessions, moreover, there were other discrepancies in matters of fact; but with reference to his first account of his seizing her by the throat and throttling her, it was borne out by marks of strangulation on the body, noticed between the fifth and sixth cervical vertebræ.

The depositions proved that he gave no coherent lengthened answers to questions, but spoke in a muttering, confused, and interrupted manner. After he had been ten weeks in prison he complained that the spells of his victim had not ceased, but were kept up by her family, and he wore charms to counteract their evil consequences. On one occasion he expressed his conviction that his wife was dead, for that he had heard a heavy fall and loud scream in the cell over his head, the cell at the time being uninhabited.

His wife stated that he had suffered much from sickness for four years, and often was awake nearly the whole night, circumstances he attributed to witchcraft. His sister also testified to his disordered condition and belief in the sorcery of the poor widow, and to his having besought her, some eight days before the murder, to apply to the burgomaster to imprison the woman, and prevent her annoying him. The parochial minister witnessed that a few days before the crime was committed he found the accused in bed, ill, and complaining that his child had become the prey, like himself, to the operations of witchcraft, and that he could not endure his sufferings much longer. His medical man likewise certified that for a year and a half his patient had complained of being troubled and anxious, and had suffered from congestions in the chest; and another physician looked upon his case as one of hypochondria, and spoke to his having, two years before committing the crime, suffered from abdominal disorder, enlarged spleen, night-sweats, and a tendency to melancholia. Other witnesses testified to his being an honest but timid man, without energy, and with narrow intellect.

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In stature the accused was tall and thin, but strongly made in the limbs, and had a heavy, gloomy look; a melancholic, sluggish manner and gait. He held his hands across his abdomen, and interrupted his answers by frequent groans and complaints of pain. The heart's action was healthy, but there was tubercular consolidation of the lungs, and he had frequent cerebral and thoracic congestions.

In his report on this case, Dr. Casper remarks on the association of mental disorder with bodily disease, and on the contrariety of the act of murder to the naturally timid, feeble character of the man, to be accounted for only on the supposition of insanity. The whole report is carefully drawn up, and would repay perusal, but is too long to transfer to our pages.

In the March number of the 'Irrenfreund' Dr. Scheffer has published some general observations on hypochondria, and illustrated them by an interesting case; and in the same and two following numbers the prize essay of Dr. Finkelnburg (of Siegburg) is translated from the French, on the questions propounded by the Medical Society of Bordeaux,—"Whether the will may be disordered without disturbance of the intellect? Under what circumstances does an individual escape responsibility for his acts? What legislative changes are required in reference to these questions?"

Dr. Finkelnburg recounts the history of fifteen cases, seven of which are reproduced in the 'Irrenfreund.' His general deduction is that disordered volition, both with exaltation and depression, dependent on abnormal bodily and mental conditions, may exist apart from disorder of the intellect; the latter continuing, too, for a long period unimpaired.

He regards the disorder as especially one of the faculty of volition, as the deprivation of freedom of determination or of moral freedom, and as quite independent of any monomania, of disordered consciousness or perception of the power of comparison—conditions which, if present, are consequently not intrinsic.

Dr. Brosius, the editor, appends some general observations, and remarks that he cannot coincide with Dr. Finkelnburg, being convinced that though such moral deficiency may exist, and even so without the presence of delirium or monomania, there will nevertheless be found some disorder of the understanding and of apprehension. It seems to him impossible that the movements and phenomena of the sentiments and will should be so acted upon as to impress upon the character excitement or depression without the intellect being involved, or that the sentiments and will should be so completely isolated as to constitute completely independent faculties. He has particularly noticed, in those cases which have fallen under his observation, where the emotions and will alone seemed to

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be disordered, that there has really been disturbance of the intellect, though much overlaid and concealed by the prominent symptoms, and often preceded by them, in all appearance, to its exclusion. The like is seen in sound men under the influence of emotion; the so-called moral insanity being a more lasting condition, dependent on material lesion.

'Allgemeine Zeitschrift für Psychiatrie,' 1863 (Band xx). The first part of this journal for the present year contains a clinical paper on "Tabes Dorsalis and Progressive General Paralysis," by Dr. Westphal; one "On the advantage of the same Institution for the Reception and Treatment of the Insane;" and a third, "On Bloody Sweating from the Head in Dementia Paralytica."

Of this last only can we attempt a notice in our present paper. It is written by Dr. F. Servaes, physician of the asylum at Lindenburg.

Within the last two years he has, he writes, had the opportunity of observing two cases of bloody sweat on the head in paralytic dementia, and now publishes them as unique, so far as his information and reading extend.

Case 1.—F—, a long time insane, with wide-spread muscular paralysis, rendering the speech unintelligible. Congestion of the head, with increased heat, was a frequent and severe symptom, and accompanied with a very quick, but always small pulse. Ice was used to the head, and the attacks subsided in a few days. "On one day I observed a large number of drops of blood, clotted, on his face, which looked as if it had been sprinkled with blood." On washing this off, fresh blood exuded from other points, like as from the prick of a needle, and after two hours the face was again generally bespattered.

Whilst this went on the countenance was red, the temperature of the head elevated, and the pulse 120, but small. In two days the oozing of the blood ceased, and in some points, where the escape had been more free, there appeared circular, roseola-like spots.

Subsequently, congestive attacks of the head supervened, but no more exudation of blood was noticed prior to his death. Eight days before death inflammatory swelling seized on the right hand, followed by the production of large blister-like vesicles and gangrenous spots. At the same time rapid effusion and gangrenous sores appeared over the sacrum. On a post-mortem examination a considerable serous effusion was found within the dura mater over the right side of the brain, with shrinking of the right hemisphere. The further examination of the brain was delayed, and the viscus placed in spirit; but when afterwards examined, it was so soft as to break down under the slightest pressure, and no further lesion than that named was made out.

Case 2.—A. V— was received, on the 9th of May, from Sieg-

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burg, as an incurable. Was much emaciated, and the muscular paralysis so great that walking was impossible, and she was confined to her bed. The skin was dry, and much disposed to the production of bed-sores, particularly as the patient was restless in bed and dirty in her habits. She was constantly calling out and crying, and tore clothing and bedding with her teeth. Her craving for food was extreme.

Between the 20th and 31st of July fifteen to twenty drops of blood were met with on the face, behind the ear, and on the hairy scalp; almost all on the right side, on which also there were three boils. On washing them off many again reappeared; but this happened more slowly than in the other case, and it was twenty-four hours before they became as widely diffused as at first. On the arrest of the effusion, roseola-like spots appeared for a few days, and then vanished. The temperature of the head, and particularly of the body, was reduced during this period; and the pulse became only 42 in the minute, small and thready. Consciousness very feeble. A large bed-sore shortly afterwards formed on the sacrum; and on the 13th September sudden collapse occurred, and death in thirty-six hours. A post-mortem examination was made forty-two hours after death.

The rather thick scalp showed posteriorly several oozing points. On opening the cranium the dura mater was found loose and fluctuating from fluid beneath it, and on cutting through this membrane several ounces of straw-coloured, turbid serum escaped. It was now evident that the right hemisphere was much shrunk, so as to leave an interval of half an inch between the bones and its surface, whilst a number of easily torn adhesions extended between the two anteriorly, as well as between the cerebral surface and tentorium. A considerable quantity of blueish serum escaped from the spinal canal. Water was also present in the subarachnoid spaces, penetrating between and widening some of the cerebral sulci. The arachnoid was milky in aspect at the base of the brain and over the cerebellum. The blood-vessels of the pia mater were filled with blood.

On the anterior half of the brain, as well on its upper convex surface as at its base, the meninges were inseparable from the brain-substance, without laceration of the latter; posteriorly, however, they could be readily detached. The consistence of the brain generally was very soft and œdematous, and presented numerous bloody points on section. The medulla oblongata was likewise softened.

Effusion and hyperæmia occurred on the under portion of the spinal cord, which was also atrophied and softened. The lungs slightly œdematous. Liver permeated by gray, sago-like granules. Spleen soft. Mesentery swollen and white.

The author believes the blood in these cases escaped from the

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sweat-ducts, from their overgorged capillaries, the general muscular paralysis favouring exudation from the skin. Moreover, he calls to mind the disposition to altered composition of the blood in paralytics, to serous effusions and sanguineous exudation, as seen in the sanguineous tumours of the dura mater and external ear in such patients. Something analogous may also be seen in septic states of the blood, where hæmorrhagic effusion takes place in the form of spots or petechiæ.

To explain the occurrence of the oozing of blood in paralytics, he refers to the frequent attacks of congestion of the head they are prone to, as happened in his first recorded case; and although in the second instance the cold surface argued against such congestion, yet the numerous bloody points found on cutting the brain after death indicated its probable occurrence and a dilated state of the capillaries. Whether the serous effusion beneath the dura mater could have any influence in favouring the escape of blood, he will not profess to determine.

It is doubtful what value, in a pathological point of view, should be given to these two isolated cases of bloody exudation from the face and head. There is a lack of several particulars, which prevents our arriving at a positive conclusion whether the circumstance might or might not have been due to causes independent entirely, or nearly so, of the actual morbid condition of the patients. Moreover, the two cases were much unlike; in the one there was evidence of congestion of the head, whilst in the other there was a deficiency of blood. The bloody points seen on slicing the brain in the latter case by no means indicate cerebral congestion. In forming a judgment respecting such cases we must bear in mind the diseased condition both of the blood and capillaries in most paralytic patients, favorable to exudation, and also the restless habits of some, instanced by their frequent picking or rubbing the surface and pulling out hair. An occasional cause of bloody points on the skin, as we have witnessed, is the irritation and wounding of the surface by the rough ends of straw used in the bedding of patients, for pillows, &c. Whether straw pillows were used in the two cases recorded we know not, but think it very probable, as they are common in Continental asylums. The marvellous in the occurrence of the swollen ear of the insane, especially of the paralytics, has ceased to impress the medical superintendents of asylums, now that careful supervision of asylums and close inquiry into such cases have sufficiently shown that that lesion is the result of mechanical violence, and not self-originated from the peculiar morbid state of the patients. And, on the whole, we are inclined to look upon these instances of "bloody sweating" as of mechanical rather than of vital origin. However, the matter is deserving the attention and observation of our readers.

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