acid excreted in patients with chronic diseases of the brain is less than with healthy persons using the same diet. The quantity is increased really, as well as relatively to the amount of the other solid components of the urine.

Dr. Mendel also found that, during periods of maniacal excitement, the phosphoric acid was diminished both really, and relatively to the other solid contents; but that the phosphoric acid was increased both really and relatively after apoplectic and epileptic attacks.

(To be continued.)

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2. *American Psychological Retrospect.*

By T. W. McDowall, M.D., Assistant Medical Officer, West Riding Asylum, Wakefield.

American Journal of Insanity, Vol. xxviii., January to April, 1872.

(Continued from page 157.*)*

A New Definition of Insanity.—Dr. Cruse, having remarked upon the real difficulties which beset any attempt to give a truly accurate definition of insanity, and having pointed out in what respects definitions already proposed fail, offers the following for general acceptation —"*Insanity is the psychic manifestation of brain-disease.*" The Editor of the "Journal of Psychological Medicine" appends a note to Dr. Cruse's paper to the following effect:—"While Dr. Cruse has given a definition of insanity, which is in the right direction, and has written very philosophically in support of his views, the terms of the definition are not sufficiently explicit. A man insensible from the effects of cerebral hæmorrhage exhibits 'psychic manifestations of brain-disease,' and yet he is certainly not insane. The definition of the editor, 'a manifestation of disease of the brain, characterised by a general or partial derangement of one or more faculties of the mind, and in which, while consciousness is not abolished, mental freedom is weakened, perverted, or destroyed,' appears to be preferable. If Dr. Cruse's definition were made to read, *a psychic manifestation of brain-disease unattended by loss of consciousness*, it would probably be more compact, and fully as logical as any extant."

A Case of Diffused Cerebral Sclerosis.—As excessive brevity greatly lessens the value of clinical records, we shall reproduce in their entirety Dr. Baldwin's notes of this case.

"The victim of the disease, the name of which heads this history, was a gentleman of rare endowments and extensive acquirements; his ancestry were healthy, his habits unexceptionable; he was the father of nine children, all of whom are living and healthy. Some two years since he was assailed by charges highly derogatory to professional and personal character. The charges proved unfounded; but, to escape

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the mental torture of a sensitive nature, severe and protracted literary labour was undertaken. It was not, however, until the early part of the year 1871 that evidence of intra-cranial disease was apparent. About this time the patient complained of a loss of memory, which had always been remarkably retentive. He constantly mis-called the names of persons who were familiarly known to him. He next mis-called things; a watch he called a star, &c. He was quite conscious of this failing, and was much annoyed thereby, saying, "I will get it in a minute; you know what I mean," &c. He could articulate complex words with great distinctness, showing the integrity of the muscles concerned in articulation as well as the larynx. Distinct chilly sensations marked the early part of the disease. He complained of pain on the left side of the head, which was characterised as intolerable. This pain seemed intermittent, exacerbations occurring during the afternoon and evening. The tongue was not deflected to either side. The pupils were only slightly affected, the left being somewhat contracted. Facial palsy of the right side was first shown by a deficiency of the furrow extending from the nostril to the angle of the mouth, and at the same time an apparent excessive contraction of the muscles of the left side of the face. He could still walk well, and had considerable power of both hands. He was, however, obliged to give up his literary labours. Slight bewilderment was now occasionally noticed, or perhaps it is better expressed by an uncertainty as to what to do next or where to go; coincident with this there was shuffling, which was *always* present. Recognition of friends, joy, and the emotions well preserved. Unilateral sweating was present in a marked degree, the seat of pain being free from moisture, while the right side of the head was covered with perspiration. The hands now became weaker, and complaint was made that the right leg seemed shorter than the left. Examination of the urine revealed no albumen, but granular casts were present under the microscope. There were no epileptic seizures at any time, nor was there present any noticeable flexure of the fingers; tremors of the muscles were not present. The pulse was slightly accelerated, uniformly about 92 per minute. There was no noticeable disturbance of respiration. The appetite was capricious, and at times relaxation, and again some tardiness of the action, of the bowels; during the last month of life there was a gradual failure of the mental powers, and an increase of paralysis of the right side. The conjectural diagnosis during life was lesion of the left hemisphere in the neighbourhood of the deep origin of the facial nerve, the nature of lesion not determined. During the month of July the patient visited Dr. W. A. Hammond, who, from ophthalmoscopic and other examination, confirmed the above opinion, proving through the agency of the dynamometer, considerable loss of power of the left hand.

"The treatment consisted of bromide of potassium to relieve pain; the occasional administration of a mild tonic, to keep up the tone of

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digestion; a laxative or a stringent, if necessary; and nutritious alimentation. It was found that the central pain was more relieved by half a grain of digitalis (English leaves) every three hours, than by any other agent.

"The autopsic examination was made forty-eight hours after death. The head only was examined. The cranium was found below rather than above the ordinary thickness. The dura mater was unusually adherent to the calvarium, so much so, indeed, as to require great force for removal of the skull-cap. Marked osseous deposit existed at several points in the course of the longitudinal sinus. No signs of lymph were present upon the arachnoid. The cavity of the arachnoid contained no unusual quantity of fluid. The vessels of the pia mater were fuller than natural. The whole substance of the brain was of unusual hardness. Upon slicing the substance of the brain, the layers could be easily handled without danger of disintegration. The lateral ventricles contained a small quantity of serum. Upon deeper slicing (on the left side of the transverse fissure, and occupying the position of the corpus fimbriatum and a part of the hippocampus major) was exposed a round mass of a lemon-yellow colour, of the size of a hazel nut, and which looked like a mass of adipose substance. The choroid plexus, as it passed through the transverse fissure, was found completely disintegrated; descending from the mass above mentioned, the substance of the left hemisphere of the cerebrum was found, for the space of a square inch, to be almost diffluent. Microscopic examination of the yellow mass above described showed an abundance of oil globules, but no traces of proper brain tissue. The same was true of the deeper-seated structural lesion, which was of a dirty-grey colour, with quite a distinct line of demarcation."

Suggestions relative to the Sequestration of alleged Lunatics.—From Dr. Parsons' statements it would appear that there exists, in the United States, great diversity of opinion as to the proper means to be adopted to prevent persons being improperly confined in asylums. Numerous attempts have been made to pass a law to the effect that no person shall be confined as a lunatic without a jury-trial. Such a law is in operation in one State. Though such a method of procedure may have its advantages, it cannot be denied that there are grave objections against its general adoption. These, as mentioned by Dr. Parsons, are:—1, the method is inefficient; 2, the patients are very liable to be injured directly by the delays and excitements inseparable from the process; and, 3, they are liable to be injured indirectly by being kept at home, on account of the prejudice of their friends against a jury-trial.

The opinion held by many, that a lunatic should simply be treated like a patient requiring admission to an ordinary hospital, has not been received with universal favour by any means. "Hence in this (New York) and some of the other States a middle course has been adopted by which the most serious of these objections have been

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avoided. The law of the State of New York, as applied to New York City, provides substantially as follows:—Two respectable physicians are first to examine the alleged lunatic. If satisfied that the person is insane, and needs asylum care and treatment, they make a joint affidavit to that effect before a judge (magistrate). Hereupon the magistrate (judge) commits the person to an asylum in due legal form, retaining the affidavits of the physicians as his vouchers. A method similar to the above in all its essential particulars has recently been recommended for general adoption by the Association of Superintendents of American Asylums for the Insane."

It is evident that there is something far wrong in the method of admitting patients, when the following statement can be made:—"Since the year 1847 no less than one hundred and twenty-five persons, who have been committed to the New York City Lunatic Asylum as insane, have been discharged as improper subjects. During a single year forty persons have been discharged from American asylums as having been *not insane* at the time of their admission. Many such cases are admitted every year."

Dr. Parsons makes excuses for these blunders by saying:—"They (the physicians) have not been taught the symptoms of mental disease they have seen few cases of insanity, they have not learned those methods of investigation that are most likely to elicit the facts. Hence they are distrustful of their own knowledge and abilities, and are liable to content themselves with vague generalisations that are principally based on the statements of interested parties, on preconceived notions, and on the appearance of the patient. The appearance of the eye alone has been adduced as the pathognomic symptom on which the diagnosis of insanity was based."

Having given the details in a number of cases, to illustrate the classes of persons occasionally locked up as supposed lunatics, Dr. Parsons proceeds to consider the methods that ought to be pursued and the principles that should be kept in mind during the examination of alleged lunatics, and to suggest the means and regulations adapted to secure the best results. It is unnecessary, however, to follow him in these topics, for we, in this country, already possess admirable arrangements for the avoidance of all the inconveniences. At most asylums, great attention is paid to ascertaining all previous facts in the cases likely to bear upon the future treatment. The method pursued in admitting patients is also good. In Scotland it is certainly admirable; the result is that cases of illegal detention are never heard of.

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