treatment of the insane, and the benefits that have resulted from the recent discussions of the subject, may be admitted by all; yet it may still be doubted, whether there is not a danger of becoming too scrupulous in regard to its application, even in cases which really might be benefited by it. We have therefore, while desirous of availing ourselves of every real improvement in the treatment of our patients, not adopted any exclusive theory in regard to the use of restraint, but have continued to resort to it in its mildest forms, whenever we have considered it necessary to the welfare of the patient."

J. C. B.

The Diagnosis of Insanity, by JOHN CHARLES BUCKNILL, M.D.

(Continued from page 245.)

THE extreme distortion of face produced by acute mania, or melancholia in its higher degree, is easily recognised. It may, however, be needful to distinguish it from the expression of cerebral inflammation, or of fever. The distinguishing characteristics of cerebral inflammation attended by maniacal symptoms are, a greater suffusion of countenance, a firm knitting of the brows expressive of intense pain, and a fierce, prominent, and blood-shot eye. It is in meningitis rather than in mania that it may be truly said—"And each strained ball of sight seemed bursting from his head." The patient suffering from cerebral inflammation has a motiveless ferocity of aspect, rarely met with in pure mania. The stage of effusion in meningitis, and all the stages of some forms of deep-seated cerebral inflammation, in which the meninges are not affected, require to be distinguished from dementia, rather than from mania. The history of the case, however, and the affection of the muscular system, will generally render the diagnosis easy.

The aspect of countenance in the delirium of fever is sufficiently different from that of mania, to afford valuable aid in the discrimination of these two conditions. In fever, whatever may be the degree of excitement and the amount of delirium, the countenance indicates low emotional force. In the delirium of mania, on the contrary, the expression of emotional force is highly exaggerated. This difference is very marked in the expression of the eyes and the mouth. Whatever may be the character of febrile delirium, the expression of the eyes is comparatively devoid of meaning, the muscles of the mouth, although relaxed, are devoid of mobility. The muscles of the face, like those of the body in

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general, are greatly deficient in power and tone, and the features, which are controlled by the facial muscles, are relaxed and without expression. If there is any mobility of the facial muscles, it is tremulous and feeble, indicating want of power; whereas, in mania, the play of these muscles is full of expression and purpose. It is vigorous and tense, and plainly marks a concentration of nervous force. The deepening wrinkles on the face of a patient suffering from the delirium of fever, are the result of emaciation; those which furrow the face of a maniac, result from the tense contraction of the muscles of expression.

Lavater recommends the student of physiognomy to commence with the insane, because they will afford to his art extreme and crucial instances.

We think that in this instance the acute founder of physiognomical science has not displayed his usual clear-sighted perception of the correct order of observation. To commence the study of physiognomy in a lunatic asylum, would be not less impracticable than to study physiology in the first instance, by means of pathology. It would have been as irrational to expect that the functions of the lungs could be discovered by the inspection of a piece of hepatized pulmonary tissue, as that the signs of natural expression could be determined solely by the observation of that which is strange and unnatural. It would seem, that in all departments of investigation, it is right to commence with the study of that which is most common, simple, and regular, and from thence to proceed to inquiries respecting that which is unusual and irregular. Notwithstanding Lavater's recommendation to his followers, we much doubt whether he ever himself pursued his physiognomical researches in the wards of a lunatic asylum. His nearest approach to it appears to have been a careful study of the insane productions of the painter Fuseli. He speaks of madness as an entity, the presence of which may possibly be discovered by some single mark or token in the lineaments. Actual researches in a lunatic asylum would have speedily undeceived him on this point. It may positively be asserted, that any one totally ignorant of the right meaning to be attached to the different expressions of the human face, would find himself more perplexed in the wards of a lunatic asylum than in any other place in the world, because he would find every variety of expression in every degree of intensity, without the existence of circumstances corresponding to, and explaining the physiognomical signs. Our own advice, therefore, to the student of physiogno-

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my would be the converse of that given by Lavater; and I am prepared to affirm, that no one can become proficient in the recognition of the various forms of insanity, who has not acquired a considerable amount of physiognomical tact by his intercourse with the sane portion of mankind.

If we may trust the descriptions transmitted to us by dramatists, poets, and painters, the facial expression of insanity was much more intense in the olden times, than at the present day. The idea generally entertained of a madman is more frequently taken from such descriptions, than from personal observations. I have seldom been more amused by the disappointment of a friend, than I was by that of an accomplished gentleman, who has now for some years made it his business, and his delight, to read Shakspeare to the English public. After patiently examining the numerous inmates of the Devon Asylum, he pronounced his opinion that they were all "stale, flat, and unprofitable." Doubtless they were so in his point of view, for he said, "Where is the poetry of madness? I see none of it, no flashing eye, no foam on the mouth. Why your people are as sober and as respectable as a vestry meeting!" It was a great artistic disappointment; but rather flattered than abashed, I admitted that since the insane had been treated on rational and humane principles, they had ceased to offer the best and most constant examples of exaggerated passion. But even did it continue to exist, the mere expression of intense and uncontrolled emotion would not, in itself, be a symptom of insanity; since emotion is often both intense and uncontrolled in those who are undoubtedly sane. Since, however, insanity is, by common consent, acknowledged to betray itself by the facial expression, it becomes necessary to inquire what are its true physiognomical symptoms.

The expression of the physiognomy in a sane person is compounded of intellectual, emotional, and propensive expression. Intellectual expression may be divided into that which is sensational or perceptive, and that which is reflective. The first is marked by the obvious activity of the organs of sense, especially by that of the eye, and by a certain fixedness of the features, indicating concentrated attention. The reflective expression, on the other hand, is marked by the more or less complete inactivity of the organs of sense, accompanied, however, by the same fixedness of feature which, in this instance, betokens concentration of attention upon an internal object. It would seem that a purely intellectual expression of either kind, must be unalloyed by traces of

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emotion. But on the other hand, a physiognomy indicating the presence of strong emotion may, nevertheless, be highly intellectual. An ample brow, a clear and stedfast eye, a firm and well-proportioned mouth, so constantly accompany a high degree of intelligence, that they are almost instinctively recognised as the signs of its presence, even although the features may be deeply marked by tokens which indicate the existence of one or more of the passions.

The emotional expression of the physiognomy is not capable of so simple a description and classification as the intellectual. The distinct emotional expressions are as numerous as the emotions themselves. They may, however, be conveniently classified into those which are expansive, and those which are contracted. To the former usually belong the feelings which are generous and honourable; to the latter, those which are selfish and mean. The former are generally accompanied by feelings of well-being, or happiness; the latter by those of suffering. Numerous exceptions, however, exist. Pity, for instance, is a generous, but painful emotion.

The expressional impress of strong animal propensities, or the absence of such expression, is a point of the highest importance. The sensual expression of physiognomy is not greatly modified by any prevailing instinct; it is, however, greatly modified according to the presence or absence of intellectual power. Without the latter, the facial indications of powerful and unrestrained instincts often profoundly degrade and brutalize the human face. When, however, they are conjoined with intellectual power, strong propensities often appear to lend force and energy to the character, and by the union of the two, the facial expression is wholly redeemed.

The student of the physiognomy of the insane must, above all things, endeavour to separate and to distinguish the three elements of expression above-named, and to estimate the degree in which they severally exist. Having done this, he must bend all his powers of perception and discrimination to the character which prevailing emotion has stamped upon the physiognomy. In persons of placid temperament, and especially in the earlier years of life, the facial traces of emotion may be so slight, as to defy the keenest scrutiny. But after the middle period of life, the habitual emotions become stamped in legible characters upon the features of almost all men; and in the rare instances where this is not the case, this fact in itself becomes a key to the character, proving an extraordinary absence of passions and desires,

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or a still more extraordinary control over their external manifestation. Insanity anticipates the effect of years, and prematurely impresses upon the human face the strong characteristics of habitual emotion. In the youthful insane, the facial lines of anger and pride, sorrow and fear, are more deeply cut than in sane persons of advanced years; and in a mature or aged lunatic, they are often displayed in an exaggerated degree rarely observed in persons of sound mind. It will be foreign to the object of this paper, to descant upon the minutiæ of physiognomical expression; for these, the student must consult works devoted to the subject, and especially those of the astute and laborious founder of physiognomical science. It will be sufficient in this place briefly to refer to the physiognomical signs observable in the plicæ in the forehead. When these are longitudinal, regular, and broad, they indicate a calm and reflective character; when perpendicular and abrupt, they indicate the prevalence of angry emotion. The scowl of anger must be distinguished from the heavy brow of melancholy; in the former, the eye-brows are forcibly approximated; in the latter, they simply droop. The various expressions of the mouth and nostrils must be duly estimated. The dilated nostril of pride and scorn must be distinguished from that of fear. The compression and mobility of the lips and corners of the mouth, indicate resolution or obstinacy, disgust and aversion; or on the other hand, satisfaction and the amiable feelings. The vivid and changeful expressions of the eye are so subtle, that they will scarcely submit themselves to verbal description, the stedfast gaze of pride, the languishing look of desire, the thwart glance of distrust, the glare of rage, characteristically express themselves in a manner which it is impossible to misapprehend.

In judging of the insane by their facial expression, the physiognomical characteristics are, in many instances, exactly similar to those observable in the sane; the intensity of expression, however, is frequently exaggerated.

In a great number of cases, a remarkable peculiarity is observable in the physiognomy of the insane; this exists in a want of accord in the expression of the different features. This is often remarkable and characteristic, and reminds one of those children's toys, in which the upper and lower halves of painted figures are separable and capable of being joined in fantastic reunion. Thus the lower face of an alderman may be added to the upper face of a handsome woman, and upon the simpering mouth of the latter may be superadded

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the stern brows of a soldier The effects produced by this amusing toy are only exaggerations of what may be observed in the insane. The expression of mouth often gives the lie to that of the eye and the brow, and while the whole features are full of expression, it is often impossible to designate truly that which is expressed. This is, perhaps of all, the most characteristic peculiarity of insane physiognomy, because it is only observed among the insane. It is, however, frequently absent in them, and the patients in whom this peculiarity is strongly marked, are probably less numerous than those in which it is absent. Its presence, therefore, as a symptom of insanity is of considerable value, while but little weight can be attached to its absence.

Another peculiarity in the physiognomical expression of the insane, is the apparently causeless and motiveless play of feature which is frequently observed in them. This is only remarked in chronic mania, and in the earlier stages of acute mania, and, conjoined with the last-mentioned conditions, it occasions that state of facial expression upon which the popular idea of a madman's looks is founded. These changes, although apparently causeless and motiveless, are not so in reality; they are, indeed, a reflection of those rapid changes in the emotional state which often exist in mania.

The physiognomical expression of the insane must be studied with reference to the form of disease. Thus, in melancholia, the facial expression is emotional; while in mania, it is emotional and intellectual, and is marked by the characteristics of changeableness and inconsistency above described. In dementia, on the other hand, all expression has disappeared, the vacant stare and the meaningless lineaments indicate the loss of thought and of desire. It is only necessary in this place, briefly to advert to the great peculiarities observable in the face of general paralytics,—the trembling lips, the drooping brows, the features expressive of a mixed state of imbecility and excitement, the eyes with pupils of unequal size, together afford to the experienced alienist, unquestionable testimony of the existence of this most hopeless of maladies.

The physician who is a good physiognomist (and no physician can practice his art satisfactorily and successfully unless he is so), when introduced to a patient suspected to be insane, must diligently study the features in conformity with the above principles. He will very frequently find his opinion strongly biassed by the impression which the looks of the patient make upon his experienced judgment, and

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upon this ground alone, he will, in numerous instances, be able to pronounce with accuracy, not only that the patient is insane, but the general form of the insanity under which he labours; at least this will be the case in numerous instances of incipient mania, in dementia, and paralysis. The cases in which the looks of the patient will often defy the scrutiny of the physician, are those of monomania or partial insanity, and of melancholia. In cases of partial insanity, where the delusion or delusions are not of a kind strongly to implicate the feelings, the mental disease frequently leaves no trace whatever on the physiognomy, and the looks of the patient are exactly those of a sane man. In the earlier and middle stages of melancholia also, the physiognomical expression of sadness is not to be distinguished from that of natural and healthy grief. The extreme anxiety and wistfulness of acute melancholia, and the dark shadows of the severer forms of chronic melancholia are, however, not to be mistaken. With the above-named exceptions, the physician will derive invaluable aid from the physiognomical study of his patient. The information thus derived, he must immediately turn to account in the conduct of his interrogation and conversation.

It will be tedious and unprofitable to dilate further upon this subject. Its importance, indeed, cannot be easily overrated; but the art of physiognomy cannot be taught in dissertations or treatises. Like the art of judging of the weather acquired by the mariner and the sportsman, its only school is the wide field of observation. A few principles may indeed be laid down, by which observation may be rendered more easy. They are, however, but few, and the exceptions to their application are frequent.

In observing the patient's expression, demeanour, attitude, &c., the physician will do well to avoid a marked and obvious attention; and in passing from ocular observation to conversational investigation, the more quietly and naturally he conducts himself, the more likely he is to succeed in disarming the suspicions of the patient, and in discovering his real mental state. Much has been written about the manner and mode of address which it is desirable to put on in intercourse with the insane; but many of the insane are themselves acute observers, quick and ready to see through the mask of an assumed manner. A physician, therefore, who feels that it is needful for him to assume towards the insane a manner foreign to his natural disposition, will do well to keep out of their way, and to direct his attention to other branches of professional practice. A quiet and self-possessed

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manner is most successful with the insane, but it is only successful when it is natural.

Interrogation. In passing from observation to interrogation, the physician will rarely act with wisdom if he at once assail the citadel of the disease. He must first endeavour to occupy the outworks. His efforts must be directed to placing himself on good terms with his patient. For this, no general directions can be given. He must employ that tact derived from good sense and knowledge of mankind, without which he will find himself lame and impotent in this field of medical practice. By the time that a good understanding has been established between the physician and the patient, the former will have obtained from the various sources which we have specified, information of the utmost importance for the guidance of his interrogations. If he is so unfortunate as to have absolutely no history of his patient, he will have observed in him one of four things, either—firstly, a vacant and meaningless expression, and a childish absurdity of action, the signs of dementia, of imbecility, or those of general paralysis; or, secondly, a facial expression of deep and concentrated sorrow; or, thirdly, indications in physiognomy or demeanour, of strangeness and irregularity; or, fourthly, no outward indication of mental disease. In each of these four main divisions of mental disease, a somewhat different method of interrogation must be pursued. In the mature stages of dementia, when the patient can neither understand nor answer a simple question, of course interrogation is both unnecessary and impracticable. But in the early stages of primary dementia, the task of ascertaining the extent of mental debility, is not unattended with difficulty. In this form of disease, there is little in the patient's conduct or demeanour to assist the judgment of the medical man; the physiognomy, indeed, is silly and expressionless, the eyes have a meaningless look, and easily and frequently suffuse with tears, and a vacant smile plays upon the lips. The features, however, are often fixed in meaningless apathy. In this form of disease, the mind, suffering from deprivation and not from aberration of function, it becomes needful only to test the degree in which functional power has been lost. This must be determined by testing the three fundamental functions of mind, namely, those of attention, memory, and comparison.

It must be remembered, that the inattention of dementia is widely different from that of mania. When brought to the test of repeating any statement, madness gambols from

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rewording the matter. Dementia does not gambol, it halts, or stands stock still. The fault of attention in mania arises from the "thick crowding fancies," which prevent the mind from dwelling upon any one object in a manner to fix the attention. An object is seen clearly, although but for a moment. In dementia, no object impresses a distinct idea upon the perception, although the attention may have dwelt upon it for some length of time. The test devised by the English law for idiotcy, namely, the appreciation of number, is a useful one in the early stages of dementia. It is remarkable at how early a period of the malady, patients lose not merely the power of understanding anything like an intricate account, but the value of very simple numbers. To this fact is to be attributed many instances of reckless expenditure and apparent prodigality in persons becoming insane. Other instances arise from aberration of the judgment, and loss of power to estimate consequences, and others from a morbidly active state of desire; but in the early stages of dementia, in the dementia of old age, and in imbecility, the patients become an easy prey to designing persons, from the weakened power of attention, and the consequent inability to estimate the value of money. The power of memory depends, in a great degree, upon that of attention. A thing which is well observed, is well remembered; while circumstances to which the attention has not been energetically directed, hold in the memory but a feeble and treacherous place. It is partly to this that must be attributed the well-known peculiarity in the memory of persons suffering from the dementia of old age. The vivid impressions of early life are easily recalled, while the recent ones of declining age leave no traces in the mind. It must not, however, be supposed that the powers of the memory can only be enfeebled in this secondary manner. The memory is itself a cerebral function, and so purely is it a cerebral function, that some metaphysicians who strenuously deny this attribute of all other mental powers, concede it in regard of the memory, and in this manner endeavour to establish an alliance, or a compromise, between the physiological and the spiritualist theories of the mind. The memory then, is without question, a function of the brain, and cannot fail to suffer injury from any lesion to which its organ is subjected. It is, as we have seen, impaired in a secondary manner, from enfeeblement of the attention. That it is also primarily injured in dementia, is proved by the fact, that when peculiar circumstances have excited the attention to energetic exercise, and have occasioned passion-

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ate emotion, the memory, although in a less degree, is still feeble and treacherous.

It is very remarkable, that in those forms of cerebral lesion which are characterised by enfeeblement and decay of the mental functions, the highest of these functions, namely, the judgment, suffers to a much less extent than either the attention or the memory. It is a fact abundantly verified by experience, that persons in whom the powers of the mind are in an advanced stage of decay, the judgment often remains sound, as far as its condition is capable of being investigated. It is difficult to bring the comparing faculty into play, because it is difficult to present to it, ideas representing the things to be compared. The attention and the memory having failed, the scales of the mental balance remain empty; but if by adroit management, these scales can be loaded, it is found that the adjustment of the beam remains correct. This remarkable circumstance forms a point of distinction between dementia and mania. In mania, attention and memory are often vigorous, but the comparing faculty is deranged.

In dementia, the emotional functions suffer, but in a less degree, and at a later period than the primary intellectual functions of the mind. In the cerebral decay of old age, which may be taken as the type of dementia, the nobler and more complicated emotions of manhood give way to those of a simpler character, and the state of mind from this change derives its popular name of "second childhood."

When ambition, patriotism, love, and friendship have suffered decay, and the ennobling influence of the intellectual faculties have been abstracted from the character, the simpler kinds of emotion which have become habitual during life, exercise a more open and unrestrained influence upon the individual. It is the habitual influence of the simpler kinds of emotion which especially form what is called the disposition. If this has been what is called good, the dementia of disease, or of "second childhood," will be placid and amiable; if, on the other hand, the habitual emotions have been of the egotistical and irascible kind, the state of dementia will be marked by anger easily roused, or fretfulness, and by a discontented selfishness. In persons of really evil disposition, the mental decay of old age is characterised by a hideous display of malignant feeling.

In the above analytical consideration of the mental changes which take place in dementia, I have been careful to avoid what may be called metaphysical subtleties. Under the term

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attention, I have included sensation, perception, and conception. Under the term memory, I have included memory proper, and recollection, or remembrance. Under judgment, I have included comparison, wit, imagination, and judgment proper. And under the general term of emotion, I have included the sentiments, feelings, and desires, and those also which perhaps ought to have been considered separately—the propensities, or instincts. It may be laid down as a general rule, that in pure dementia, the sexual instinct is greatly weakened or destroyed. This will be found to be the case even in instances where indecent conduct is observable. Such conduct, on a strict scrutiny, will be found to arise, not from activity of the instinct, but from the loss of modesty, and from inability to appreciate the rules of decorum. In those cases of senile insanity which are attended by lascivious conduct, the form of mental disease more nearly approaches that of mania, than that of dementia. There is a mixture of the two states; but the maniacal element preponderates.

There is, perhaps, no form of mental disease in the early stages of which it is more difficult to form a decided opinion, than in primary dementia. This difficulty arises from the frequent absence of several indications which render valuable assistance in the diagnosis of other varieties of insanity; the demeanour and conduct of the patient is often very slightly, if at all, changed; there is nothing strange in his appearance, no égarement in look, or manner. The facial expression, indeed, is often weak and undecided in conversation; the attention is found to be feeble, but not wandering; but the earliest and most trustworthy symptom is loss of memory. The physician will often find, that in the course of conversation, the patient forgets what he has been talking about a few minutes previously, and that he has not the slightest recollection of the events of the previous day. This form of disease very rarely comes on without a decided exciting cause, and the opinion of the physician will often be facilitated by testimony as to the existence of such a cause, and enfeeblement of the faculties resulting from, and speedily following, it. The most frequent causes of primary dementia are injuries of the head, and attacks of apoplexy; the causes next in frequency are fever and emotional disturbances, especially grief. It may be thought wrong to classify dementia as primary, when it follows apoplexy. Classifications of this kind, however, derive their value from their utility, and it is convenient to classify as primary, all cases of dementia which are not the sequlæ of other forms of mental disease.

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In primary dementia, the difficulties of the physician are increased by the absence of any form of delusion, namely, of illusion, hallucination, or delusion proper.

In many instances, the most experienced physician will not be able conscientiously to give a decided opinion in the early stages of this malady. Its progress, however, is generally certain, the attention becomes more and more enfeebled, until even the sensational indications of the bodily wants cease to be observed, and the patient, if neglected, lapses into what are called dirty habits. In its mature stages, this form of disease is recognised with the greatest facility.

I restrict the term consecutive, or secondary dementia, to that form of disease in which the mental faculties are left enfeebled and decayed by the subsidence of the more acute forms of insanity. Dementia of this kind, differs in various respects from primary dementia. The most remarkable point of difference is occasioned by the intermixture of the primary disease with its results. Dementia of this kind is compounded of the remains of mania or melancholia, and their effects. There is an extremely wide range in the degree and manner of this intermixture: a concrete case may present all the features of mania with the slightest possible indication that the cerebral functions have passed into a state of permanent decay. Another case, on the other hand, may present the utmost degradation of mental power with the slightest trace of maniacal excitability or perverseness. In this variety, traces of delusion are common. In the transition of mania into dementia, the character of the prevailing delusion not unfrequently undergoes a change; the delusive ideas become less complicated and imaginative. The existence, however, of delusion of some sort is very common, although it is more difficult to detect, in consequence of the patient having lost much of his communicativeness and demonstrativeness. Another feature which distinguishes secondary from primary dementia, and which is still more frequent than delusion, is the continuance of an exaggerated state of emotional feeling. It is, unfortunately, a matter of daily observation in the wards of a large lunatic asylum, that when the storms of mania have permanently injured the functions of the brain, painful or malevolent emotions frequently survive the decay of the intellectual faculties. It is this fact which renders the facial expression of so many chronic lunatics at once stupid and vicious; the features continue to be distorted by anger, hatred, or fear, long after they have ceased to be illuminated by the rays of reason.

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Under the humane and judicious treatment which now prevails in lunatic asylums, this peculiarity in the physiognomy of secondary dementia is infinitely less frequent and less pronounced than we remember to have seen it, from ten to fifteen years ago; or than is delineated in the engravings of Morrison or Esquirol, and to a still greater extent in the paintings of Hogarth.

Even in Cibber's well-known statue of Dementia, while the tongue is lolling from the mouth in the very extreme of intellectual degradation, there is still a fierce scowl upon the brow. This statue, which is reported to have been copied from the actual condition of a lunatic in the wards of Bethlehem, a man who had been Oliver Cromwell's porter, represents, in an exaggerated degree, the peculiarity of facial expression to which I desire to direct attention. Cibber, however, would not, at the present day, find it easy to procure such a model, faithfully and painfully expressing, not only the effects of disease, but those of cruel and brutal treatment.

The entirely different treatment which now prevails has not changed the pathological fact, that in secondary dementia the emotions survive the intellectual powers. It has, however, altered the character of those emotions: in a great number of instances it has succeeded in substituting amiable and agreeable emotions, for those which are painful and malevolent. And in other instances of success less complete, it has nevertheless mitigated the intensity of feelings of the latter character. The most indubitable testimony with which I am acquainted, of the immense change which has taken place in the condition of lunatics, is afforded in the entirely different facial expression of lunatics as they were painted and described by our forefathers, and as they are observed by ourselves The old treatment converted the insane patient into a ferocious, malevolent, and repulsive being, who, in his turn, excited the horror and disgust of those who trembled to feel themselves his fellow-men.

To return from this digression to the practical question of diagnosis, the physician will find his task greatly more easy in the secondary than in the primary form of dementia; the history of the case will rarely fail to afford him substantial grounds for the formation of a decided opinion. The history of a prolonged or more violent attack of mania, followed by a gradual change of symptoms, the principal feature of which was the substitution of enfeeblement for exaggerated activity of the mental functions, can rarely leave doubt as to the

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nature of the case. If, however, the physician is unable to obtain any history of his patient—if, for instance, the patient should be a wandering lunatic without relations or friends to give an account of his antecedents, the physician will, nevertheless, find little difficulty in recognising the existence of secondary dementia. The feeble power of attention and memory will be observed as in the primary form of the disease. But in addition to this, the physician will mark the strange want of accord between the intellectual and emotional expression of the physiognomy, and by following this clue, he will rarely fail to elicit, by interrogation, those traces of the earlier mental disease which combine with mere intellectual debility to form the peculiar disease in question. He will discover various emotions capable of being easily and unreasonably excited; he will find anger or affection, confidence or distrust, devotion, pride or rapacity, excited without motive, or by such as to a sane person would be altogether insufficient. And, moreover, he will, in numerous instances be able to discover the existence of delusions; delusions, indeed, which form but a pale reflex to those absurd convictions which carry the monomaniac or the maniac along with irresistible force, but delusions nevertheless, absurd ideas the result of disease, and the proof of its existence.

When the countenance of a demented patient is in repose, there is frequently no trace of mental infirmity upon it. But when the attention is roused by a question or an incident, the idiotic expression becomes at once apparent; this sudden change of facial expression, from that which might belong to a sane and intelligent man to that which characterizes low idiocy, is a good diagnostic mark of dementia. In true idiocy, the mental defect is impressed upon the countenance at all times.

On the various Forms of Mental Disorder,

(Being the substance of Lectures delivered at the York School of Medicine). By Daniel H. Tuke, M.D., Visiting Medical Officer to the York Retreat.

As it is my intention to present a faithful description of the various forms of mental disorder, it is necessary in the

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