ing of medical men, clergymen, and other professional persons, ladies and children. In no instance had the operator ever before seen the individuals examined, and as I knew them so well, he appealed to me to correct him where he was wrong. I can only say that the descriptions were so accurate as to afford striking evidence of the truth of phrenology. By limiting and modifying its extreme pretensions, it is possible yet to gain something from it, whereby a true system of craniology may be evolved. It will require many observers to succeed in it, and much careful observation is needed, but the result will repay the labour of those who engage in the work. If we are enabled by these means to understand the morbid manifestations of the brain, for the classification of its diseases, and for the diagnosis of insanity, we shall render great service to the special branch of the profession in which we are engaged.

Observations on the President's Address, 1871. By G. Fielding Blandford, M.D.

An engagement prevented my reaching the meeting at the College of Physicians, on the third of August, in time to hear the President's address, and though I had something to say on the subjects contained therein, I had not the presumption to offer a criticism without having heard it, while the discussion which followed did not enable me to gather what had been put forward. By the kindness of Dr. Maudsley, however, I have been permitted to read his remarks, and have found them in every way worthy of the high encomiums passed upon them by more than one speaker; yet one or two observations occur to me. Dr. Maudsley is fond of paradoxes, and he startles us with one at the commencement. He tells us that he is convinced of the important part which hereditary predisposition plays in the causation of insanity—that he thinks no person goes mad, save from palpable physical causes, who does not show more or less plainly by his gait, manner, gestures, habits of thought, feeling and actions, that he is predestined to go mad. And yet when he is discussing the advice to be given as to the marriage of people sprung of insane ancestors, he sums up his opinion in these words—"I cannot think science yet has the right to forbid marriage to those in whom some tendency to insanity exists."

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Dr. Maudsley puts forward his reasons for coming to this opinion, and reminds us of the difficulty of estimating the degree of the ancestral taint, of the probability that of the descendants of the marriage, some only will become insane, while from among the others there may very likely arise a genius. He tells us that much genius exists in individuals, who are descended from families tainted with insanity, and in his admiration for genius, he says—"If one man of genius were produced at the cost of one thousand, nay, at the cost of fifty thousand insane persons, the result might be a sufficient compensation for the terrible cost." Whether the genius of England was less when there were fewer lunatics, whether it is transcendently great now that there is one lunatic in every 400 persons, is a question which cannot here be discussed or decided. Dr. Maudsley seems to do that which in his next section he deprecates: speaking of those who have actually been insane, and whose marriage may become a matter for inquiry, he says that he would prefer to consider each case on its merits, and again, "one may justly use the strongest words of dissuasion to restrain a person who has once been insane from marrying; but how much farther than that one is justified in going does not seem at all clear." We are, however, not only physiologists, but also physicians. We have to judge *all* cases on their merits, and cannot possibly draw a hard and fast line for or against the marriage of those who have insane relatives, or have been themselves insane. But we are not only consulted by such individuals themselves; our advice is also sought by those who contemplate entering into an alliance with them, or by their relatives. After all it is only advice that we can give—advice that may be followed or not, and very frequently is not, so that going farther than this seems hardly possible. But in giving our advice to those who question us upon either of these cases, surely, as practical physicians, we should take a rash step, both for ourselves and our questioners, were we to deliberately advise a girl to marry a man who may possibly have five or six brothers or sisters, all of whom are, or have been, insane. The chances of the offspring are only one element out of many. It may console a woman to have one son a genius, even if others are insane or idiots, but her husband may himself go mad, and she or he may meet with any of the innumerable accidents which spring from such a state, or his insanity may bring her and the family to pauperism. Dr. Maudsley challenges a statement of mine to the

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effect that a man with an insane brother is more liable to become insane than one with an insane sister. It is almost a corollary of a statement which is given in his own book as well as others, and was, I believe, first made by Esquirol and then by Baillarger, viz. :—that insanity descends from the mother to the daughters, from the father to the sons. Not that we are to understand by this that it is rare to find insanity coming from a mother to a son, or from a father to a daughter, but that in a large number of cases, more sons will be affected by the father's insanity, more daughters by the mother's; in other words, that the males of a family resemble one another in their mental characteristics, as also the females. And this I have found to be borne out by cases which have come under my own observation. But it is not a rule applicable to every family; it is only a law affecting the majority in a large number of instances. With what Dr. Maudsley says concerning the prevention of insanity in an individual most will agree. Before, however, such a one can command himself, and direct his own will to check and control his morbid propensities, he must be educated by others; his training must be gradual, and must commence with his early years. But we read "one of the saddest things in the world to witness is the way in which children, born with the evil inheritance of a taint of insanity are frequently mismanaged; those who have the care of them and the direction of their education being often the least fitted to exercise so responsible a function. The children are twice cursed; they are cursed in the inheritance of a bad descent and in the training they get, or rather the want of training from which they suffer, in consequence of parental peculiarities and defects." Such is the lot, faithfully depicted, of the children of insane or semi-insane parents, of those who have by inheritance a taint of insanity. Truly, for one genius that manages to struggle upwards to enrich the world, there must be thousands even of geniuses, that are nipped in the bud beneath the frosts of such a culture. Said I not right that our President loves paradoxes?

In the second section of the address there are some remarks on the treatment of the insane in private houses, which are worthy of the attention of all who practise in this specialty. Every speaker to whom I listened in that portion of the discussion during which I was present, disagreed with Dr. Maudsley on this point, though what the latter had said I could by no means gather from the debate. Almost all ques-

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tioned whether patients could be treated at home as well as in an asylum, and implied that home-treatment had been recommended. Now, although home treatment—*i.e.*, treatment in the patient's own home, is not specially condemned, it is perfectly obvious that this is not what is advocated. I would alter what Dr. Maudsley has said to this extent: insane patients, with some exceptions, when in a recent and acute stage of their disease, require treatment outside of their own homes, in a house which may truly be called an "asylum," whether it is an asylum for one—as may now be, and constantly is, contrived—or for two or three, as Dr. Maudsley would wish to see established. Asylums, as we see them at present, are the accidents of existing circumstances. A patient, if he is a rich man and can command an entire house, suitable companions, and first-class attendants, goes to an asylum for one. If he is not quite so well off, he goes to an asylum for twenty or thirty patients: are his means insufficient for the latter, an institution for one hundred or two hundred inmates opens its doors to him; while, if he is a pauper, he forms a fraction of a mass amounting, it may be, to a thousand. But neither of these systems is home treatment, such as is represented to be the alternative of asylum treatment by the advocates of the latter.

No one, I should think, ever treated more lunatics in private houses than the late Dr. Sutherland, and he stated before the Committee of the House of Commons that the recoveries of such patients were 74 per cent. Of course it was said that these were selected cases; but whether they were or not, it must be conceded that selected cases will recover in this proportion under such a method; whereas, the advocates of asylums deny that cases can be well treated anywhere, save in these privileged abodes. It is clear, however, that comparatively few can speak with any degree of experience of patients treated in this way. Many of the most distinguished of the superintendents of our public asylums can have had but few opportunities of observing such, and they may naturally distrust a system of which they know nothing, and which is from one motive or other almost universally decried. I myself could add other instances to those recorded by Dr. Maudsley, and I have in the Fifth Series of the St. George's Hospital Reports mentioned three cases of recurrent insanity of apparently the most hopeless character, where the patients all recovered through change of scene and surroundings, two of them having been first of all removed to other asylums, from

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which they were, however, shortly released. Whether there will be a return at any time of their disorder, one cannot predict, but it is certain that at a time when their condition appeared to be fast becoming one of incurable and chronic insanity, the change, which was in more than one case the result of convenience rather than a mode of treatment, effected a revolution, and taught a lesson never to be forgotten. It is not, however, the placing of patients recently attacked with insanity in asylums which calls most for censure, but, rather, the perpetual confinement in them; of the hundreds of lunatics supposed to be incurably insane, but who are quite capable of living, under care, beyond asylum precincts. Upon this subject, however, Dr. Maudsley does not enter, neither have I the right to do so.

In his remarks upon sedatives, our President is also somewhat paradoxical, for in some passages he seems to mistrust them altogether, and to question whether any benefit is to be derived from them; in others, he admits that he himself uses them, and that successfully. He says "everybody gives them, because there is mental excitement." In my published lectures, the various drugs mentioned as sedatives are mentioned in connection with the question of sleep, not the stifling of excitement. With few exceptions they should be given at night, and at night only; but now and then a case may be seen where it is a question of sleep or death for the patient,—and then we must try to bring about sleep, whether by night or day, for we cannot wait twenty-four hours till night comes round again, when this period of time may make the difference of living or sinking to the delirious sufferer. It is true that these very acute cases are pre-eminently those in which sedatives are most apt to fail. Formerly such patients were treated with opium and morphia, which, in the majority of instances, I venture to say, did harm rather than good. Next bromide of potassium was brought to bear upon them, and the effect of this was not great; for bromide is not directly a sleep-compelling agent, though it often causes drowsiness in those that take it. Now-a-days chloral would be almost certainly administered by most medical men.

Dr. Maudsley speaks disparagingly of chloral, and elsewhere we read of deaths and untoward symptoms brought about by its administration. Whether the samples of the drug vary considerably, or whether its too frequent administration may lead to unpleasant results, I know not, but in the course of a tolerably large administration of it to very many

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patients, I can affirm that I have never had five minutes' uneasiness on account of any dose I have ever ordered, and beyond all question its power of producing sleep, both in acute and chronic insanity, exceeds anything that would have been believed ten years ago. We cannot refrain from attempting, at any rate, to procure sleep in these extreme cases of sleepless delirium. If drugs are of no avail, especially chloral, we may trust to other measures, but we can hardly stand by and see this sleepless delirium day after day without trying to do something to arrest it. I believe that here chloral, judiciously given, does not act as a poison, like morphia, and that we may, at any rate, give it a trial without fear. In my lectures I say "I have never seen a cold bath given, but I should like to see the effect of placing a patient in a tepid bath, and allowing him to remain there till the water cooled." Since this was written we have seen Dr. Wilson Fox's account of the treatment of acute disease —acute rheumatism—by means of cold baths, and of the way in which patients were snatched out of an almost moribund condition by this method. In these days of thermometers, when the temperature can be so carefully noted, I wish that those who practice amidst the numerous patients, and are provided with the various appliances of our large asylums, would give this treatment a trial. Not only when it is a question of life and death is it important to procure sleep by means of sedatives; many patients suffering from less acute forms of insanity, as melancholia, or the milder forms of mania, will benefit by the sleep brought about by drugs. Where without them they will sleep two or three hours on an average, we may, by their aid, ensure six or seven hours, and this cannot fail to tell upon the condition of the brain.

These are matters, however, that speak very much for themselves. Doubtless Dr. Maudsley gives medicines a trial before he throws them aside. To do both the one and the other at the proper time is the sure way to success. He put forward these subjects to elicit discussion, and in that he succeeded fully, and the result was a meeting of unusual interest. Both those that heard and those that read his address must feel that some new views upon old questions have been put before them in a way which cannot fail to call for their warmest respect and most serious consideration.

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