to revert to its sound type, which exists in all organic elements, fails not to assert itself, and, if sufficient time be allowed, to restore the normal function. We perceive, then, how exceedingly important it is to produce natural sleep in the earlier stages of insanity. In using the mustard bath, it is necessary to protect the privates with a folded dry towel; and it is of course desirable to have the bath placed near the bed, so that the patient may pass directly from it into his bed. If a little constraint is required on the first occasion of its use, it will rarely be found necessary on any subsequent occasion.

Climacteric Insanity in Women. By FRANCIS SKAE, M.D., Assistant Medical Officer of the Borough Asylum, Birmingham.

('Edinburgh Medical Journal,' February, 1865.)

INSANITY occurring in women at the climacteric period, connected with and dependent upon the physiological changes then taking place, has been noticed by most writers on female diseases as one of the gravest and most important of the morbid conditions which are incident to that time of life. Various psychological authors, says Dr. Francis Skae, as Esquirol, Conolly, Sir H. Halford, Laycock, and others, have also observed the frequency of insanity in woman at that period, and have referred to the "change of life" as the exciting cause of a large proportion of those cases of insanity which are met with between forty and fifty years of age.

Dr. F. Skae divides his remarks on climacteric insanity in women, based on an analysis of 200 cases recorded in the books of the Morningside Asylum, under the four heads of, I. Age. II. Symptoms. III. Results. IV. Treatment.

I. *Age.*—Most writers are agreed in stating that the grand climacteric of female life takes place between forty and fifty years of age. They also admit that there are many exceptions to this; that menstruation not unfrequently ceases before forty; and again, that the function may continue unimpaired up to fifty-five or fifty-six years of age.

Dr. F. Skae found that the largest number of cases occurred between forty-four and fifty-one years of age.

II. *Symptoms.*—Insanity, writes Dr. F. Skae, occurring at the climacteric period generally manifests itself at first in the form of depression of spirits, sleeplessness, restlessness, and inattention to ordinary domestic affairs, followed by fear of undefined evil, with suspicion of the patient's most intimate friends and relations. From this the patients gradually pass into a state of profound melancholia, accompanied by various delusions, such as, that they have committed the unpardonable sin; that they are doomed to eternal punishment; that evil spirits constantly surround and haunt them; that their food

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can no longer nourish them; that they are unworthy to live any longer: they constantly express themselves as weary of life, and this, together with the conviction of their own unworthiness and wretchedness, leads to the development of one of the most dangerous, and at the same time one of the most prevalent of the symptoms of climacteric insanity, namely, suicidal tendency. In a great number of cases paroxysms of excitement alternate with the deep depression and gloomy despondency which are the general characteristics of this form of insanity. In several cases hallucinations of the senses occur, and in a few delusions of an exalted character also exist. Many are dangerous to others during the transient paroxysms of excitement, or in consequence of hallucinations of the senses; but distinct homicidal impulse is rarely developed. The bodily condition is commonly weak, although Dr. Tilt and others describe an aggravated form of hysteria, amounting to insanity, as occurring at this period of life in connection with a plethoric habit of body, and as dependent on an overplus of blood in the system. All those cases of insanity at the critical period which have come under my own observation, as well as those with whose history I have made myself acquainted, presented a marked asthenic type of disease; the patients were for the most part anæmic and emaciated. Apart from the delusion that their food could not nourish them, there was loss of appetite, frequently amounting to nausea at the appearance of food. The bowels were almost invariably constipated, the tongue dark and furred, the pulse thin and easily compressible, the countenance pale, bloodless, and haggard. With regard to the condition of the catamenia, the records of the asylum were not such as to afford any information which could be thrown into a tabulated form. It appears, however, that, in the great majority of cases, the catamenia were extremely irregular at the time the insanity supervened, while in others the insanity developed itself a short time (two or three months) after their total cessation.

I may here remark (he adds) of the symptoms, that although they are met with individually in other forms of insanity, their existence as *a group* is so peculiar and characteristic of the insanity I am here describing, that any one accustomed to observe them could, I think, almost with certainty pronounce any case to be one of climacteric mania, from the symptoms alone, irrespective of a knowledge of the patient's age and history.

III. *Results.*—They were in Dr. F. Skae's 200 cases as follows:

104	recovered.
44	became demented.
24	removed improved.
22	died.
3	removed unimproved.
3	convalescent.
200	

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From this it is seen that the recoveries took place in the ratio of 52 per cent.; or 55 per cent., if we include the three convalescent cases. This, Dr. F. Skae remarks, is higher than the per-centage of recoveries from melancholia in general, which is stated to be only 27 per cent. by Haslam, although Dr. Tuke found it as high as 54·88 at the Retreat.

Of the 200 cases 22 died in the asylum during the period of eighteen years, over which this investigation extends, thus giving a mortality of 1·22 per annum, or ·61 per cent. per annum. This rate of mortality, says Dr. F. Skae, is so very low as to demonstrate that, apart from suicidal tendency, organic disease, or other morbid complications, this form of insanity has but little tendency to a fatal termination.

III. *Treatment.*—Dr. F. Skae places great reliance on the use of opium in the treatment of climacteric insanity.

Narcotics, he says, form one of the most efficient means of alleviating and curing this form of insanity. It is somewhat difficult to lay down general rules for their administration. In some cases they obviously aggravate the restlessness and excitement, in others they act apparently like a perfect charm in procuring sleep and allaying nervous irritation and despondency without interfering with the general health. The cases most suitable for this method of treatment appear to me to be those chiefly which are characterised by a general feebleness of the circulation, and a well-marked anæmic state of the system. In some such cases I have seen large doses, such as two drachms of the solution of the muriate of morphia, given nightly for a lengthened period, attended with the most beneficial effects, and without any disturbance of the general health. The exhibition of such powerful doses must always be continued under the strict supervision of the medical attendant, and they must be carefully diminished and gradually withdrawn by him before the patient is left to her own control. In many cases where morphia seemed to disagree with the patient, other narcotics were used with advantage, such, for example, as the tincture of hyoscyamus and tincture of cannabis indica. These medicines require to be used in larger doses than in ordinary practice to produce the desired results, but the requisite dose can only be arrived at by a gradual increase from the ordinary medicinal dose up to that by means of which the desired object of natural repose is attained.

The conclusions to be drawn from Dr. F. Skae's study of this disease are:

1st. That the symptoms of insanity occurring at the climacteric period in women are so uniform, characteristic, and peculiar as to render it easily recognisable, and entitle it to be referred to a distinct natural group or family, which may be distinguished as climacteric mania or insanity.

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2nd. That this is one of the most curable forms of insanity accompanied by melancholia.

3rd. That the duration of the insanity in curable cases rarely exceeds from three to six months.

4th. That this form of insanity, apart from suicide and organic disease, rarely tends to a fatal termination.

5th. That the most important indications of treatment are, the early removal from associations and friends; careful watching; nutritious diet; and the judicious administration of narcotics.

PART IV.—NOTES AND NEWS.

Gheel in the North.

(*From a Correspondent.*)

"It is not surprising that among a population debased by misery, the feelings of humanity should frequently be blunted, and that parents should seek to profit by the misfortunes of their children." "The habitual presence of an insane person is apt to induce the disease in others, especially where there happens to be a hereditary tendency. The comfort of the household is destroyed, habits of regularity and industry are broken through, and not unfrequently the constant sight of the sufferer engenders a feeling of despair and induces a habitual resort to intoxicating liquors." "It must, however, be borne in mind, that the comforts of the people vary very much in different districts and hence the miserable condition of the insane poor in the northern and north-western counties cannot be received as equal evidence of neglect, as in the midland and southern counties and in our large towns."—*Reports, General Board of Commissioners in Lunacy for Scotland.*

Unless an Alienist be utterly Gheel-struck, he must needs concur in the well-considered and wise views of the vast majority of the members of the Medico-Psychological Society of Paris, expressed during a discussion at the fortnightly meetings throughout the past winter, upon the management of the Insane. The comprehensiveness, the sound philosophy, the philanthropy, and experience displayed in these deliberations constitute an era in the history of Psychology, and place our fellow-labourers in France in a most prominent and enviable position in what may be called the science of moral economy.

The subject under investigation, the real question at issue in this tournament, was the comparative merits of asylums and private dwellings in the disposal or management of the insane; although a vast number

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