altogether better; chloral continued, and dose of sulpho-carbolate to be taken thrice a day.

August 4th.—Has steadily improved since last entry; is tolerably rational; is up and about; able to take a little solid food, and to open mouth a little; swelling still considerable; no distinct indication of pus; treatment continued.

August 10th.—Rather dull and quiet, and inclined to cry on slight provocation, but otherwise seems rational; improving in bodily health, appetite fair, can open mouth very little, swelling being still considerable, fluctuation under ear, opening made, and a little very thick laudable pus evacuated—no medicine.

August 27th.—Seems well, except a little stiffness about angle of jaw.

September 6th.—Discharged recovered.

I record this case as a typical one of a form of acute mania, which has seemed to me to deserve recognition as a distinct nosological entity. The cases which I have seen have been few; they have all been marked by the wildest excitement, with refusal of food, parotid inflammation supervening at the end of a week or ten days. Two cases which I remember best, as they made a strong impression on me, ended fatally within a week of the parotid swelling occurring. I attribute the more favourable result in this case to the free use of the sulpho-carbolate of soda, which I have found very valuable in all cases of inflammation of a low (the therefore possibly septic) type, and also to the rest obtained by the use of chloral. During the first few days the case was under care hardly any treatment was possible.

This form of mania has no name under Dr. Skae's classifications, being placed under the head of Sthenic or Asthenic mania. Should further observation prove it to be a distinct disorder I would suggest that it be called Acute Mania with Parotitis.

OCCASIONAL NOTES OF THE QUARTER.

Lord Derby on Idiocy and Insanity.

On the occasion of the annual festival of the Royal Albert Asylum for Idiots, the Earl of Derby, who presided, made the following thoughtful remarks concerning idiocy and insanity, and the establishments necessary for the care and treatment of those afflicted with defect or disorder of mind:—

It is only within the last 100 years that the condition of persons mentally incapable, from whatever cause, has received in this country

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any serious attention. In earlier days people were content to accept the fact of mental infirmity where they came in contact with it as one of those visitations sent by the Higher Powers which it was impossible to fathom, and regarding which it might be presumptuous to inquire into the cause. They considered that all they were bound to do, and all that there would be any use in attempting to do, on behalf of the patient, was to keep him from starving and to put him where he would not be a trouble to his neighbours. Now, the theory generally fell below the practice, and they, in fact, did very much less than this. Up to 100 years ago a great majority, both of imbeciles and lunatics in this country were left with very little care of any kind outside their own families, but as civilization goes on the belief grows that most diseases, whether mental or bodily, whether affecting the individual or society, are both curable and preventable—they are one or the other if you set to work the right way; and with that conviction there comes the more stringent sense of human duty and a higher sense of human destiny. Just on that account it is that in these times, when there is really the greatest activity in all matters of social improvement, you find people less contented with what is being done, and more apt to look at the defects of the actual practice, as compared with that which they think ought to be. Now, in regard both to lunatics and imbeciles, within the last hundred years there has been a complete revolution in their treatment. That revolution arises principally out of the growth of a stronger and more active feeling of humanity; partly also from the substitution of the scientific for the mere fanciful point of view. When it became recognized that diseases of the brain or defect of brain power was just as much, and in the same sense, a physical infirmity as disease or defect in any other bodily organ, the old notion of persons mentally afflicted being subject to some mysterious visitation which it would be useless, and perhaps improper, to attempt to interfere with, had to disappear, and the question was raised, and had to be answered, "Are these diseases curable; and, if so, how are they preventable; and, if so, by what means?" Well, I need not tell you what has been accomplished in regard to one class of those mentally afflicted—lunatics. If we are to measure the civilisation of the country by the care which is taken of those who are incapable of taking care of themselves, and who can render no substantial return for the benefits conferred upon them, we may fairly claim to hold our own in the first rank of civilised nations, because I believe that, notwithstanding some little abuses, which under the peculiar circumstances of the case it is impossible should not exist, our asylums in this country are better arranged, better managed, and better supported than any others in the world. One proof of that is increased confidence, which, in passing, let me say has created, what I believe to be, a very unfounded impression as to the increased mental infirmity among our populations. I do not think it has ever been

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proved that any such increase has occurred; but what is certain is this, that formerly affectionate friends and relatives, if they had any person of unsound mind, kept him at home as long as it was safe to do so, and very often a great deal longer, because they were convinced—and, under the circumstances, reasonably convinced—that he would not be safe from neglect or even from active ill-treatment; whereas now, having confidence in the treatment which they find existing, their first thought in a case of this kind is to send the patient to an asylum, where they know he will have a certainty of careful attention and the best chance of recovery. Well, with regard to imbeciles, who are a class in which we have now to deal, less has been done than in the corresponding case of lunatics, partly, I am afraid, from a more or less selfish motive, because, as a rule, they are a less dangerous and a less troublesome class; but partly, also, from a more definite reason, because there was really a much greater doubt as to the possibility of effecting a cure, or even a material alleviation of their condition. It is, in fact, in consequence of the observation and experience of the last 25 years that it has been ascertained that in a very large proportion of cases of congenital mental infirmity a patient may, by care and training, be made able, at least in part, to contribute to his own sustenance. If he is not able to do that, he is at least qualified to do without being watched. If even that second result has not been obtained, he may and ought to cease to be the source of annoyance, or disgrace, or danger to those about him. Now, both of those are very considerable results to accomplish. It is much, in an industrial point of view, to be able to turn idlers into workers, more especially when those idlers are not only themselves incapable of labour, but by the necessity of being looked after are keeping other persons from what might be useful and productive employment; but it is still more important, I think, to assert, as we do by our care of these unfortunate persons, the principle that a human being is to be respected and valued as such, not for his capacity of productive labour, not merely for the sharpness of his wits, not because there is anything about him which is pleasant to see or agreeable to have to do with, but simply because he is a member of the human race, born on English soil, and, therefore, in that double capacity has a claim upon us, as human beings ought to have. Well, gentlemen, the greater part, I do not hesitate to say, of the value of an asylum as a hospital consists in its usefulness as a school where the particular complaint treated may be studied, not merely that we may know how to cure it, but how to alleviate it when it comes before us in incurable cases, and, if possible, that we may trace it back to its cause and so guard against it in the future. Now, this, I am afraid we must allow, is still comparatively untrodden ground. In the case of insanity, I suppose no one would undertake to affirm that we could trace with certainty the conditions under which it will appear, or the cause to which it is due. In the case of idiocy and imbecility I

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think we are safe in affirming that, not invariably, but most frequently we shall find it connected with physical or mental weakness, or with abnormal conditions, either the fault or the misfortune of parents. That fault or misfortune, whatever it may be, is often very likely inherited or inborn. We know that excess of all sorts—intemperance, extreme anxiety, or absolute vacuity of mind, either a great excess of work or a total absence of work, residence under specially unhealthy conditions, intermarriages among a limited number of families, and more especially in cases where weakness of brain already exists—that all these are recognised and allowed to be predisposing causes. Now, all these are causes within human control, and I do not, therefore, see why we are to despair, if not of absolutely stamping out imbecility as we have almost stamped out small-pox—at any rate, to put it more modestly, why we are to despair of greatly limiting its area and scope in future. Beyond that hope I think we cannot safely go. Our knowledge of the conditions which regulate human existence, as those who have studied them most closely will always be first to admit, is very limited and very imperfect. We know nothing, to take one instance, of that mysterious law which we see in operation generation after generation—that law by which certain races of mankind seem to decline and to die out without any physical, or, at least, any adequate cause; and so it is in the instance of which I have been dealing. We must be content only as far as we see our way clearly to do the work which lies before us ready to be done, and for the rest trust to the wider observation and longer experience of those who come after us. Meanwhile we know this—that every town or village thoroughly ventilated or drained, every model lodging-house set up, every case in which healthy labour is substituted for unhealthy labour, every brain healthily employed—above all, every individual rescued from the slavery and degradation of habitual drunkenness, does something to prevent the necessity for establishing and for keeping up institutions of this kind. If we are to look at it as a work of humanity and charity, an asylum such as this is admirable. If we are to look at it as an index of our actual social condition, its existence is a matter of regret rather than of pride. Being wanted, it is better we should have it; still it would be better if within these walls and within the walls of other establishments such as this, the lesson could be learnt which should render their present application superfluous and obsolete in the future.

We agree with Lord Derby that it has not been satisfactorily proved that insanity is increasing at the present time, but that there have been other causes at work adequate to account for the increased number of insane persons under care. If these causes are carefully investigated, and the operation of them traced, we believe that strong evidence will be furnished that there is not an increased production

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of insanity in proportion to the population. To contrast the number of registered insane persons at the present day with the number registered ten years or twenty years ago, and to found upon such contrast a conclusion as to the increase of insanity in the population, is certainly not a scientific procedure; it is very much, in fact, as if one were to contrast the number of persons treated in hospitals at the present day, when there are so many hospitals in the country, with the numbers of persons treated in hospitals fifty years ago, when hospitals were few and far between, and to conclude thereupon that there had been a vast increase of disease; or very much as if one were to contrast the numerous names and various descriptions of skin diseases at the present day with the few such diseases which were described fifty years ago, and to conclude from such contrast that there had been a vast increase of skin diseases in the country. By adopting such a mode of drawing conclusions, an alarmist might go even further, and startle the world with the information that there was an enormous increase in the mortality of the people as compared with the mortality in those "good old times," when there was not an accurate registration of deaths. It is an easy and common fallacy in reasoning to fix upon an antecedent as the sufficient cause of an effect, without taking into consideration other causes which were present, and might have produced the effect. There is the well-known instance of Sir Kenelm Digby's sympathetic powder, the marvellous virtues of which, in the cure of wounds, gained such a reputation that Parliament made him a large grant of money for his discovery. But the singular thing was that the powder was to be applied, not to the wound, but to the knife or other instrument which had inflicted the wound. The latter meanwhile was to be carefully bound up and not to be interfered with. Under these circumstances the wound healed kindly; but the happy result was attributed to the virtues of the sympathetic powder. When kings touched people for scrofula, and recovery afterwards took place, the cure was attributed to the royal touch, and whosoever had dared to question its miraculous virtue would probably have fared worse than one who should at the present day question the uses of a king. It may be that insanity is on the increase; but it has certainly not been proved to be so, and it is wrong to base such a conclusion on the increasing numbers of registered lunatics, without taking into consideration and tracing the

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effect of the causes other than an increased production that have been at work, and, as competent inquirers think, are sufficient to account for the increase.

Although we do not think it proved that insanity is increasing in the country, we agree with Lord Derby in looking forward to a time when the amount of idiocy and insanity shall undergo a diminution. In saying, however, that "no one would undertake to affirm that we could trace with certainty the conditions under which insanity will appear, or the cause to which it is due," although this may be done in regard of idiocy, he hardly does justice to the amount of exact knowledge which has been acquired. There is nothing miraculous, nothing mysterious, in the occurrence of the disease, and although we are not able to trace exactly its causation in each case, we are none the less able to point out certain recognised causes which account for a large proportion of the existing insanity. If we look at any book which treats of it, or at the first asylum report which comes to hand, we shall find that hereditary predisposition, intemperance, and mental anxieties and troubles of some kind or other cover nearly the whole field of causation. These are causes which it does not lie beyond the power of man to remove, or if not to remove entirely, at any rate to abate considerably: hereditary predisposition, by abstention from marriage or by prudent intermarriage; intemperance, by temperance in living; mental anxieties, by the cultivation of the mind and by the formation of a habit of self-government. Avoiding intemperance and other excesses, we shall cut off not only the insanity which is directly produced by such excesses, but we shall prevent their indirect effects by removing a fruitful cause of hereditary predisposition to physical and mental degeneracy; and by preventing such native infirmities of brain and mind, we shall cut off the emotional agitations and explosions which are the consequences of such infirmities, and which act as the so-called moral causes of insanity.

If we may rely upon the observations of travellers, there has always been comparatively little insanity among savages. Admitting this to be the case, it is not difficult to guess at the reasons of their comparative immunity. From the three classes of powerful causes of insanity just mentioned they are almost exempt. They do not poison their brain with alcohol until the white man introduces it to them. The weak in mind and body are not carefully attended to and

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kept alive as among civilised people, if they are not actually destroyed; by natural or artificial means they are got rid of, so that they do not themselves swell the numbers of insane in their own generation, nor increase them in the next generation by propagating their kind. Savages, again, do not intermarry in the same family; among them the prohibition of marriage extends often to distant relatives; persons having the most distant blood-affinity being forbidden to marry. It can scarcely be doubted that the reason of such prohibition was their experience of the evils resulting from the intermarriages of relatives—an experience which, distinct as it is in the lesson which it teaches, has not yet availed to check the intermarriages of first cousins among civilised people. Lastly, the savage has few and simple wants springing from his appetites, and these he gratifies; he is alike free from the manifold artificial passions and desires which are incident to the multiplied industries and eager competition of an active civilisation, and from the restraints upon his natural passions which civilisation would impose. With him there is no eager straining beyond his strength after social aims that are not intrinsically worth the efforts which they cost, no disappointed ambition from failure to compass such aims, no dejection from the reaction which follows the realisation of an over-rated ambitious passion, no anxious sense of responsibility; he has no life-long hypocrisies to keep up, no tormenting remorse of conscience, no painful reflections of an exaggerated self-consciousness; none, in fact, of the passions which constitute the chief wear and tear of civilized life. The savage rarely or never goes against his conscience, such as it is, by which we mean that moral sentiment which is embodied in the beliefs and customs of his tribe; although, not deeming such things wrong, he may cheat, lie, steal, and violate all the dicta of a true moral sense in his relations with other tribes, or even with the members of his own tribe; he obeys it, as the animal obeys its instinct, without feeling a temptation to violate it. So it comes to pass, perhaps, that he is free from many of the powerful causes of mental derangement which act upon the civilised man, and from some of the forms of mental derangement which afflict the latter.

We can hardly venture to look forward to a time when asylums for idiots and insane persons shall become superfluous and obsolete, but we may confidently look forward to the time when a more exact knowledge of the causes of

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idiocy and insanity, and of the laws of their action, shall teach us the way to guard against them, and when a proper education of mankind in accordance with the scientific or inductive method shall get rid of false beliefs and false aims, strengthen the intellectual faculties, and generate an unwillingness, which, accumulating and being transmitted through generations, shall become a moral repugnance to disobey those natural laws which govern, with unfailing constancy, the development of the physical, intellectual, and moral nature of man. There is a boundless perspective of labour and attainments for our descendants,

Et nati natorum et qui nascentur ab illis.

Another Classification of Insanity.

In the "Lancet" of November 15th last, Dr. Bucknill has propounded a new classification of insanity. The criticisms which he passed upon the etiological system of Morel in a former number of this journal (No. 38, p. 286), may be applied in the main, he thinks, to Skae's similar but more elaborate one. He had at one time intended to criticise the system of natural groups which has been proposed by Dr. Skae, but, on re-consideration, he determined to construct a system of his own, "which might more fully answer the purpose for which we needed it—namely, as a nosological scaffolding of form for the guidance of treatment." We append Dr. Bucknill's preliminary remarks, and the scheme which he has constructed:—

The novelty of the scheme of classification now proposed consists in the combination of psychical characters or phenomena with pathogenetic relations and pathological conditions; the first forming the Classes, the second the Orders and Genera, and the third the Species.

Since the *etiological* classifications of Van der Kolk, Morel, and Skae have been published, a most important step, in my opinion, has been taken in advance by the *pathological* classification of Dr. Batty Tuke; but even this thoughtful writer entirely omits all consideration of mental symptoms, and such an omission in a classification of mental diseases seems to me somewhat like the omission of flowers and foliage in a botanical system.

In the formation of classes I have followed Griesinger's simple division into states of psychical depression, psychical exaltation, and psychical debility; substituting, however, the conventional and now thoroughly established terms of Melancholia, Mania, and Dementia.

I have reversed the usual order of mania and melancholia, because

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