

before the breech. It is quite evident that the cause which opposed the revolution of the child was, not taking hold and bringing down one leg, but the result of protracted labour after the rupture of the membranes. The head was forcibly pushed down upon or partially into the pelvis; and the uterus was doubtless violently, and perhaps spasmodically, contracted upon the infant's body, moulding and applying itself to all its hollows and projections.

As turning, in the cases of slighter distortion of the pelvis, is intended to save the child, this operation ought to be early performed—before, or as soon as possible after, the discharge of the liquor amnii. In cases which have been unduly procrastinated after this event has happened, and when the uterus is strongly embracing the infant, violent attempts to turn ought not to be made until some plan has been adopted to lessen the irritability of the uterus, and relax as far as possible its tonic and alternate contraction. Venesection and opiates are appropriate remedies. Does chloroform relax the uterus?

The death of the infant after the operation of turning (if it be living when this operation is commenced) is most frequently caused by the practitioner hurrying too rapidly its delivery after the revolution has been made. Time should be first given for the uterus to adjust itself to the changed position of the infant. When extractive force is used, it should at first be slow and gentle, and, if possible, in cooperation with uterine contraction. If the infant be rapidly and forcibly dragged through the pelvis, the chin leaves the breast, and is tilted upwards, thereby creating an unfavourable relative position between the diameters of the head and those of the pelvis. A great difficulty is now found to exist, which opposes an easy entrance of the head into the brim. Another mischief happens from attempts to draw the infant too quickly along by bringing the too bulky part of the infant (the head) to press upon and distend the os and cervix uteri before these parts are prepared to bear the change; and, consequently, spasmodic retention takes place, which is often so violent and obstinate as to cause the death of the infant.

[To be continued.]

A SENSIBLE REMARK. Mr. Shillcock at the Pharmaceutical Society exhibited a "Poison Bottle." A short discussion on poison bottles in general followed, in the course of which Mr. Morson sagaciously remarked that the best of them was but a clumsy substitute for the care and intelligence which should always be exercised when dealing with such important matters as remedies and poisons.

FAILURE OF THE METROPOLITAN GAS REGULATION ACT. The first prosecution instituted under this Act has failed. The prosecution was instituted by the City Sewers Commission. The lighting of our streets and houses in some districts of London is at present disgraceful. The Gas Regulation Act was a great legislative mistake; but its complete failure in improving or even maintaining the quality of the gas supplied by the companies must be ascribed to causes into which we dare not particularly enter. But we have no hesitation in saying that district medical officers of health, sometimes in large practice, can hardly have time to devote to the duties of a gas inspectorship, even if they had the knowledge to qualify them for the post. (*Chemical News.*)

Original Communications.

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

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[Continued from page 220.]

IN the last paper was given a case of general paresis. The importance of the disease warrants a report of another case of the same; and this will be given in the words of the case-book, with omissions only for the sake of brevity.

A. M., married, aged 40, had had one child; she was a lace-cleaner. Her education had been plain. This was her first attack. She was admitted Sept. 12th, 1861. She was married twenty years previously, but never lived with her husband. She was in partnership with a female, and they lived together many years; and, about two years ago, the partner took to drinking, and ever since had been the cause of great trouble and annoyance to the patient.

About April 1861, A. M. shewed the first indications of insanity. One Saturday night, she bought three or four shillings' worth of "sweet-stuff", and scattered it and half-pence to the children in the street, and acted in a strange manner in several other ways. A short time after this, she became involved in a dispute with a cabman; after which event especially, her mental aberration became more marked. She began to squander money; talked of her wealth and her importance; and, within a week of the dispute with the cabman, she began to talk of erecting a chapel at her own cost, and made numerous extravagant purchases.

Her natural disposition, as described by her brother-in-law, was rather penurious; at all times economical and careful. She was quiet in her dress, and retiring in manner; was kind and cheerful; of rather warm temper; fond of the company of her own family; and she went often to the public amusements (her relations were employed at theatres).

No hereditary predisposition was known. Her habits had always been temperate; on this point, the informant spoke positively.

Her previous health had been good; but she had complained of headaches during the last twelve months. She was first sent to Camberwell House Private Asylum, and remained there five months; and was then transferred to Hanwell.

On admission. She was five feet in height; her figure square and well developed; her head was long, and slightly contracted across the forehead. Her hair and irides were grey; teeth regular and well developed. The bodily condition was pretty good. Articulation was indistinct and confused. In protruding the tongue, she made one or more ineffectual efforts before she succeeded. The gait was unsteady. In taking anything with her hand, she made several catches at the object before she could seize it. She was restless; not noisy; was cleanly in habits.

Sept. 12th. She said, she was twin-princess with Queen Victoria. On the 24th of next May, she was going to be crowned. She was the eldest daughter of the Virgin Mary, and was going next year to Jerusalem by telegraph to be crowned. She had been in the world hundreds of years.

Sept. 30th (eighteen days after admission). She said that she had been here four months, and had been mad ever since she came; and then was overcome and cried. She said she was queen; that "we were not going to have any women; she was a man; she was Jesus." There was an expression of slight excitement; and a slight difference in the pupils—the right being the larger. She had continued much in the same condition since admission; she had occasional outbreaks of crying of about an half an hour's duration. She continued to talk in a rambling discursive manner. Her ideas were elated.

Elation of ideas is the expression by which this peculiar form of delirium is usually described. The French call it an expansive delirium. The words used are usually expressive of size or immensity; they are not imaginative, but usually of puerile character; as, for example, the following, which were taken down from this patient's mouth, and delivered in somewhat drawing tone: "I'm married, I am. I've got six children. My husband is at Buckingham Palace. We are all dukes. I've all the isles in the world. A beautiful husband. He is very fond of me; and I am as happy as the day is long."

Her feelings also were very excitable; the least appeal to the sensibilities caused tears, and the least affront aroused her anger. The eyes had a heavy appearance; the eyelids were slightly drooping. She walked cautiously, and not very steadily, apparently by an effort of the attention; her gait was peculiar, straddling. Speech was drawling; but the tongue was protruded without difficulty. The tongue was clean; appetite good; bowels regular; pulse 96. She slept well.

From Oct. 3rd to Oct. 6th, the notes describe an occasional outbreak of noise, with restless and noisy nights, with the same condition of mind. She was ordered three glasses of wine daily.

1st Month after Admission. She said she was "first rate"; that her name was altered; that she had lots of money, and was the richest woman in the world; that she had bought all the theatres; that Mr. —, her brother-in-law, was so very happy and very handsome, etc. Her speech was mumbling; she could not pronounce "truly" or "rural". There was slight drawing down of the angles of the mouth; but no tremors were detected about the mouth. The right pupil was larger than the left.

2nd Month after Admission. Her mental state was about the same. There was a slight improvement in bodily health; but the appetite was reported to be indifferent, which is rare among paretics.

4th Month. She said she was "Princess Annie". Her voice was tremulous; the articulation mumbling and indistinct, with twitching of the muscles of the face. Pulse 108. She was looking better in general health. The tongue was clean and free from tremor; appetite indifferent. The pupils were unequal; the right to a slight extent larger than the left. She was disposed to undress or loosen her clothes.

5½ Months. She had been more restless, and slept ill. She was out of bed knocking at the door all one night, and calling out. She appeared a little depressed; but said she was "all right". The mind was more imbecile; she spoke in a simple and childish tone. She had not menstruated since admission.

7th Month after Admission; or 12th Month of Disease. She was restless, and constantly wandering up and down the gallery; was disposed to undress, and was regardless of decency. She walked with a great inclination to the left side, and this had been very gradually increasing of late; she occasionally fell. The speech was now very indistinct; she slurred the syllables and ran them together. In attempting to protrude the tongue, she had but little control over

it; it was jerked out and retracted several times, or held back for some time, before it was protruded in a way to exhibit its surface. The pupils were unequal; the left was smaller, and was also irregular in shape, somewhat flattened in the upper edge, and uneven in outline. Her appetite was now voracious. Her mental state was more feeble. She was unconscious of stools. She had lost flesh.

13th Month of Disease. She was gradually becoming more and more feeble, both in mind and body. She could not recollect the visit of her sister two days previously. She was up, and would not lie in bed; was very dirty. She stooped and bent much to the right side. Articulation was very indistinct; the voice tremulous; and the pupils irregular. The tongue was protruded with difficulty, and after several efforts. Her appetite was ravenous.

14th Month of Disease. The mind was imbecile. There was considerable twitching of the lips. The gait was very tottering and feeble. The right pupil was larger than the left. She was emaciating; but ate largely, and had four glasses of wine daily.

15th Month of Disease. During the past month, the notes show at first slight improvement, especially in mind; but this lasted but a few days. She took to the bed early in this period, or about the end of the first week. The knees then began to be drawn up, and, after a short time, could not be extended. She then was reported to be wholly unable to stand. She gathered up the bed-clothes into heaps. She became more and more demented; her voice was almost unintelligible from stammering and mumbling of the syllables. In attempting to speak, the words were drawled, and considerable twitching of the facial muscles took place. She took food well up to the last; but she was fed carefully with mince and wine. Death occurred in the fifteenth month of the disease.

It must be remarked, that there is great disposition to choke in paretics; but this is guarded against by the precautions adopted.

The above case will be seen to bear a general resemblance to that which preceded it. But all the phenomena of the disease are scarcely to be met with in two cases, however typical they may be. The following summary of the symptoms and history of General Paresis of the Insane may, therefore, be of interest.

General paresis is more common in men than in women; more frequent in cities than in country districts. It is common in certain countries, and is almost unknown in others. It is more common in the lower orders. It bears, therefore, a certain parallelism in the above particulars to syphilis. Sexual improprieties of some sort occurred in many of my cases. The question of the connexion of syphilis with general paresis is deserving of further investigation.

The disease has been divided by writers into three stages. These separations are of course perfectly arbitrary. The symptoms manifest a very gradual ingravescence; and they are connected chiefly with mental and motor phenomena.

The earliest symptom is usually some act of extraordinary character, occurring suddenly. The attack is often without well marked melancholic premonitory stage. A common act to show itself first is an unmeaning act of theft without any attempt at concealment; or some indecent act, stripping in females, or going about without proper clothing or indecent exposure of person in males; or some extravagant or foolish expenditure, as the purchase of large quantities of useless articles, lavish distribution of property, etc.

The mind is at first usually excited. The patient is talkative, is bragging, gay; occasionally the excitement is attended with great violence.

It is common for the mental excitement to subside after two or three months; at which period the motor symptoms are often scarcely perceptible. Hence, the patient is often supposed to be recovered. At this period, the paresis of the muscles usually commences; there is at first to be detected only a slight or occasional stutter in speaking, or a slight twitching of the upper lip, and a quivering on the surface of the tongue when it is protruded. In those cases in which the delirium has subsided, the mind gradually begins to manifest some feebleness; also, a slight simplicity in conversation, with some foolish bragging, especially of their health. However, the mental and motor symptoms increase together. But to continue the latter first.

The paresis extends to the limbs, affecting both sides equally, or nearly so. The patient, perhaps, complains of weakness of the knees, or places his hands on his thighs in going up stairs, or finds a difficulty in descending. There then occurs a gradual alteration in the gait. The expression of the gait, so to speak, is altered. The patient walks with evident attention and caution. The legs straddle; the head is carefully poised, sometimes as though there were on it something which the patient was anxious not to drop. The feet are raised only slightly, and quickly replaced on the ground again. There is a want of spring in the foot; and while standing the patient stands on both legs—seldom poises his body on one or other limb. There is occasionally some stumbling; there is no reeling, though there is some approach to the phenomena of drunkenness—in which also there is a paresis of the muscular power. The characters differ in the two states. There is no reckless motion in the disease. The speech, however, or rather the articulation, becomes like that of the drunkard. From the occasional stutter at first observed, the difficulty of executing the labials becomes pronounced. The patient stammers, splutters, slurs, and runs the syllables together; and, late in the disease, has a difficulty in commanding the movements of the tongue as well as of the lips. On being asked to protrude the organ, the patient opens the mouth, and retracts the tongue to the back of the mouth; then thrusts it out and in; and, late in the disease, on being asked to show it, will very commonly open the mouth, and take the hand, as it were, to assist in the protrusion. When the disease has reached this pass, it has entered the arbitrary division of the third stage. The pupils now begin to show inequality of dilatation and irregularity in shape, and differ from time to time in both respects; the power over the limbs becomes less and less; the hands are now clearly affected; the action of the fingers in manipulation is difficult. The patients fumble, as if chilled with cold; in this state, too, they are particularly fond of picking at small objects. The feebleness of limbs at length confines them to the bed. At first, the want of power is always more marked the first thing in the morning. After the patient becomes no longer able to stand from want of power, the difficulty is further increased by a commencing contraction of the limbs, especially of the inferior extremities. The patient then lies in bed, and has a peculiar propensity to huddle up the bed-clothes in heaps about his head. Difficulty of swallowing also sets in; and a disposition to cram the mouth full occurs at the same time, and requires care. In this last stage, epileptiform seizures are common; they also occur at earlier date; they are probably due to eccentric causes. At all events, enemata relieve them at once.

The mental symptoms bear throughout the characters of imbecility, which gradually increases. Elation of ideas is said to occur; the patient deals in extatic

talk perhaps: millions of angels; glorious palaces; gorgeous scenes; great riches; immense strength; but the figures of speech used are of the most commonplace character—"I'm all right"; "I'm a king", etc. The state of mind is clearly pleasurable. In this respect exhibiting also a parallel to the state of drunkenness; the mind gradually increases in feebleness as long as the power of speech continues to manifest it.

[To be continued.]

NOTES ON

THE ADVANCE OF PHYSIC:

BEING THE ANNUAL ORATION BEFORE THE
HUNTERIAN SOCIETY FOR 1864-5.

By JONATHAN HUTCHINSON, F.R.C.S., Surgeon to
the London Hospital; and Assistant-Surgeon
to the Royal London Ophthalmic Hospital.

[Concluded from p. 271.]

ARRANGEMENT and system are undoubtedly the very sineqs of success, and at first sight it would certainly appear likely that nothing could better tend to economise the labour of medical investigators, and facilitate their researches, than the grouping and classifying of the materials on which they have to work. So far as Specialities do represent a reasonable system of classification, so far they are useful to science. Unfortunately, however, it is quite impossible to carry this far. Our existing specialities are chiefly founded on groupings according to the organ or part affected, and this is most arbitrary and unnatural. Were it possible to classify according to cause, an immense aid in the advancement of our art would be gained in so doing; but this would of course presuppose the diagnosis established beforehand. As it is, however, nature and disease persist in declining to allow the human body to be considered as other than one whole, and constantly permit one and the same organ to suffer under the most varied influences. It is needful, therefore, to the successful specialist, as regards any single organ, that he thoroughly understand all the various causes of disease which may come into operation; and this necessity destroys his character and imposes upon him that general course of study from which he attempts to escape. If he decline this, it is to the injury of his patients, and with peril to the progress of science.

I need but mention the recent discoveries as to the frequency of syphilitic affections of internal organs, or those relative to the influence of the nervous system in the production of a host of organic maladies, to illustrate what is meant. How is it possible for us to have such a being as an oculist proper and exclusive, when the domain of ophthalmic surgery includes syphilis, rheumatism, gout, scrofula, every type of nerve disturbances that can be mentioned, all the varied forms of cachexia, and requires for its satisfactory pursuit a full knowledge of remedies and their uses in reference to the most infinitely varied conditions of the human body? The special part of ophthalmic medicine and surgery is small, and can very easily be taught and acquired; but the general part is large, and necessitates familiarity with the whole range of pathology and therapeutics. Might I not assert the same of each one of the other permitted specialities in succession?

Year by year the specialist loses hold of the general knowledge he acquired in early life, and his range of investigation becomes narrower. Not only is he at a disadvantage in regard to the chance of making additions to our knowledge from the arbitrarily restricted kind of facts which are brought before him, but his