though minor element of inductive thought. "It may be called" (I am quoting from my own outlines of medical proof) "the extemporaneous hypothesis, applicable, as it is, when a case falls under no recognised law, and the mind craves, in the absence of such law, some intelligible ground of immediate practice. It is the faculty of thus extemporising, which perhaps, more than any other, distinguishes an able physician, provided it be combined with a just appreciation of the value of such hypothesis, and a readiness to abandon it in the presence of contravening facts. A capacity and readiness in executing this process is, indeed, sometimes a source of reproach to us, as practising a merely conjectural art, by those who are unable to distinguish the results of luck from those of sagacity; and sometimes physicians, with a false modesty, humour the imputation. Although in its immediate application conjectural, the power which I speak of demands an original talent, and is never successfully carried into practice, except by men of large acquired knowledge."

Original Communications.

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

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[*Continued from page* 62.]

In the last paper, certain so-called varieties of insanity were arranged under three classes: viz., 1, Varieties named after some particular symptom; 2, Certain cases named from a supposed cause; 3, Others formed out of the progress of the disease. The present article will be confined to a few remarks upon some of these cases.

1. The varieties named after a particular symptom —as Kleptomania, Oinomania, Nymphomania, etc.— are chiefly recent cases; and the prominent symptom from which the case is called, is not the sole or single deviation of the mental faculties, but is perhaps the most obvious or predominating only. There are other cases, in which a fixed delusion lasts for years; and on such the popular belief, that a person can be mad on one point only, is probably founded. The class of which we are now speaking are usually free from true delusion, which only occurs at a late stage of mental disease. The symptoms in question are more an alteration of the moral faculties, or the appetite, desire, etc., and are, therefore, connected with the disease in an earlier stage; but there is nothing whatever to separate these cases from melancholia and mania generally, to one of which forms the cases usually belong.

The state called Kleptomania is merely a symptom; and it is one very commonly met with in the first stage of general paresis.

With respect to Nymphomania, it occurs in connection with melancholia and recurrent mania more frequently than in acute mania.

Oinomania, or Dipsomania, presents itself in two forms: 1, Simply as a vice, the result of an unbridled appetite; 2, As a true symptom of disordered mind; and the cases are usually recurrent mania. A person, otherwise respectable, without obvious cause, suddenly breaks out into an uncontrollable desire for drink. The attack, in its suddenness, resembles closely the outbreak of homicidal insanity; and neither case, I am disposed to believe, occurs as a primary form of disease; and when dipsomania happens as the result of mental disease, it obeys all the rules of an attack of recurrent mania. The patient is often a temperate person in the interval between the attacks.

Of Puerperal and Phthisical Mania, I have had numerous examples under my care; and some have already been given as illustrations of mania and melancholia in these papers. I know of nothing that distinguishes cases attributed to these causes from disease arising from other causes. It has been asserted, that the phthisical patient is much more excitable; but this is by no means true of all. Dr. Clouston, who has studied these cases with the greatest attention, thinks that, in about one-fourth of the whole, the symptoms are of a peculiar and fixed type. The line of demarcation is not, however, very clearly made out by him even; and the peculiarity of the symptoms appears rather to be due to debility. The patients are, perhaps, a little more peevish and suspicious. It may be called, says Dr. Clouston, a mixture of acute mania and dementia.

With respect to suicidal mania or suicidal melancholy, I have already described several cases. Another remarkable instance of this condition, and its connection at times with an hereditary predisposition, may be here cited.

A governess of good ability was admitted into the Hanwell Asylum affected with melancholia. Her mother was insane, and died so. She was eighteen months out of her mind, and was depressed the whole time, and appears to have died by exhaustion. One brother, at the age of 28, committed suicide. He had been low spirited for six weeks previously. His death was believed at the time to have been accidental. He took medicine, and had to go to the water-closet during the night; and he was found dead on the following morning, with his head in a tub half-filled with water and empty ginger-beer bottles. A second brother, at the age of 18, destroyed himself on account of a love affair. A third brother was found drowned; but it was suspected that he had been foully dealt with. Her mother's brother shot himself. All the above were relations on the female side. On the male side, her father's brother shot himself. None of the above were given to drink. There was never any intermarrying, that could be traced, in the family.

The patient was a governess, and a very accomplished person. Her case was melancholy, with restless agitation. She was removed from Hanwell to another asylum; but there were no symptoms which would distinguish her case from others arising from different causes.

With respect to those cases on which distinct names have been bestowed, but which, according to my views, are simply stages of one disease—as imbecility, dementia, etc.—there is one form which requires a few words, and which has received the title of "Folie Circulaire", or "Folie à Double Forme", from the French authors, by whom it has been particularly described. In most French systematic treatises on insanity, it occupies a distinct position. In well marked, or typical, instances of this form, there is a stage of melancholy, in some cases followed by a lucid interval, and then a stage of excitement or mania. In some cases, the lucid interval is absent —at least, such is the account given by authors. To

M. Falret is due the first emphatic account of *folie circulaire*; but Willis, in 1680, speaking of mania and melancholia, says, "Hi affectus sæpe vices commutent, et alteruter in alterutrum transeat." I cannot view these cases as belonging to, or constituting, a separate form of disease. The fact is, that in chronic insanity very frequent alternations of the patient's state occurs, and every variety of alternation is found. Sometimes the patient is restless one week and dull at another period; or the same takes place on alternate days, or months; or one may go even several months, and then have a period of decided maniacal excitement; indeed, among a number of chronic lunatics, such is the rule rather than the exception. Very few chronic lunatics, before they sink into absolute imbecility, are free from occasional outbreaks of excitement; and many have periods of depression, also; and, on the other hand, many who have sunk into absolute dementia are also at times excited and violent. Out of the large number of chronic patients, an infinite variety in the modes of alternations must be found; and, in a small proportion, this somewhat regular interchange of lowness and excitement occurs. The condition is always allied to a state of imbecility, and, like all disease in a chronic state, is very incurable.

With respect to the states of imbecility and dementia, all degrees of mental debility are to be met with. On the subsidence of the acute stage, some patients, of course, regain perfect sanity of mind; in others, on the subsidence of the morbid process, a permanent mental defect remains. The patient recovers, like one from a fractured leg, with a permanent limp or halt. It is to certain cases of this description, that English writers apply the term monomania. The French, however, use that term for chronic insanity, or chronic mania. A condition of monomania, or of a mental defect on one point, as the term is used in England, is an absurdity, if the definition is to be applied with scientific strictness. Every mental operation is more or less complex; indeed, the simplest proposition involves many mental faculties. For example, when a patient believes himself to be king, how many mental actions are brought into play, as judgment, reason, memory, etc.?

Many states of mind, however, are met with on the subsidence of active disease. There is this peculiarity about them, which marks their chronic character—they are connected with the intellect proper. They are errors chiefly of judgment, reason, association of ideas, etc.; and involve to a much less degree or more indirectly the moral attributes of mind. The condition is a stage of chronic disease; it may be permanent or nearly so, or transitional to a greater degree of mental debility; and whether we call the state monomania, or chronic mania, or chronic insanity, it is still but a stage of one original or primary disease, which may have occurred with predominating maniacal or melancholic symptoms.

When a persistent false belief—that is, a delusion—is found, the case in which it occurs is chronic and of long standing. A delusion, an alteration of the intellect, does not occur in the first stage of the disease. At least, such is my experience. I have received patients who have had a particular and predominating delusion, whose cases have been certified to be perfectly recent, and the symptoms to be primary; but which have all proved to be otherwise on a more careful investigation.

Many of these cases appear to be stationary; certainly many continue in one state for years; yet, in all, there is a gradual declining of the mental power. In some, the progress is rapid and evident; in others, slower and almost imperceptible. In by far the larger portion, a state of imbecility and dementia gradually becomes established.

When the disease has advanced to this stage, recovery is of course hopeless. However, as the mind becomes more and more feeble, the patient may be, by careful attention, re-instructed in many matters, and habits lost in the acute stage of disease can be restored. Very many, even of the worst cases—even those who have lost all ideas of propriety or decency of behaviour—have been rendered orderly, quiet, and cleanly, by good nursing. Indeed, taking the class as a whole, perhaps there is none for which amelioration of the condition can be so safely promised as for the imbecile and demented.

To the Commissioners in Lunacy, and to Mr. Gaskell especially, is due the attention which the specialty have lately given to this branch of treatment. At Hanwell, the number of wet and dirty patients was reduced from 10 per cent. to 2 per cent. by careful attention day and night; and with the cure of wet and dirty habits, there was a corresponding improvement in habits of propriety and decency, as well as in health and comfort. By the word cure is meant that the habit was eradicated. Many patients who required to be roused twice or even three times during the night at first, afterwards required attention once only, and at length no attention at all, and were restored to the wards appropriated for the cleanly or orderly classes.

[*To be continued.*]

A CASE OF CHOREA.

By John Thompson, M.D., F.R.C.S., Bideford.

The article in a late number of the Journal by Dr. J. Turnbull, on chorea, has brought forward a subject, on which much has been written, and yet no very precise information rendered respecting the pathology or the treatment of the disease, on both which our knowledge is painfully defective.

A well written description, such as the one referred to, embraces the general characters of the disease, and points out graphically striking facts; as that rheumatism and chorea have sometimes a clear relationship; also that chorea and hysteria sometimes approximate closely. But, nevertheless, a number of phenomena are still undescribed, which yet appear to belong to chorea in some one of its forms, as I think the following case will show.

I was consulted in February 1864 for a well grown intelligent girl of fourteen, under the following circumstances. She had menstruated regularly for some time, but the quantity was in excess; and she was weak, apparently from this cause. There was pain in the right elbow-joint, which contained a little effusion; and this condition impaired the mobility. In other respects, there seemed not much the matter. The joint-affection was believed to be rheumatic; and this was confirmed by a speedy accession of the same character of pain about the intercostals of the left side. The stomach became very irritable; food was seldom retained; the bowels were rather constipated; menstruation ceased. The spine was sensitive along the whole line of the spinous processes; and some disposition to twitching was occasionally manifested about the neck and extremities. There came on a peculiar convulsive voice-sound, somewhat resembling hiccough, repeated with almost the rapidity of time-seconds, and accompanied with an agitation of the neck much resembling paralysis agitans. All these had been developed by the beginning of April. At that time Dr. Brown, of this place, met me in consultation; her case being then, in brief, as follows.