6. The primary, though not the only object, in the prevention of these attacks of puerperal fever, will then be to procure a firm, complete, and persistent contraction of the uterus after the birth of the child, and thus effectually to shut off all circulation within the vessels of this organ.

But it remains to be seen how far these conclusions accord with the results of previous observers.

[To be continued.]

CONGENITAL LUXATION OF FEMUR: NECROPSY.

By Dr. BEREND, Director of the Orthopædic Establishment at Berlin.

THE necropsy of a boy, 6 years old, suffering from congenital luxation of the femur, showed the following particulars. The acetabulum was found in its normal situation, reduced to one-third of its proper circumference; and the articular surface was almost flat, instead of concave, apparently through deficiency of the surrounding capsular ligament. The head of the femur rested in a new articulation on the outer surface of the ilium, behind and a little above the acetabulum. This new articular surface was limited posteriorly by a semi-circular bony wall which would have formed a complete acetabular cavity, if the bony ring had been a little higher and extended entirely around. The head of the bone, partially atrophied but not at all destroyed by ulceration, was turned upon its axis in such manner that the trochanter major pointed directly forwards (ante-

serted into the edge of the sacro-ischiatic notch, with no attachment to the neck of the femur, but a narrow insertion in the head of the bone itself. The rotator muscles (pyriformis, gemelli, and obturator internus) were quite as abnormally situated, being inserted into the false capsular ligament itself and not into the trochanter. Moreover, they were found to be atrophied; and, apparently as a secondary effect, to have undergone fatty degeneration. Finally, the situation of the quadratus femoris was also abnormal as to its usual insertion. This last circumstance was due to the rotation of the femur: the muscle was extended over the surface of the bone, and appeared to be rolled upon it.

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

By W. H. O. SANKEY, M.D. Lond., Proprietor of Sandywell Park Private Asylum; Lecturer on Mental Disease in University College, London; late Medical Superintendent of the Female Department, Hanwell Asylum.

[Continued from page 294.]

Of the varieties in form of mental disease: some affect chiefly the moral and intellectual faculties, and the motor are involved in a secondary manner. Two forms, however, are more immediately connected with the motor functions; viz., general paresis, which was described in the last paper; and epileptic mania, which remains to be illustrated.

In all cases of mental disease, there is some disturbance of the motility, as shewn in restless activity, or in torpidity of movement. In general paresis, the motor functions give a prominent feature to the disease. But they form the primary affection in that form called epileptic mania.

Cases of epileptic mania form some of the most formidable and trying with which the physician has to deal. The disease presents itself in two forms, according to my experience. In one, the maniacal symptoms appear to be superadded to an ordinary case of epilepsy; being, as it were, an extension of the morbid processes from the motor to the moral and intellectual faculties. In these cases, the violence is at one period very great and peculiar; being more totally uncontrollable and furious than is met with in cases of ordinary mania. The patient makes a sudden and unprovoked attack on the nearest bystander perhaps, and cannot be soothed or temporised with, as in an excitement of passion. Some of these patients direct their violence towards themselves, and will butt with their head against a wall, or will bite and tear their own flesh. It is usually on account of these outbreaks of violence that the asylum is sought; and many such cases were admitted into Hanwell during my term of office there. In all these patients, the maniacal violence gradually subsided after admission. The violence, or maniacal furor, in most of these cases, preceded each epileptic seizure; in some, however, it followed; and, in others, the fits and the violence took place together.

The second variety of epileptic mania is met with in two forms; viz., 1, with the epilepsy undeveloped; and 2, with epileptic attacks developed. The former has been described and named by my friend, Dr. Morel of Rouen, as *epilepsia larvalis*. (*Traité des Mal. Men.*, p. 480.)

It appears to be somewhat an anomaly to name an affection epilepsy, in which no epileptic seizure has yet occurred; and one cannot exactly affirm that the one condition is a premonitory or previous stage of the other; for certainly the second state is possibly,

a, Pyriformis muscle; b, Gemellus superior; c, Gemellus inferior; d, Obturator internus; e, Quadratus femoris; f, Gluteus major reflected; g, Gluteus minor reflected; h, Sciatic nerve; i, Capsular ligament; k, Head of the femur; l, Ilium; m, Os coccygis.

riorly); a small portion of the original capsular ligament, arising from the anterior portion of the acetabular ring and extending over that cavity, was in-

in some cases, never developed at all. That is to say, there are cases whose phenomena correspond to the first kind, but in which the epileptic seizure is never truly present. It would remain doubtful, of course, whether epileptic seizures will become developed in these cases. The difficulty is, however, simply one of nomenclature. If we consider epilepsy a distinct disease, the anomaly remains; but viewing it simply as a symptom, the disease is equally describable, and it has characters of sufficient distinctness to separate as a form of insanity.

The following epitome of two cases well illustrate the characters of this form of disease; in both of which the epileptic seizures were dormant for a period.

CASE I. E. S. was taken up in Chelsea by a policeman for creating a disturbance. She got into a medical man's brougham which was standing at a patient's house, and vociferated to the coachman to drive on. She could only with great difficulty be dislodged from the vehicle; she resisted violently, and was taken to the station; thence to the workhouse; and, after making a great disturbance, was sent to prison. In prison, she disobeyed the rules, and was several times punished. At last, she was sent to the Asylum. On admission, she behaved well for a while; then began to encroach by making extravagant demands of indulgences; and, if refused, she broke windows, and threatened and attacked several of the female officers. She broke and destroyed with great dexterity her rooms, however strongly secured. At times, she would go a whole week without eating, etc. Her violence lasted several days when it commenced; and for several days afterwards she remained quiet, then began again to be mischievous and to plot. She was at times neat and tidy in her person; at times, filthy and disgusting.

She had no attack of epilepsy while under my observation, during about eight months. It was a case which, from the intellectual integrity and apparently wilful perversity, would be considered by many, and indeed was by several, to be merely a moral delinquency. The history of the case was, however, that up to the age of 20, she was a hard-working, industrious, and retiring person, the sister said, "the reverse of what she had become". About the age of 20, she lost her mother somewhat suddenly, and became melancholic and out of her mind, and was sent to an asylum in Ireland. She was there some time; and had several epileptic fits while there, and continued to have fits regularly for some period afterwards. The fits, in fact, had only left her shortly before she was taken insane again.

The nature of the above case would have been very obscure without the history of the attack; and, indeed, it is very doubtful whether popular diagnosis would have been in her favour had her many unruly acts brought her before a public tribunal. The patient had been very repeatedly punished while in prison, without effecting any improvement in her conduct. The next case is very similar. The subject of it had been punished by every means resorted to in prisons, and was deemed wholly incorrigible. She had been also indulged to the "top of the bent", without amelioration of her conduct. She, like the former patient, only looked upon indulgences as her right, and her corrections as great injustices.

CASE II. E. T. was left an orphan at a very early age, with £200, which was left in trust for her education. Her trustee entirely neglected her, and allowed her to play in the streets in the lowest neighbourhoods, and at last deserted her. She was taken in by a poor neighbour. At sixteen years of age, she had an illegitimate child. This was felt by her very keenly as a disgrace. She went to the workhouse, where, she

asserted, she was ill-used and unjustly treated by the master. For several years she spent her time between this workhouse and the house of correction. She was a noted character in both, on account of her violence. A great sensation was made about her by certain philanthropists; and the medical officers of the prison were requested to give an opinion about her sanity. They considered that there was no evidence of insanity in her. I was requested by the authorities also to examine her, in conjunction with Mr. Marshall of Colney Hatch Asylum. We recognised at that period the resemblance of the case to epilepsy undeveloped; and my colleague especially distinctly gave it as his opinion that the case would terminate in well-marked epilepsy. There was not, however, at that period, such an amount of proof of this, or of any mental disease, as would warrant a certificate of lunacy. We were precluded from signing a certificate by law ourselves; and we did not feel that we could recommend the officer of the prison, on our view of the case, to call the case insanity. She was, however, shortly afterwards admitted into Hanwell under my care. Her intellect probably was never very strong. Her instincts were under little control. She was in person well developed, of short and thick-set build. She endeavoured to create a morbid interest about herself; but this was prevented by the measures taken. She showed evident chagrin if not treated with more particular attention than the rest; and she endeavoured to accuse the nurses of favouritism, etc. She made several unprovoked attacks on the attendants and female officers, and required for some time great caution in treatment. The catamenia on admission were suppressed. After residence in the asylum, this function was re-established, and her conduct improved. She became industrious. She never was untruthful or dishonest. She made herself gradually very useful; and after fourteen months she left the asylum, to try to gain her own living in service. She failed in this. On several occasions, on contradiction, she threatened her mistress with violence. She at length was taken into a subordinate position as domestic in the asylum. After a very short time, she began to have regular epileptic seizures. Her disposition became perfectly altered, more quiet and subdued, but irritable on the approach of fits, when she used very foul language. Her memory became defective, mind more feeble; and she took poison (it was believed, intentionally), and died.

In this last case, there was a period of nearly ten years of riotous conduct before the evolution of epilepsy. In a similar case, which was treated in Hanwell and afterwards at Colney Hatch Asylum, the epilepsy took place after about seven years of violence.

Now, had the epilepsy *not* been developed, under what category could these cases be placed? Dr. Morel says, "*epilepsia larvalis*"; but it seems an anomaly to call a disease after a phenomenon which is not constant, and which may be altogether absent. The cases have sufficient characteristics to unite all, whether the epilepsy be developed or not, under one appellation. The cases are similar in character, in progress; so that the possibility of an epileptic seizure can be predicated. In fact, the epilepsy in one of the cases was prophesied three years before it occurred.

These cases form a distinct group. They are among the most violent and troublesome which we have to treat, both on account of their perversity, and on account of a certain amount of integrity of intellectual faculties which leads every one around them to deny their insanity.

My own belief is, that all these cases are closely

allied to that form of disease to which I have already alluded in a previous paper (BRITISH MEDICAL JOURNAL, Jan. 21st, 1865), under the title of Recurrent Mania. They resemble the cases there mentioned—1. In the recurrence of distinct attacks of violence, at intervals more or less regular; 2. In the violence of the paroxysmal outbreak; 3. In the somewhat rapid cessation of the symptoms and return to comparative lucid condition; 4. In the very slight permanent injury produced on the intellect; 5. In the irritability of disposition, that is constant in the intervals, frequently exhibited by accusations of unfairness or injustice towards themselves; 6. In positive denial of having acted improperly, in self-justification; and strenuous denial of having ever been insane.

Many cases exhibit all these phenomena in a more or less mild degree. There were numerous examples in Hanwell. One patient had been eleven times in Bethlehem, and two or three times in Hanwell; another had an outbreak of maniacal violence yearly, which passed off in about six weeks. In many others, chiefly old cases, the violence recurred too frequently to admit of discharge.

In some cases, the outbreak is at much more distant intervals: one or two years may intervene even.

The character of the outbreak has, however, led to a still further confusion of names. The violence is exhibited sometimes (1) towards others, (2) towards themselves, (3) toward inanimate objects, or shows itself in flagrant acts of crime. In other words, the patients may simply break out and tear their clothes, or smash furniture; they may be violent towards others, attempt to injure, to murder, to fire, burn, destroy; may commit rape, and various other enormities, in their fury. Hence have arisen the names of homicidal maniacs, pyromaniacs, etc.

The cases of this description are, fortunately, somewhat rare, and, when they occur, are usually transferred to the criminal asylums. So far as I have been able to collect evidence, it appears that the violence rarely occurs in the first attack of even these cases; that, in fact, a period of melancholy is a frequent precursor of the first attack. However, in the second and subsequent attacks, the violence is committed with but very slight warning or premonitory sign; a little and transient restlessness, or *malaise*, or depression, only being exhibited. The patient is often apparently perfectly well, quiet and harmless, and suddenly rises and attacks a bystander, and attempts to murder him. The murder having been accomplished, the patient resumes his former placid condition. But, although the kind of violence used varies—that is, it is a murder in one case, a suicide in another, or simply a destruction of property in another—it does not appear to me that such variation in the object attacked can form a basis of a classification of diseases. The whole of the phenomena, viewed together, to my mind brings these cases of *epilepsia larvalis*, homicidal mania, and cases of recurrent mania, into close pathological proximity. But by the term recurrent mania I do not include all second attacks of insanity, but only those of the peculiar type described.

[To be continued.]

CHARING CROSS HOSPITAL. A bequest of £500 has just been made to the above hospital, under the will of Major-General Sir Charles Hopkinson, of King Street, St. James's, who especially directed that his body should be opened before being placed in a coffin, and the surgeon performing the operation to receive £50.

Reviews and Notices.

FOR AND AGAINST TOBACCO; or, Tobacco in its Relations to the Health of Individuals and Communities. By B. W. RICHARDSON, M.A., M.D., Physician to the Royal Infirmary for Diseases of the Chest. Pp. 75. London: 1865.

In this little work, Dr. RICHARDSON investigates the action of tobacco on the different organs of the body; and in the last chapter sums up his views as to the effects of tobacco generally upon the individual and upon the community at large. That smoking tobacco must be injurious to the healthy body, is a fact patent on the face of it. Tobacco is neither food nor physic; and assuredly is in no sense necessary for a healthful existence. It contains a deadly poison; and of this poison the smoker must necessarily take into his body a certain amount. Dr. Richardson says that tobacco arrests oxydation; and therefore, in the young especially, causes "impairment of growth, premature manhood, and physical degradation." He also describes the other particular injurious influences produced by it on the different organs of the body. Smoking, he, therefore, naturally adds, "is a luxury which any nation of natural habits would be better without. The luxury is not directly fatal to life; but its use conveys to the mind of the man who looks upon it calmly the unmistakeable idea of physical degradation. Why should a million of men in this country be living with stomachs that only partially digest, hearts that labour unnaturally, and blood that is not fully oxydised?" But here Dr. Richardson is necessarily met with the difficulty attaching to the use of many other luxuries; and, in fact, he admits what will be a great victory to the smoker; viz., that "of nearly every luxury it is the least injurious."

"It is" (he says) "innocuous as compared with alcohol; it does infinitely less harm than opium; it is in no sense worse than tea or sugar; and by the side of high living altogether, it contrasts most favourably. A thorough smoker never is a glutton; indeed, there is no cure for gluttony like tobacco."

This eloquent admission for tobacco will, we fear, make the reader of Dr. Richardson's pleadings *against* it very pale before the genuine smoker. And, after all, sad experience tells us only too surely that in matters of this kind mankind takes little account either of royal edicts or philosophical warnings. Neither teetotalism nor counterblast tobacco societies will put down drinking and smoking. The natural instincts of the old Adam within us lead men still on in the evil ways of irrationality. Though it were philosophically demonstrated that alcohol be not food, and tobacco only a deadly weed, yet will men go on drinking fermented liquors and smoking the dried leaves of *nicotiana* to the end of the chapter. The smoking sinner, after listening to the dreadful fulminations of an anti-tobaccoist orator, and after learning all the horrible evils which await him in the end, will yet retire home to reflect upon them with his pipe in his mouth.

Of Dr. Richardson's essay, we may say that it is a calm and philosophic inquiry; and that the arguments for and against "the weed" seem fairly and candidly expressed by him. We sincerely trust that