

able to distinguish one person from another by their features, and with some pain and difficulty could make out the letters of a large type. Since then, vision has still further declined, and the eye has become weak and watery. During the last eighteen months, the left eye has also become weak and watery; but the sight is very little affected as yet. Rather more than five years ago, or about two months previously to the affection of his sight, he had primary venereal sores, followed, in about a fortnight, by an eruption over the arms and chest, which, however, disappeared in a few days, and was succeeded by scaliness of the palms of the hands and soles of the feet, attended with heat and dryness, which continued, more or less, till nine months ago. He had also pains of the bones, coming on six months after the primary disease, and lasting about a month. He says that he never took mercury so as to affect the mouth, but treated himself with one-eighth of a grain of the bichloride, once daily during several months. He also applied black wash to the chancre, which healed in about a week. He has never had inflammation of the external tissues of the eyeballs, and there are no traces of iritis visible. He states that he has used his eyes much in writing, sometimes till late in the night. There was slight conjunctivitis observable in the right eye when I first saw him, and the pupil in each eye was of medium size, tolerably regular, and sluggish in its movements.

Examined with the ophthalmoscope, the optic disc in the right eye was indistinctly seen, as if through a veil or gauze, and was perhaps smaller in dimensions than usual. On the patient rolling the globe directly upwards, the lower part of the retina was seen to be thickly studded with black spots, varying in size and figure, imparting to the membrane the appearance of a leopard's skin. These appearances alone, independently of the history of the case, would have sufficed to indicate the syphilitic origin of the disease, inasmuch as they seem to be, in a great measure, pathognomonic of such affections of the eye.

With regard to *treatment*, mercury is certainly to be relied upon as the most effective remedy, especially when the structural changes in the deep tissues are extensive and material, as in the instance last cited; and the greatest amount of good which it is capable of doing, will probably be obtained by exhibiting it in small and frequently repeated doses, affecting the gums slightly, and maintaining the action during several weeks. In milder cases, where the ophthalmoscopic appearances do not show more than a gauzy haziness of the retina, and indistinctness of the optic disc, the iodide of potassium has been given with good results. In the case from India, above mentioned, I prescribed calomel and opium in small doses; but, as the patient lives at a distance, and has not yet reported his condition, I cannot speak as to the result.

In addition to the above remarks, I may add that, during a recent visit to London, I had an opportunity of conversing on this subject with several of the surgeons connected with the ophthalmic institutions in the city, as well as with others of much experience in diseases of the eye, and I found that their observations in this class of diseases tallied very nearly with my own. In the wide field which the metropolitan ophthalmic institutions present, these diseases are of frequent occurrence, and often appear in very aggravated forms; but even in our more limited provincial spheres, I am inclined to think that they are oftener to be met with than we perhaps suppose, and that they have only hitherto escaped our notice, either from our attention not having been directed to the subject, or because, although we may have observed the consequences of the disease in the production of defective vision, it has not been referred to its true cause, the influence of the syphilitic poison.

MEDICAL PSYCHOLOGY.

By ROBERT DUNN, F.R.C.S.E.

3. On the Psychological Phenomena or Symptoms of Disease.

HAVING passed in review the leading phenomena of the mental states, and followed up the survey with an inquiry into, and an attempt to specialise, the nervous apparatus or instrumentality through which they are manifested in this life, it now remains to take a cursory glance at the bearings of our inquiries upon practical medicine, and especially in reference to mental phenomena as symptoms of disease.

I rejoice in the conviction that the philosophy of the mind, like the philosophy of nature, is now cultivated in a manner worthy of its objects; and that its relations to psychological medicine are better understood and more fully appreciated. But I have neither the ability nor the leisure to attempt a systematic exposition of the abnormal phenomena of the different phases of consciousness. All that I propose to myself is to make some general remarks bearing on the subject of the mental manifestations as symptoms of disease in general. In such works as the *Manual of Psychological Medicine* by Drs. Bucknill and Tuke, and as Dr. Noble's *Elements*, will be found able and valuable expositions of purely mental diseases, systematically arranged and discussed. Since, indeed, my own thoughts on the subject were thrown into shape, two interesting and important works have appeared—one by Dr. Laycock, Professor of Medicine in the University of Edinburgh, *On Mind and Brain, or the Correlations of Consciousness and Organisation*; and the other, *On Obscure Diseases of the Brain*, by Dr. Forbes Winslow, D.C.L., editor of the *Psychological Journal*. The first must be invaluable as a text-book for the students of the professor's university class, and can scarcely fail of arousing their attention to the works of that great metaphysician, Sir William Hamilton. It is the most elaborate and comprehensive work that we have on the subject, a remarkable and valuable contribution to psychology, claiming a place in the library of every philosophical medical practitioner. And in the other is contained a fund of interesting information. As a prefatory essay to another promised pathological work by the same author, *On Softening and other Types of Organic Disease of the Brain*, it reminds one, from its bulkiness, and its interest and importance, of Mr. Buckle's Introduction to his *History of Civilisation*.

Abnormal Subjective Phenomena. There are certain subjective phenomena, associated with the different organs of sense, with which we are all familiar, and which are evidently dependent upon some local functional derangement of the nervous apparatus of the sensational consciousness. Such are the *muscæ volitantes*, which float before the eyes; and such the sounds in the ears, like the noise of the ocean or the ringing of bells, etc. There are ocular spectra, too, dependent on the same causes, and recurring, as in the case of Sir Isaac Newton, and the spectrum of the sun, in the darkness of midnight.

Not unfrequently, *false perceptions*, as they are commonly called, occur—in other words, *spectral illusions and delusions*—as the consequence of functional disturbance or derangement of some of the perceptive faculties, and most generally of those faculties which, through the visual organs, are subservient to our knowledge of the physical attributes of external existences, such as their size, form, colour, number, etc. Now, when there is no mental hallucination present—that is, no belief in the actual existence of something external to the mind itself as the cause, and as giving rise to the phantasms, the abnormal phenomena may be considered

as *purely illusions* of the perceptive consciousness; and, no doubt, of such cases the observation, if not the personal experience, of every medical practitioner, can furnish an abundance of illustrative instances. The following is related by Dr. Abercrombie. A lady, whom he had attended in a slight feverish attack, saw distinctly a party of ladies and gentlemen sitting round her bed-chamber, and a servant handing something to them on a tray. The same continued in a greater or less degree for several days, and was varied by the spectacle of castles and churches of a very brilliant appearance, as if they had been built of finely cut crystal. The whole was in this case entirely a visual phantasm, for there was no hallucination of the mind. On the contrary, the patient had from the first a full impression that it was a morbid affection of vision connected with the fever, and amused herself and her attendants by watching and describing the changes in the scenery. When, however, there is hallucination of the mind, and the spectral illusions or abnormal phenomena are believed to have a real existence in nature, the derangement is not limited to the nervous apparatus of the perceptive, but also involves that of the intellectual consciousness. In such cases, it but too frequently happens that the hallucination is followed sooner or later by other and more general indications of psychical derangement.

But, as I have said, there are *delusive perceptions*, as well as *spectral illusions*—cases in which the imaginative faculty, in the absence of mental hallucination, conjures up and embodies out of the actual objects by which it is surrounded *ideal existences*. Dr. Abercrombie mentions the case of two friends of his who, while travelling in the Highlands, had occasion to sleep in separate beds in one apartment. One of them, having awaked in the night, saw by moonlight a skeleton hanging from the head of his friend's bed, every part of it being perceived in the most distinct manner. He instantly got up to investigate the source of the delusion, and found it to be produced by the moonbeams falling upon the drapery of the bed, which had been thrown back in some unusual manner, on account of the heat of the weather.

We are indebted to Dr. Abercrombie for a number of interesting and instructive cases of spectral illusions. As illustrative of the analogy that exists between them and dreaming, he cites the following case of an eminent medical friend. "Having sat up late one evening, under considerable anxiety about one of his children, who was ill, he fell asleep in his chair, and had a frightful dream, in which the prominent figure was an immense baboon. He awoke with the fright, got up instantly, and walked to a table which was in the middle of the room. He was then quite awake, and quite conscious of the articles around him; but close by the wall, at the end of the apartment, he distinctly saw the baboon, making the horrible grimaces which he had seen in his dream; and the spectre continued visible for about half a minute."

As abnormal psychological phenomena in bodily disease, he has given illustrative instances of spectral illusions in cases of affections of the brain, delirium tremens, epilepsy, and in fever. We are all acquainted with the singular case of Nicolai, the Berlin bookseller; and with that of Dr. Gregory's epileptic patient, in whom the paroxysm was generally preceded by the appearance of an old woman in a red cloak, who seemed to come up to him and to strike him on the head with her crutch at the very instant that he fell down in a fit.

Of spectral illusions it is needless to multiply examples. I might adduce the case of John Hunter, as related by Sir Everard Home in his biographical memoir prefixed to Hunter's work *On the Blood and Gunshot Wounds*; but I shall content myself by giving some par-

ticulars of a more comprehensive case, not less interesting, and still more instructive. "A young lady, under twenty years of age, of good family, well educated, free from superstitious fears, and in perfect good health of body and soundness of mind, was occasionally troubled, both in the night and day, with visions of persons and inanimate things. First she saw a carpet spread out in the air, which descended near her, and vanished away. Afterwards she began to see human figures in her room as she lay wide awake in her bed, even in the daylight of the morning. These figures were whitish, or rather grey, and transparent, like cobweb, and generally about the size of life. At this time she had acute headaches; and the pain was confined to the front part of the forehead, on each side of the root of the nose; and she described it as if sharp knives were being run into the part. The pain was increased when she held her head down, and was much relieved by holding her face upwards. On being asked if the pain were confined to one spot, she said that at times it extended to the right and the left along the eyebrows, and a little above them, and completely round the eyes, which felt often as if they would have burst from their sockets. When this happened, her visions were varied. The whitish or cobweb spectres assumed the natural colour of the objects; but they continued often to present themselves, though not always, above the size of life. She saw a beggar one day out of doors, natural in size and colour, who vanished as she came up to the spot. At times, bright spots, like stars on a black ground, filled the room in the dark, and even in daylight. Suddenly, sometimes, a gradual illumination of the room during the night would take place, so that the furniture in it became visible. Innumerable balls of fire seemed one day to pour like a torrent out of one of the rooms down the staircase. On another occasion, the pain between the eyes and along the lower edge of the brow struck her suddenly with great violence, when instantly the room filled with stars and bright spots. On that occasion, while attempting to go to bed, she said she was conscious of an inability to balance herself, and felt as if tipsy, and actually fell, having made repeated efforts to seize the bedpost, which in the most unaccountable manner eluded her grasp by shifting its place, and also by presenting her with a number of bedposts instead of one. For nearly two years this young lady was altogether free from headaches, and for the same period was not troubled by visions and illusive perceptions. Subsequently her health gave way, and all her distressing symptoms returned in great aggravation. The pain was more acute than before along the frontal bone, and around and in the eyeballs; and all the perceptive faculties situated there recommenced their game of illusion. Single figures of absent and deceased friends were terribly real to her both in the day and the night, sometimes *cobweb*, but generally coloured. She sometimes saw friends in the street, who proved phantoms when she approached to speak to them; and instances occurred where, from not having satisfied herself of the illusion, she affirmed to such friends that she had seen them in certain places, at certain times, when they proved to her the clearest *alibi*. The confusion of her spectral forms now distressed her. The oppression and perplexity were intolerable when figures presented themselves before her in inextricable disorder, and still more when they changed, as with Nicolai, from figures to parts of figures, faces and half-faces, and limbs, sometimes of inordinate size and dreadful deformity. Real but inanimate objects have assumed to her the form of animals, and she has often attempted to lift articles from the ground which eluded her grasp. She experienced a great aggravation of her alarms when, like Nicolai, she began to hear her spectral visitors speak. At first her crowds kept up a buzzing and indescribable gibbering, and occasionally joined in a loud and terribly

disagreeable laugh, which she could only impute to fiends. These unwelcome sounds were generally followed by a rapid and always alarming advance of the figures, which often on these occasions presented very large and fearful faces, with insufferable glaring eyes close to her own. All self-possession then failed her, and the cold sweat of terror stood on her brow. Her single figures of the deceased and absent then began to gibber, and soon more distinctly to address her; but her terror prevented her from understanding what they said." (*Vide Phrenological Journal*, vol ii, p. 290.)

Without dwelling on this interesting narrative, but which is worthy of careful consideration, I cannot help adverting to the significance of the facts—first, of the coincidence in point of time of the young lady's severe headaches with the ocular spectra, for during the two years she was free from headaches, she had no annoyance from them; and, secondly, of the location of her painful sensations in the anterior and inferior part of the brain—in the region recognised as the site of those perceptive faculties of the mind which are subservient to our knowledge of the physical attributes of external existences.

Now, while we have abundant evidence of the occurrence of ocular spectra, or false perceptions, as purely illusions of some of the faculties of the perceptive consciousness, it is important to bear in mind that, in all cases of delusions, the intellectual consciousness is involved; and that in every instance of delirium from the mere wanderings of the thoughts, as soon as the controlling influence of the will is in abeyance, in the first light-headedness of fever, to its highest development in delirium tremens, there is undoubted functional disturbance in the nervous centres of intellectual action and volitional power. The delirium of fever has been aptly designated the insanity of disease.

[To be continued.]

Reviews and Notices.

ILLUSTRATIONS OF PUERPERAL DISEASES. By R. UVEDALE WEST, M.D., F.R.C.S.Ed., Vice-President of the Obstetrical Society of London. Pp. 84. London: 1862.

In the preface to this very practical and carefully written work, the author informs us that, during the course of a busy country practice extending over twenty-eight years, and including upwards of 3200 cases of midwifery, he has been in the habit of preserving notes of the cases of puerperal accidents and diseases that have come under his observation. We can quite believe that, as he states, these definite records of the past thus preserved have been found "an exceedingly useful resource in present doubts, difficulties, and anxieties"; and the profession are now invited to inspect, with the author, the records in question. What can be more interesting to the busy country practitioner than the subject of puerperal diseases? What occupation should supersede the careful study of the causes of those grave accidents which do occasionally, by their consequences, prove so disastrous, not only to the peace and quiet, but to the actual reputation, of the conscientious medical attendant? We thank Dr. WEST for laying the results of his wide experience on this important subject before us, and for giving us, as he evidently does, full and true particulars of the cases which have come under his notice.

In the work before us, there are histories of 71 cases.

These cases are arranged under different heads, according to their nature; and, in most instances, are accompanied or preceded by remarks of a critical and analytical character; the whole being an embodiment of the author's experience of puerperal diseases. In the grouping of these cases, the author has endeavoured to carry out and illustrate the idea of Cazeaux on the nature of puerperal fever, as expressed by him in the course of the debate at the Imperial Academy of Medicine in Paris; viz., that in puerperal fever we have a disease with lesions the most varied, sometimes a metritis, sometimes a peritonitis, sometimes a phlebitis; at other times, a lymphangitis, a pneumonia, a pleurisy, a suppurating arthritis, etc.; and to prove that puerperal fever is not one and indivisible, in consonance with the doctrines of Gooch and Ferguson. He agrees with Cazeaux, in considering that in the anæmic, and sometimes even uræmic, conditions of the blood present in the puerperal state, we must seek the first cause or point of departure of puerperal disease; and hence there is a morbid aptitude, a "pyogenic state," which manifests itself in abdominal phlegmasies, and makes its influence felt whatever be the disease attacking the puerperal female.

Dr. West first gives cases of Cerebral Excitement and Disorder of the Mind in the Puerperal State regarded as Varieties of Puerperal Fever, convulsions, mania, etc., some of them combined with a pyogenic condition. Next, cases are related which are further examples of the pyogenic diathesis, with salutary elimination of a purulent *materies morbi*. In commenting on one of these latter, the author observes that

"Suppuration of the breast, although most frequently occurring as a consequence of mismanaged lactation, being then what is called 'milk abscess,' not unfrequently takes place as a favourable crisis in puerperal fevers. In other words, the purulent deposit takes place in the breast, and that in a large majority of cases, which is not to be wondered at when we reflect on the power of sympathetic influence." (P. 19.)

Several cases are related which afford strong arguments in favour of this position.

The author next considers Diarrhœa as a Variety of Puerperal Fever, adducing several cases in illustration. The notion that nature occasionally seeks to make a discharge from the intestinal canal a vehicle for the removal of a morbid poison from the system, is favoured by the great frequency of diarrhœa in this disease, and the great difficulty of checking it by astringents. In several of the cases which come under the foregoing category, phlegmasia dolens was present. Respecting depletion in phlegmasia dolens, we have the following:—

"We don't bleed now-a-days. I was at the time (in allusion to a particular case dated 1850) passing through the transition state between the system of treating nearly all diseases by depletion and the present system of stimulation and supporting the strength, which an inexplicable change in the type of disease has gradually forced upon us. . . . We don't bleed now-a-days, because we have gradually found that our patients will not bear it." (P. 34.)

Under the headings, on Puerperal Fever regarded as a Sthenic Disease, and Puerperal Fever regarded as an Asthenic Disease, there are some interesting cases.

The most important class of cases are, perhaps,