He was not violent, but during the first night he was kept in bed with great difficulty. His bowels were freely open; the urine was loaded with lithates, but otherwise healthy. He had bitten his tongue most severely, so that it was one large sore. Salines were given, with nitric ether; and a third of a grain of morphia was ordered on the next day with each draught. Two days after admission, he was extremely refractory, and struck several of the nurses, and refused to let any one change his linen. The morphia was now increased to a grain three times a day. These violent symptoms gradually declined, and, within twelve days of his first being seen, he was quite altered in appearance. He complained of some pain in the head, and did not sleep very well for a time; but he was ultimately discharged cured, having been free from fits during the whole period of his residence in the Hospital.

REMARKS. These cases are brought forward as instances of epilepsy unconnected with organic lesion, and depending wholly upon eccentric causes. They serve to illustrate the remarks of Dr. J. W. Ogle, upon this subject, in the *Medical Times and Gazette* of last year. In the first patient, there must have been some connexion between the overloaded bowels and the cerebral symptoms. In the young woman whose case is next noticed, the uterine discharge was probably associated with the epileptic convulsions; and, as the abnormal secretion was checked, and a more healthy tone given to all the tissues, by the steel remedies, the tendency to the recurrence of fits was certainly checked, although it could not be considered as a case of cure. The probability is, that, if she had been under medical care seven years ago, a proper attention to the menstrual functions would have fortified the constitution against a continuance of the seizure. But she had gone on overworking herself, and paying no attention to diet and regimen, until she presented herself at St. George's.

The case of the foreman is remarkable, as showing the rapid subsidence of all undue excitement of the nervous centres when he was totally removed from the anxieties of business, and compelled to keep his bed. Like the preceding patient, he had laboured until his symptoms alarmed not only himself, but his employers, and led them to apply for his reception into the Hospital.

Original Communications.

CASES OF MORAL INSANITY.

By H. LANDOR, Esq., Heigham Retreat, Norwich.

[Read before the East Anglian Branch, June 12, 1857.]

My object in reading these cases of moral insanity is the hope of making general practitioners acquainted with the evils resulting from the want of due recognition of them, and to show at the same time that the good health and good conduct which the patients exhibit while under control are fallacious indications of cure; for true cure cannot result in the short period of time during which it is possible to keep them under treatment. I have purposely omitted details of the particular delusions of each case, in order to bring prominently forward their vicious propensities, and the consequent necessity of long periods of restraint. Nor have I alluded to the question whether drunkenness and vice produce insanity, or are a consequence of it; although I entertain the latter view. I have dwelt upon one feature only of the disorder.

CASE I was that of a man, aged 37, admitted in July 1851. He had been a man of hard work and irregular living, often drinking a very considerable quantity of spirits, and eating nothing. He was extremely vain and ill educated; he had no self-control, little information, and much conceit. He had had delirium tremens, and had seen angels and heard devils. In a fortnight after admission, he gained strength, lost his angels and his devils, and slept well: his strength and appearance were much improved.

In the middle of August, the remark I made in the journal was, that it was difficult to know what to do with him; for, if he returned to his business, he would also return to his bad habits. His wife and his brother were both afraid of him. I recommended them to make him a lunatic by statute, and save his property for his family by making it secure in chancery; but they were both afraid of him unless he could be kept in an asylum for life. My conviction was, that he ought to be con-

fined for life, but it would be impossible to convince commissioners, visitors, or relatives, of his fitness for an asylum, or rather, of his unfitness for life out of one. If an ungovernable temper, great vanity, no self-control, inability to resist stimulants, and an utter want of sound judgment, constitute insanity, this man was insane. There is no doubt that these characteristics insured the loss of his property and the misery of his family, by making it certain that he would return to his former habits, and wear away his life in reckless debauchery. But he exhibited no delusions, and succeeded in persuading his relatives to ask his discharge, without having taken any precautions with respect to his property.

He died, from excessive drinking, in the spring of this year (1857), having dissipated £2,000 since his discharge, and lost one of the best businesses in the county by neglect, incivility, and evil habits.

CASE II, aged 38, had been living an irregular life for years, drinking, smoking, dancing; boasting of his own abilities, his intrigues, and his other manifest perfections; laying down to his pot-companions the law upon politics, farming, and every other subject, with positiveness and conceit; threatening to thrash those who differed from him, and applying offensive terms to them; unable to endure opposition or even difference of opinion. In appearance, he was extremely ugly, one eyed, mean looking, weak, and contemptible—a most miserable frame for such a blustering soul. Ill tempered and vindictive, he was fortunately a coward. Abstinence from stimulants, and the necessity of leading a quiet regular life, worked their usual effects, and he left the house seemingly well, but with none of his tastes eradicated. His father was afraid of him. He had delusions and diseased feelings of various kinds during the early part of his stay in the asylum.

After an absence of some years, his father applied for his re-admission, stating that he had fallen into his former habits, but was too cunning to allow two surgeons to visit him, in order to sign the necessary papers. I strongly advised his father to have two surgeons to see him by stratagem while he was at home, and not to send him to the Retreat on one certificate; for I knew there would be a great difficulty in obtaining the other certificate, as he would not display any insanity unless he were under the influence of his usual excitement. His father was, however, so afraid of him, that he sent him abruptly, on one certificate; and, as I feared, no other surgeon could find any delusions in him when he was visited in the asylum. He was therefore sent home again, much to his own detriment, and to his father's terror.

I may here make a remark on the deficiency in the form of certificate which the Act demands from surgeons. They are required to certify to facts observed by themselves, and therefore insane conduct often escapes them, because they cannot have the opportunity of seeing it, especially in those cases where circumstances have compelled admission on one certificate.

CASE III was a surgeon, in large practice in a southern county, but habitually addicted to drink and evil living, which caused him to lose his practice. His symptoms were much the same as in the other two cases; but, as his intemperance had lasted longer, his mind was more broken and feeble. After a residence of some months (during which he improved in body and mind, although he retained a certain amount of low cunning and want of truth), he was discharged, and he ultimately was appointed to an emigrant ship. There his drinking propensities broke loose again: he lost his pay, which was stopped by the emigration commissioners; and he brought disgrace on those who recommended him for the appointment, as well as upon those who gave it to him. He had false ideas relating to his wife and family.

CASE IV was a lady, with the same tendency to drink, and to untruth and cunning. Whilst she was confined in the asylum, she was well, but immediately relapsed into her evil habits on her release from it. This lady was placed in a private family during a period of absence from the asylum; and the following is an extract from a letter written to me by the gentleman with whom she was:—

"No one, who has not had the lengthened experience I have of her, could help being deceived by her cunning and falsehood. When she first came, she conformed to the habits of the family, and gave us no trouble, and led us to hope we should be comfortable with her. When she became acquainted with our servants, she got them to bring her beer unknown to us. She obtained the keys, and got the servants to bring her wine and spirits; and desired them not to mention it. This they told us; and, moreover, that, while she was getting improper

things to eat and drink, she was abusing me and my family. In short, her temper and her wilful misconstruction of everything said and done became so intolerable that, finding it impossible to control her sensual appetites, I determined to send her back to you; and I pray you do not be a party to placing her with any one else. If her relatives wish to try her, let them take her. The difficulty, in a private family, of keeping her from stimulants, must be insuperable; for the strictest directions may be given to servants, but they, for their own peace and quiet, will always be found willing to supply her cravings."

This patient was ultimately discharged, more to escape from the importunities of the Commissioners in Lunacy than from any other cause. She went to her relatives: they could not live with her, and sent her to London to another relation. She there, after a month's residence, clandestinely married a worthless foreigner, who sought her for her annuity, which he speedily managed to extort from her family. What has since become of her, I cannot tell; but, in all probability, he has placed her in some French asylum for a trifling sum, whilst he is fattening upon her income. She had many insane ideas concerning herself, her position in life, and her family, which gradually disappeared.

Many more cases might be added to these, but these suffice to mark a class the most difficult to deal with, because they are always sane in asylums, and always relapse when they get out. They invariably succeed in obtaining their discharge by working upon the fears or feelings of their relatives, and the sympathies of commissioners or visitors, who think them sane because, being under control, they cannot exhibit their propensities; and who tell proprietors of asylums that patients so improved cannot be detained. The real answer is, that they are not improved; they appear sane, because they have not the power or opportunity to be otherwise. Give them that power, and they are lost; as in these cases. They cannot keep up the good habits they learned in control, and they become worse in their second state than in their first. They are much to be pitied, for their friends and acquaintances think them wicked and vicious when they are only mad; and their misconduct is never looked upon as disease, partly because the general practitioners of the kingdom are not sufficiently acquainted with this class of disorders to be able to point out to their relatives the necessity of placing them in control, and to prove to them that disease, not vice, is the true solution of their misconduct. I have read these cases in the hope that practitioners will recognise similar cases as insane, and take the earliest steps to control them, and save them from the consequences of indulgence in their propensities. I cannot say that they are curable cases, as a general rule; they undoubtedly are so occasionally; but at large they rapidly become worse, lose all sense of decency and propriety, and end their lives either by suicide or by the consequences of their conduct in the production of fatal disease. There is no hope for them except in control, and that not for the limited periods we are now able to detain them, but until better habits have become so customary as to take the place of their evil habits. Nothing short of this will suffice; and the difficulty of doing this lies in the fact that this form of disorder is rarely recognised by any except those engaged in this branch of medicine. But we require (we might say much more truly that these unfortunate people require) the assistance of general practitioners, to enable us to press strongly upon the friends of such patients the absolute necessity of long continued seclusion.

Few men, engaged in this department of medicine, like to hold strong language to relations, as it is most difficult to convince them that the chief object is the benefit of the patient, not the self-interest of the proprietor; yet it is truly the difference between comfort and misery, and often between life and death, to the patient. If general practitioners could only be brought to see these cases in the same light, how much easier would be the task of convincing the friends, and how much the advantage of the patient's relatives! Take Case i. Two thousand pounds would have been saved to his children, as well as a good business which his widow might have easily managed, or sold for a large amount of money. In Case iii, the evil of suffering the patient to be loose on society was not confined to himself, but produced all kinds of vice and immorality on board of the ship, amongst the emigrants, to such an extent as to attract the notice and censure of both Houses of Parliament. In Case iv, shortly after her discharge, the patient is found making a disgraceful runaway match with a needy, money-hunting, soap-abhorring French fiddler, doubtless laying up for herself misery for a lifetime. Can any one say that a life of

confinement in a modern asylum, in comfort and decency, is not a life of happiness, compared with the wretchedness produced by indulgence in such diseased and depraved tastes; and that it is not a duty to detain them in control, and save them from themselves?

I am sure that, if these cases were better recognised by the public, they would be soon remedied. They are by no means rare—quite the contrary, they are common; and are at all times most difficult to deal with, but surely they ought not to be; and if the same patient investigation and shrewd discrimination were exhibited by general practitioners in these disorders, which they employ in their common cases, these unhappy people would always be more fitly treated, and their relatives more alive to the true requirements of their condition.

THE WATERY DISCHARGES OF PREGNANT WOMEN.

By I. HARRISON, Esq., F.R.C.S.

[Read before the Reading Pathological Society.]

UNDER the term "*hydrops uteri gravidarum*", "the dribbling of the waters", etc., a somewhat rare affection has been described, to which pregnant females are subject. The amount discharged, it is said, varies from ounces to pints a day; and the discharge is described to be uniform and colourless. The source has been considered to be the vagina, the space between the membranes; and, as I understand Dr. Rigby, the membrane which lines the cavity of the uterus. Dr. Davis says it is in most cases "a dangerous, and often a fatal affection". Dr. Churchill says, "This opinion is at variance with other authorities, who do not generally consider this disease as of so serious a character."

I have met with two cases of watery discharge during pregnancy.

CASE I. occurred in a healthy woman, aged 38, in her ninth pregnancy. From the end of the first month she had a constant discharge, beginning with a coloured, and followed by a profuse watery one, saturating three or four or more napkins daily. These alternated, at intervals of a few days, to the full period. There was no diminution of size apparently induced. Labour was ushered in by a bloody discharge, more profuse than usual: as it advanced, a small portion of the placenta was found presenting. Labour was completed rapidly, naturally, and favourably. The child was alive. Unfortunately, no description of the placenta is given in my notes.

CASE II. A feeble woman, in ill health, aged 38, in her tenth pregnancy, had slight discharge at the end of the second month; more at the end of the third month; and from this time to the end of the sixth month she had it more or less coloured or watery. For the first two weeks of the seventh month, she was under treatment, by which the discharge was arrested. During this time I carefully examined her, but found nothing abnormal. When under supervision, the discharge was entirely watery. After treatment was discontinued, the discharge returned, and labour was ushered in at the end of the seventh month by a sudden coloured discharge, to the amount of a pint. On examination, a thin edge of the placenta was found occupying one-fourth of the circumference of the os uteri, now open to the size of a florin. By the means used, the os uteri rapidly became dilated; and the child, breech presenting, was easily born: it had been dead some days. The placenta was quickly removed, without any unusual hæmorrhage. On examining the placenta, there was seen attached to one edge a considerable quantity of fibrine, showing undoubtedly the separated portion. The cord was only eight and a half inches long.

I maintain that, in these two cases, the placenta was attached in the immediate neighbourhood of the os uteri; that, at an early period of pregnancy, a portion of the placenta became detached; and that from the opposed and separated surfaces the coloured and watery discharges issued. I do not mean positively to assert that these cases are similar to those given on authority in the first part of my paper, though I strongly suspect that they are. It is somewhat singular that, in the recorded cases, no mention is made of any coloured discharge, nor any remark as to the state of the placenta. If the classes are similar, the cases related afford a new version of the source of the discharge; if dissimilar, they supply an important deficiency in the history of watery discharges in pregnant females. Whether similar or dissimilar, they show that both