

tolerable medical attendance for the poor in sickness? We readily grant that many a medical officer in the worst paid districts supplies the poor with proper remedies, and at a great sacrifice devotes time to the investigation of their diseases; but, as a general rule, the medical officers cannot do anything of the kind, without bringing ruin on themselves and their families.

The poor are beginning to be aware how cheaply their lives are held. They know that the medical officers are not paid to supply them with "proper remedies." The labourer knows that the doctors are only paid *three-halfpence* a visit for attending him and his wife in their mortal ailments, and he is not slow in drawing the natural inference, which we are bound to say is correct in nineteen cases out of twenty. Is not this a most serious state of things? Is the diffusion of such knowledge—or, rather, the truth of such facts—calculated to promote a conservative feeling in the working classes, who would better bear the denial than the mockery of medical relief? If no Central Commission existed, the blame would attach to the local authorities; but the Central Commission brings the whole responsibility home to her MAJESTY'S Government, and the pauper feels, in his bitterest moments of distress, that it is by the Government that he is denied "proper medicines" and "proper advice." If the Commission were abolished, it may be a question whether any attempt should be made by legislation to provide the poor with adequately-paid medical officers; but if the Commission be continued, the refusal to interfere, the denial by the Government of a merciful regard for the feelings of the working classes in the season of distress and sickness, will tend very much to exasperate their feelings against those who ought to be their friends; and, if it do not prove fatal to the country, great in power, but greater in humanity, it must be inevitably fatal to the Government.

There are parties, we know, who, believing the population to be too numerous, consider that no sincere attempt should be made

to relieve the sufferings, and thereby prolong the lives, of the poor; that they should merely be amused by the doctors, and allowed to die. Such parties would make the union medical officers the European counterpart of the Indian Thugs; who kill their victims so skilfully, that a trace of the assassin's hand can scarcely be detected; while the former, if they acted under the inspiration of the vile doctrine in question, would see the poor patient occasionally in sickness, but spend no time in studying his case, and only send him inert remedies. With such parties we cannot, of course, argue; and they are greatly mistaken if they conceive for a moment that they can find fitting agents in the ranks of the most virtuous and beneficent of professions.

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#### MEDICAL SOCIETY OF LONDON.

*Monday, May 16, 1842.*

Mr. PILCHER, President.

CASES IN MIDWIFERY. — TREATMENT OF INSANITY.

MR. LINNECAR stated, that the patient whose case he had related at the last meeting of the society was in a very precarious state; the cellular membrane below the knee was sloughing. He still thought that the watery discharge from the vagina proceeded from the cavity of the uterus. There was no evidence of inflammation of the veins of the uterus.

Mr. LEESE mentioned a case somewhat similar to that of Mr. Linnekar. The patient was the wife of a butcher, and accustomed to be much upon her feet. When at the seventh month of pregnancy her legs, but particularly the left, swelled considerably, and the nymphæ became enlarged. The patient was placed in the recumbent position. Aperient medicine was administered, and oil of camphor applied to the swollen parts. The patient recovered.

Mr. LINNECAR, in answer to a question, had not tested the urine for albumen. Before confinement this secretion was scanty and dark-coloured, since then it had been copious. The patient had not been accustomed to stand, and was delicate. He had punctured the swollen parts, in consequence of the pain produced by the distention.

Mr. ELLIOTT called the attention of the society to the treatment of insanity. He said that in acute mania bordering on phrenitis, active antiphlogistic treatment was required. It was erroneous to suppose that this was not necessary, even in cases which

were of some standing. A lady, affected with "pure mania," had come under his care. The attack had been sudden; there was no hereditary taint; adversity and the unkindness of her husband had been the immediate causes of the attack. All the symptoms of phrenitis were present. Before the patient had come under his care she had lost thirty ounces of blood from the arm: he subsequently took away more blood, and applied leeches to the temples. Calomel was administered; and cold lotions, consisting of acetate of lead, muriate of ammonia, and vinegar, were applied to the head. Extensive and efficient vesication was produced, by rubbing in freely the emplastrum lyttæ with two parts of acetic acid. A perfect recovery followed the treatment. It was important to keep up the action of the blistering plaster. He administered blue pill in the latter stage of the disease. The most useful anodyne was henbane; and in order to procure it in an effective state, he cultivated the plant. The infusion was the best preparation, and this he made by infusing half an ounce of the leaves in a pint of water. Of this infusion half an ounce was given every three hours, until the desired effect was produced. Another case of a similar nature was also related: the patient was a gentleman, and the exciting cause had been embarrassment in business. A similar course of treatment was pursued—the result was similar. Mr. Elliott considered iodine of much service in maniacal affections, after mercury had been employed. The distinction he drew between insanity, conjoined with phrenitis and simple phrenitis, consisted in the fact, that in the former there were no intervals of sanity.

Mr. PROCTOR remarked, that in mania there existed great excitement of the brain, but that this excitement was marked by intervals. Mr. Dunstan had discovered very little trace of disease in examining the brains of one hundred individuals who had died insane; in ten there were not changes sufficient to account for the disease. The depletory treatment lowered the action of the brain, but he had seldom seen it produce a cure. The chief cause of mania was mental excitement. The nervous system was much implicated. He considered counter-irritation of much service in the treatment of insanity.

Mr. SOLLY thought that phrenitis was excited by external causes, and that insanity was produced by mental impressions. Mania was dependent on inflammation of the cortical substance of the brain, including the hemispherical ganglia. Antiphlogistic treatment was useful in almost every case of mania, but it had got into disrepute by having been carried too far. He had had much experience of maniacal affections, and had never examined the brain of a maniac without discovering traces of disease.

Mr. KINGDON said, that in the investigation of disease the action of the vascular system had been too exclusively considered. Insanity was often produced by phrenitis, but it might exist without it.

Dr. THEOPHILUS THOMPSON observed, that his experience afforded evidence of the grey matter of the brain, including the hemispherical ganglia, being the seat of insanity. This substance was frequently the seat of changes in vascularity and consistence; but these were often overlooked, because the grey matter was seldom taken into consideration. It was important to distinguish between insanity dependent on inflammation, and that form of the disease dependent on mere irritation of the brain: in the first form, bleeding was the proper remedy; in the latter, opium should be administered.

Mr. DIAMOND said, that much mischief had been done by over depletion in the treatment of maniacal affections. During the last twenty years he had not used the lancet twenty times in the treatment of insanity. The cases for which he had received most credit were those in which depletion adopted by others had been carried to an injurious extent. He had remarked that all maniacal patients who had high opinions respecting their rank, wealth, or importance, became the subjects of paralysis within three years.

Mr. DENDY was surprised to hear that inflammation of the hemispherical ganglia always existed in acute mania, and that total abstinence from bleeding was recommended. He believed that the exciting cause of mania was of a metaphysical nature, but no mental emotion of any kind could exist without a physical change. It was important to deplete in acute mania.

Mr. CRISP said that it was necessary to discriminate between varieties of the disease; the cases mentioned by Mr. Elliott were different from those referred to by Mr. Diamond. Where there was excitement, it was important to deplete. He inquired if Mr. Solly had compared the hemispherical ganglia, as they were found in maniacs, with those in healthy brains.

Mr. SOLLY had made a practice of examining carefully the hemispherical ganglia in healthy brains. In melancholia, a disease in which the mind was almost obliterated, the hemispherical ganglia were pale, while in mania they were of a dark purple colour.

Monday, May 23.

Mr. PROCTOR could not agree with those gentlemen who considered insanity to be always the result of inflammation of the brain. He had seen cases of mania in which there was no evidence whatever of inflammation. There was another condition of brain which produced death in some cases of insanity, and this consisted in an exhausted state of the nervous system. We could not

quiet the excitement of this system, and it destroyed the patient.

Dr. CLUTTERBUCK thought that if we adverted to first principles, neither the pathology nor the treatment of insanity was difficult. Insanity was a symptom of disease, and so far bore no analogy to phrenitis, which indicated an inflammatory condition of the brain; but mania often existed for a long time without affecting the general health. There would not in these cases be inflammation present, and therefore this was not necessary to the production of insanity. Inflammation, however, might, indirectly or remotely, give origin to mania. In the outset there might be signs of inflammation; these were subdued, but the mania continued. This was explained by the fact, that inflammation was a disorganising process, and left such effects on the structure of the brain as to render it incapable of performing the functions natural to it. If that portion of brain devoted to intellect were thus affected, the result was permanent insanity. In insanity our treatment was in no way to be influenced by the condition of the mind itself; this only afforded an indication of the brain being in an unsound condition, and our treatment was to be directed to this organ, and to be influenced only by the physical signs presented to us. Generally speaking, there were no marks or signs of inflammation present, why, then, should the affection be treated as an inflammatory one? If blood-letting were not useful, it was injurious. If inflammation of the brain existed, as would be indicated by the physical signs and symptoms, antiphlogistic treatment, including perhaps blood-letting, would be necessary. There was no reason, however, that remedies should be very active, because there was much mental excitement present; for the most furious delirium might exist with a state of brain directly opposed to that of inflammation. If we treated insanity on the common principles with which we treated other diseases, we should do right. Let us look to the general state of the system, and then our indications were as plain as they were in other diseases. Generally, in lunatic asylums, it was not necessary to resort to blood-letting, because the active stage of the disease was over before the patient was admitted. Our treatment should, then, be almost entirely passive. Counter-irritants he objected to, for he believed that they were calculated to do mischief; and narcotics usually did more harm than good. He saw, indeed, no rational indication for their employment; for although they might by producing sleep alter the character of the disease, they would never cure it.

Mr. ELLIOTT objected to a discussion on chronic mania, because it was departing from the subject which he had brought under the notice of the society. He only spoke of acute mania coming on suddenly in persons

of plethoric habit, and in whom there was no hereditary taint. In these cases there was a sudden outbreak, like phrenitis; and with the exception of intervals of repose, there were all the signs and symptoms of increased action, a hot skin, a full, bounding pulse, flushed face, &c. It was in these cases, when seen in their commencement, that he had found the greatest benefit from the employment of depletion, the administration of mercurials, and the application of blisters. Generally speaking, however, these measures had been used before the patients were admitted into the asylum, and always he believed with the greatest benefit. If, however, this plan had not been resorted to in the very commencement of the disease, blood might in some cases, at the end of a few days, be abstracted carefully in small quantities, and blisters and mercurials resorted to with advantage.

Mr. DIAMOND should never apply blisters to the head in cases of acute insanity, as this would add fuel to fire: cold should be applied to the head, and blisters to the legs and feet.

Mr. DENDY believed that there were two distinct conditions of brain present in cases of acute mania: in one the brain was full of blood, in the other it was deficient of it; in both of these states there was more or less congestion; and upon venous congestion, mainly, did he believe that mania depended. It was not in the first stages of intoxication that the symptoms of mania presented themselves. Then there might be a great brilliancy of intellect; but after this was gone, when the arterial action had subsided, and the veins became congested, mania presented itself: so in anemia of the brain, there would be more or less congestion; and in both descriptions of cases he should employ moderate bleeding to relieve the congestion.

Dr. RISDON BENNETT thought that cases of acute insanity requiring blood-letting were rare. He mentioned two or three cases in which tonics and sedatives at night effected a cure.

Dr. THEOPHILUS THOMPSON attributed the success of opposite modes of treatment in insanity to the opposite nature of the cases. We must be guided in our treatment by the physical signs. He eulogised the plan of treating insanity as pursued in the Glasgow Asylum, in which institution those faculties which remained healthy were brought into useful employment.

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THE  
PROVINCE OF PHRENOLOGY.

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*To the Editor of THE LANCET.*

SIR,—Feeling sure that you cannot wish much more space occupied in your Journal by the phrenological discussion, I do not in-