

BOOK REVIEWS.

A Plea for the Scientific Study of Insanity. Being the substance of addresses delivered before the Royal Academy of Medicine of Ireland, and the Medical Institution of Liverpool. By J. BARRY TUKE, M. D., F. R. C. P. Edin., Medical Superintendent of the Naughton Hall Institution for the Cure and Care of the Insane. Edinburgh and London: Young J. Pentland, 1891. [Reprint from the *British Medical Journal*.]

In this address Dr. Tuke undertakes to investigate the reasons and the remedy for the isolated position which psychiatric medicine holds among the other branches of medical science and art. The reason, in this view, is that "The study of insanity has not been conducted on the same principles as those on which general medicine has been founded. Anatomy, physiology and pathology have been almost, if not entirely, ignored; and psychology has afforded, in association with clinical impressions, the institutes of so-called psychiatric medicine." Thus it has come about that "The department of medicine which undertakes the treatment of the insane is guided by psychology and clinical experience," and that "The general conception of insanity is on the same level as that of the 'dropsy' a century ago; and its varieties, mania, melancholia and dementia, are not one whit more pathologically definite than the anasarca, ascites and hydrothorax of that period."

That there is a good deal of truth in this, it would be useless to deny, but we incline to think that the author exaggerates the extent of the evil, and mistakes, in some respects, its causes. It is not the case that anatomy, physiology and pathology have been ignored to the extent implied in his remarks. Meynert, Westphal and Gudden, Luys, Bevan Lewis (the only worker in this line to whom he gives any credit,) and Spitzka are only the more prominent representatives of a large number of investigators who are laboring with more or less diligence and success in this field. The meagreness of the results thus far obtained is due, not so much to the lack of attention to the subject, as to its difficulties. If the changes in the brain in the different forms of insanity were as obvious and as constantly associated with definite symptoms as those in the liver, heart and kidneys in the various forms of dropsy, there would, we suspect, be as little reason to complain that they were overlooked. Such histological lesions as have been found have been very generally in advanced stages of disease, in which the possibility could not be excluded that they were the results of long-continued functional disturbances, to which, rather than to demonstrable anatomical changes, the origin of the mental derangement should be attributed, and the attempt to connect special lesions with definite forms of mental symptoms has met, thus far, with little success. Even in general paresis, which certainly has not been neglected on the anatomical side, no change nor combination of changes has been found that has not been met with in other entirely distinct forms of insanity.

So far as it is true that the number of investigators in this field is small, in comparison with other branches of medical science, it is, we think, largely

due to a condition of affairs which has grown out of what seems to us, on the whole, an enlightened regard for the best interests of the insane. Motives of economy, of regard for the good of the patients and the comfort and safety of others have determined the location of most hospitals for the insane separately from those intended for the treatment of other diseases, and at a distance from the centres of population and of medical instruction. Their officers have generally found their time pretty fully occupied by the care of their patients, and have lacked the stimulus afforded by daily contact with other scientific workers. Clinical observation comes in as a necessary part of their daily work, and does not, we think, deserve the slight estimation in which Dr. Tuke seems to hold it. Properly conducted, it is as truly scientific as any other way of studying disease, and, true though it may be that, in this field of medicine, it has been more cultivated than some other methods, we do not believe that it has received more attention than its importance demands, nor that its possibilities have been exhausted. Nor will a knowledge of the functions of the healthy brain come amiss to him whose business it is to minister to the mind diseased, even if we call it psychology.

The remedy for the present unfortunate state of affairs our author finds in taking etiology instead of semeiology as our starting point, and endeavoring to pass from it to what he considers "the highest platform of pathology—morbid anatomy"—on which he believes we shall before long be able to base a classification of the insanities. It would take us too far to discuss the comparative merits of the etiological and clinical classifications of insanity. Both have their advantages and their drawbacks, and the attempts to make them coincide have not, thus far, been very successful. The importance of both etiology and pathological anatomy is unquestionable, but if the author's meaning is that a knowledge of morbid tissue-changes, taken by itself, is on a higher scientific plane than a knowledge of the causes or the effects of such changes, we must demur to the proposition. The highest point of knowledge in regard to a disease is reached when we know its cause or causes, its morbid anatomy and its symptoms in their mutual relations. To take an example from another department of medicine. The recovery of the trichina in the muscles of human beings, and swine did not put our knowledge of the morbid conditions produced by it on the highest platform. That was only reached when the manner and effects of its invasion of the system were discovered. When the whole natural history of a disease is known, the question which of the three factors—etiology, morbid anatomy and semeiology—shall be taken, as the basis of classification, becomes of very subordinate importance.

A considerable part of the address is taken up with an exposition of the author's views in regard to the mechanism by which excessive emotional excitement acts as a cause of mental derangement. From theoretical considerations and histological changes observed by him in four cases of death in acute insanity within two months of the date of development of the disease, he concludes that it acts through the agency of long-continued hyperæmia, setting up a sub-inflammatory condition of the cortex, with lymph-stasis, accumulation of leucocytes and deposit of pigment in the sheaths of the vessels, and resulting degeneration of the nerve-elements. Whatever may be thought of the details of his theory, his opinion that the connection between

the emotion and the mental derangement is brought about by physical causes, just as truly as in toxic or traumatic cases, is one in which we heartily concur.

The address is concluded with some observations on treatment, which hardly seem relevant to the original subject. Dr. Tuke believes that the hyperæmia of the brain which he holds to be the fundamental condition in both mania and melancholia, requires for its successful treatment a degree of repose, both of mind and body, that is unattainable in the wards of most asylums for the insane as at present administered and constructed. Physical exercise should, he thinks, be allowed with great caution, if at all. "In the early stages of many forms of insanity it is absolutely baneful, and often aggravates symptoms. Most idiopathic cases, for instance, are for the first few weeks best treated in bed or on the sofa, careful massage taking the place of exercise."

It may be questioned whether these views are not somewhat exaggerated. There are, doubtless, cases in which as strict a regimen as this is essential to recovery, and provision ought to be made for them in every hospital for the insane. It is, however, an undeniable fact, a great many subjects of mania and melancholia do recover, promptly and thoroughly, under other conditions, and it does not seem that it should be impossible for a physician of experience and good judgment to decide in what cases it may safely be dispensed with.

On the subject of amusements, such as balls, parties and theatricals, Dr. Tuke holds pronounced views, contrary to those in vogue at present. Although he does not say that if carefully managed they are not good for the chronic insane, and admissible in some convalescent cases, he has no hesitation in saying that for the mass of the insane they are not good.

He concludes by advocating the establishment of small wards for acute cases in connection with general hospitals. "Such wards would not be nearly so difficult of management as the delirium tremens wards which at present exist; they would save hundreds yearly from being sent to asylums by procuring their early recovery; they would allow the student to become accustomed to the observation of a type of disease which afflicts three in every thousand of the community; they would afford the practitioner the knowledge of a condition which (the condition) he does not at present possess, but which the law presupposes he is in possession of, inasmuch as it confers on him considerable powers over the liberty of the subject; and they would serve gradually to draw the study of the various diseased conditions of which insanity is a symptom within the confines of general medicine. The professional and popular conception of their position would undergo great modification, and as time goes on such terms as mental diseases, psychiatry psychological medicine would fall into desuetude, and along with them the prejudice, superstition, and misconception which they help to maintain would cease to exist."

It is not necessary to adopt, in their full extent, the author's views as to the superiority of the treatment which the insane would receive in a general hospital to that provided in a special one, or to assume that a rose would gain an added perfume by giving it another name, in order to agree with him that it is exceedingly desirable that some opportunity should be provided for

students of medicine to acquaint themselves with forms of disease which they are so certain to meet in practice at precisely the stage at which most can be accomplished by judicious treatment.

With the main drift of the address we are in hearty agreement, notwithstanding our dissent from the author's views in regard to matters of detail. Whatever may be the reason, the unfortunate fact remains that our knowledge of the forms of disease most frequently met with in hospitals for the insane is extremely limited, and an extension of it is most desirable. Without drawing comparisons, favorable or otherwise, with what other people are doing, it is safe to say that as much is not accomplished as might be and ought to be in utilizing the clinical and pathological material accumulated in those institutions. We will, however, say, in conclusion, that we have never known very much to be accomplished, in such matters, by "pleas." The man who can point to something definite and tangible that he has achieved in the extension of knowledge will do tenfold more to induce others to go and do likewise, than he who contents himself with exhortation. We incline, accordingly, to think that the most valuable part of the address is that in which the author gives the results of his pathological investigations in cases of acute insanity.

The Pathology, Diagnosis and Treatment of Intra-cranial Growths. By PHILIP COOMBS KNAPP, A. M., M. D. (Harvard.) Fiske Prize Fund Dissertation, No. XLI.

Dr. Knapp's essay gives the result of a study of its subject, based upon forty cases, the majority of which occurred in his own practice. Patients were selected who were found at the autopsy to have had some form of cerebral growth, which may or may not have been the cause of death. By this method of selection a practical test is made of the present state of knowledge of this department of medicine, and the result is a "striking manifestation of the limitations of our ability to diagnosticate correctly intra-cranial growths"

The cases are made the nucleus of the essay, rather than illustrations of the principles involved, and are classified as follows: "Six presented no symptoms of cerebral disease; in five, the cerebral symptoms may well have been due to other co-existing cerebral affections; in thirteen there were symptoms of some cerebral trouble, not definite enough to permit a correct diagnosis; in eight there were symptoms definite enough to warrant the diagnosis, or at least a strong suspicion of an intra-cranial growth; and in eight cases it was possible to make a correct focal diagnosis, as well as a diagnosis of the existence of a growth."

Headache was noted in twenty-seven cases, and of sixteen cases of localized headache, in only six did the pain correspond to the part of the brain in which the growth was located. Vertigo occurred in twelve cases, vomiting in seventeen, and convulsions in ten. No distinction is made between optic neuritis and "choked disc." This phenomenon was found in two-thirds of the cases examined, but all were not examined. The four theories of the causation of "choked disc" are cited and discussed at some length, and the author concludes that the "irritation-pressure theory" is most plausible for the great.