obtained, whether through the treasurer, who possesses our confidence, through the court of committees, or through a special committee.

I reserve for verbal statement on Wednesday some serious considerations as to the need for watchfulness with reference to the growth and future development of the changes recently introduced, beneficial as I believe them to be, if carried out with discretion and with the co-operation of all concerned.

I am, dear Lord Cottesloe, yours truly,
THOMAS DYKE ACLAND.

*Extract from the Minutes of a General Court, held on
17th March, 1880:—*

Read proceedings, dated February 25th, March 3rd, 10th, and 11th.

Resolutions:—

1. That the Court, while fully appreciating the anxiety of the medical staff in regard to the possible introduction of any changes likely to affect the well-being of the hospital, have great satisfaction in recording, as the result of the recent inquiry, that, in their opinion, no fundamental changes contrary to the rules of 1874 have been made, and that the matron has not exercised any authority in this respect without consultation with the treasurer and the superintendent. Certain changes of an administrative and domestic character have indeed been ordered. Some of these have been carried out, some have since been given up, and some are still under consideration.

2. That the measures now in progress for the improvement of the supply and training of nurses, if carried on with due discretion, with consideration of the wishes of the medical staff, and with their co-operation, will tend to promote the well-being of the patients, and to sustain both the hospital and the medical school in public estimation.

3. That the treasurer having already expressed his desire to take the opinion of the medical staff on such changes which seem still open to adjustment, the governors request the treasurer and court of committees—the appointed executive authority of the hospital—to invite the attendance of any of the medical staff to meet them and the superintendent and the matron, with a view to the recommendation of such administrative details as may best secure the efficiency and harmony of the internal arrangements of the hospital.

Ordered that a copy of the above be communicated to the medical staff.

ED. H. LUSHINGTON, Secretary.

Correspondence.

"Audi alteram partem."

IS INSANITY CAUSED BY "DRINK"?

To the Editor of THE LANCET.

SIR,—Dr. Mortimer-Granville's honest and comprehensive letter upon this important question which appeared in THE LANCET of February 21st—a question which is so misunderstood by many if not by most observers—suggests points worthy of consideration, and in writing this letter I am merely acting upon his advice when he says—"The relation between drink and insanity should be discussed on the basis of records of practice without prejudice or a preconceived opinion." In my asylum practice during a period of seven years, I had an unqualified opportunity of observing the relationship which exists between "insanity due to alcohol as a cause," and "alcoholism due to insanity as a cause." I may perhaps regret that I have no absolute statistics to guide me or to confirm my opinion, but I cannot say that I am sorry for this defect, as the greater part of the evidence of patients themselves in all matters relating to drink and insanity and other nervous affections is often worse than valueless, because in the majority of instances it is an utter perversion of truth. So that I am inclined to think that any careful, honest observer, of ordinary knowledge and grasp of character, is better able to form an opinion relative to cause and effect, if he applies himself thoroughly to elucidate facts by indirect methods of research, than by his taking the statements of patients as absolute.

In dealing with the causation of disease, I hold that we ought to consider, firstly, how far the diseased condition is due to the inherent or determined cause. Secondly, how far it is due to the exciting assignable or determining cause. We often see and read of men of large experience who write and speak of paraplegia caused by drink, or of epilepsy caused by drink, or of insanity caused by drink, or of paralysis caused by syphilis, and they even go so far as to raise *dicta* upon such presumptive evidence. I must say that, from a legal point of view, there may, perhaps, be some difficulty to substantiate a doctrine founded more or less upon what may be to a legal mind "an assumption," but to one skilled in clinical medicine it is nothing more than a rational and scientific, although probably a technical, deduction. The relationship between drink and insanity in reference to *cause* and *effect* may, I venture to conclude, be viewed in a somewhat similar light to the foregoing proposition, and, as psychologists and physicians, we must not fail to take into consideration the functional mental derangements and loss of physical power, which are caused by exhaustion and want of nutrition of the nervous centres, and which we find occasionally in the habitual drunkard, and frequently in the confirmed dipsomaniac.

My experience of the dipsomaniac is this—that he is a person of feeble, and in fact defective, nervous organisation. He may be a man of quick or even brilliant intellect, but withal he shows a feebleness of mind and instability of character which render him peculiarly sensitive and impressionable to his surroundings. He is impulsive, vacillating, and emotional, easily led, but not so easily driven. He has a passion and a craving for drink over which he has no control, and, like a ship at sea without a helm, he is driven about by every turn of tide and change of wind.

If drink were the great *cause* of insanity (which I do not believe), rather than the *effect* of an inherent enfeeblement of the mind (which I believe it to be), we ought to have, as Dr. Mortimer-Granville says, some more distinct and decided evidence of those pathological changes in the connective tissue of the brain which we find do arise from the effects of alcohol in other structures of the body. Yet I am not one of that class of observers who believe that a hard, cirrhotic liver or kidney must of necessity be due to alcohol, and my experience has guided me to this conclusion.

There are few observers, however, who will not readily admit that insanity and drink are in some cases so associated—I might almost say correlated—that it is almost impossible by any obtainable evidence to draw the line between cause and effect with any amount of accuracy.

The morbid craving for drink which is the marked characteristic of the dipsomaniac is undoubtedly in itself a species of insanity, and does in the course of time lead to confirmed insanity in some more objective form than that of dipsomania. But this morbid craving for drink which we find in the dipsomaniac is merely an instance of a defective and unstable mental process, and in all probability the would-be lunatic, if he had not originally a morbid craving for drink, would evince a passion equally as morbid in some other given direction; and it is on this account that we are being constantly reminded that the cause of So-and-so's insanity is drink, or masturbation, or impotency, when in fact these conditions are due to a weakness and inadequacy on the part of the nervous centres, which are inductive of morbid tendencies, and which become by a process of development the factors which eventually bring about that dissolution and disorganisation of those occult attributes of the mind through which a man becomes branded by the term "insane."

I am, Sir, yours obediently,

THOMAS STRETCH DOWSE.

Old Burlington-street, March, 1880.

COMPARATIVE PATHOLOGY.

To the Editor of THE LANCET.

SIR,—Kindly allow me space for a few comments on the remarks which have recently been made in THE LANCET, in reference to Comparative Pathology.

In the first place, I would call attention to the sweeping assertions so often made as to the dependence of some epidemics and epidemics upon the existence of enzootics and epizootics; it is well known to all observant veterinary surgeons that epidemics and epizootics frequently co-exist, and it is equally well known that the latter may take prece-