Thanks to the courtesy of my late friend, Dr. Harry Leach, I had the opportunity of investigating an interesting case of defect of speech, with left hemiplegia, in the Seamen's Hospital. At present the hemiplegia is very slight indeed; it amounts only to a little weakness of the arm, but it is clear that this side was considerably affected at the time when speech was lost. It will be observed that part of the history is given in the patient's aphasic language. Six months ago, when in the Calcutta river, during hot weather, the patient felt tired, and had no appetite. When one night at the wheel "could not when I see the compass tell the right thing." He remarked to a shipmate that he, the patient, had lost his speech. [Here the patient stopped in his account altogether; I urged him to go on.] "Said perhaps to-morrow night." He went to bed and "sleep for hours, and was awake; when awake no speech. Captain came forrard." [Here I could not get to know what the captain had said; the patient's words were spoken in a low tone, and as if jumbled together.] "Was four or five or six days to be." [Then he stopped; I urged him to go on.] "There was a slate, and for three or four days, I suppose, and I thought I would try and my write and pen up, and could not do at all." I gathered from this that he tried to write. I said, "Why could you not write?" He replied that he did not know. He could not read at that time, although he could see. He did not know why. He was in bed one week. I asked him what the captain thought of him. "Captain said speech come a time, a little."

He could write his name readily, using his right hand. He could copy with perfect accuracy, and brought a slate with verses from the New Testament written on it. I told him to write the name of the place where he was taken ill. He wrote "Ca," and then stopped. I urged him to go on. He replied, "I can't," but in about half a minute he added "cuttir" to the "Ca." I asked the name of the place. He replied readily, "Calcutta." I next asked him to write the name of his ship. He wrote "Thanpole," but told me the name was *Stanhope*. I then asked him to write the day of the week. He wrote "Sa," then "utu," and then "ey" (=Sautuey). I asked him to tell me the name of the day. He readily said "Saturday." Next I tried him at reading. He read quite correctly, but very slowly, word by word, like a schoolboy, but he made no mistakes. I urged him to read fast; then he made blunders—viz., "nature" for "virtue," "have" for "happily." But he stuck fast altogether very soon, and on resuming went on slowly and correctly. He wrote to dictation, with but few mistakes, and those possibly owing to defective education; but he wrote very slowly, and only word by word.

I asked him if he was left-handed. He said he was. I asked him how he knew he was. He said "Took a hammer in my left." (I suppose he meant this for illustration's sake.) He always used to cut his food with his left hand. He added, of himself, that he used the needle (in mending sails) with his right hand. I asked him how this was if he was a left-handed man. He replied, "Whenever I come that, when I, I can't, cannot make myself." Here he stopped, and I urged him to go on and tell me why, if he were left-handed, he used the needle with his right hand. "Well, when I, when I do the thing, or any, any, any sort, the palm, you know they put it on the right hand." "Why?" I asked. "Because that's because why they've none in the ship—not eh, eh, palm for lab, left hand."

I gather from this and from his gestures that in using the needle he forced it through the sails by help of some leather apparatus, and that this apparatus would not fit the left hand, just as a glove for the right would not fit the left. I then remarked to him that he wrote with his right hand. He said, "Brought it to be learned with right." (Brought up to write with the right hand.)

I would remark here on the importance of noting slowness of speech and hesitation in estimating degree of aphasia. Slowness and hesitation are signs of impairment of speech. It is interesting to note that this patient wrote very slowly, and that he read worse when hurried. But the possibility that this patient was imperfectly educated renders these facts of less value. No doubt degree of education has much to do with the degree of writing power (expression by writing) in cases of aphasia. For high education in writing means that writing has become highly automatic.

There was some years ago under my care in the out-patients' room at the London Hospital a man, twenty-one years of age, who had defect of speech, inability to write and to read, who was hemiplegic of the left side. Yet there

seemed to be circumstantial evidence that he was not left-handed. His father, his mother reported, had found great difficulty in getting him to use his left hand in caulking, in which the left hand has to be used. This man had had two attacks of convulsion, and it is possible that there was a double lesion. Of course without an autopsy it is impossible to be certain. Dr. Wadham (St. George's Hospital Reports, 1869) has recorded a case of left hemiplegia with aphasia. The following is from Bateman "On Aphasia." "The subject of Dr. Wadham's case, a young man of eighteen, belonged to a left-handed family, as four of his brothers as well as himself were left-handed. This case having terminated fatally, there was found to be almost an entire absence of the island of Reil on the right side, its place being occupied by a large cavity containing a little fluid and a small amount of broken-down brain-matter; the left hemisphere was perfectly healthy." This case is one of extreme value, as there was an autopsy.

ON MEDICAL CERTIFICATES OF INSANITY.¹

BY T. N. BRUSHFIELD, M.D.,

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I HAVE been induced to write a paper on the subject of Medical Certificates of Insanity, and for two distinct reasons: first, to afford those medical practitioners who have not directed much time to the study of insanity some practical hints as to the entries to be made in them, and which are wanting in the ordinary text-books;² secondly, to point out some imperfections in the present statutory form of certificate, and to suggest some additions and alterations, so as to render it more comprehensive, satisfactory, and complete.

I know of no position in which a medical man is placed in a greater state of embarrassment than when, perhaps without having had any previous practical acquaintance with the subject, he is suddenly called upon to treat or to advise upon the treatment of his first case of insanity. The issues are so important, involving as they do the welfare of the patient and the happiness of his family, that when he asks himself the momentous question as to whether it be a case for home treatment or for removal to an asylum, the professional man can then realise the serious responsibility attached to the opinion he will have to give to the distressed relatives, and this can only serve to intensify his own anxiety. When he *has* had some previous experience of the nature and treatment of mental diseases, it will be a comparatively easy task for him to arrive at some definite opinion as to the plan to be adopted in the particular case, as well as to give valid reasons to the relatives for his decision. I may remark that, from his previous knowledge of the patient, the regular family practitioner can distinguish and appreciate any change in the demeanour, habits, and conversation of the person to be examined, as compared with the previous condition, far better than any stranger who may be called in. The medical man having decided to recommend the immediate removal of the patient to an asylum, and the relatives having consented to this, the law requires that prior to his admission there, certain statutory forms be filled up, the most important of which is the medical certificate of the patient's insanity. In the case of a private patient two such certificates are needed; in that of a pauper only one. There is no difficulty in filling up the more clerical portion of these certificates, as the printed forms always contain copious marginal explanations. The necessary form for a private patient may always be obtained from asylums receiving that class of inmates. In the case of a pauper it is the duty of the relieving officer to supply one.

For practical purposes we may divide the certificate into two distinct portions, the *statutory* and the *medical*. Let me here state that I purpose throughout my paper giving illustrative excerpts from certificates that have come under

¹ A *précis* of this paper was read at a meeting of the South-Eastern Branch (West Surrey district) of the British Medical Association, held at Farnham on March 25th, 1880.

² The work containing the best remarks upon the subject is the small but valuable one by Dr. Millar, entitled *Hints on Insanity*, and which has reached its second edition. As far as I know, the only paper on this matter is Dr. Bucknill's admirable but too short one published in the *Asylum Journal*, vol. vii., p. 79 et seq.

my own personal observation at the Brookwood County Asylum.

The more strictly *statutory* portion comprises all the first or introductory portion of the form, and there are several important particulars for the certifier to bear in mind respecting it.

The first one to notice is that in the case of a private patient the medical man must "separately from any other medical practitioner" (16 and 17 Vict., cap. 96, ss. 4 and 10) examine the patient and form an independent opinion as to the existence of insanity. The law is so jealous—as it should be—of the slightest collusion between the two certifiers, that too much caution cannot be exercised in rigidly carrying out the statutory requirement. Even with respect to the two certificates being on the same paper, the judge in the recent case of *Nowell v. Williams* remarked: "Anything more calculated to lead to the law being broken I cannot imagine." The medical men should not be together in the same room during the examination of the patient; they should not see each other's certificates before writing their own (hence the reason why they should not be written on the same paper), or hold any converse about the case until each had finished his own certificate. A breach of any of these points might lead to the document being declared invalid in a court of law, and cause the practitioner much trouble and expense.

The second is to be scrupulously careful in filling up the various particulars as to medical qualifications, when and where the patient was examined, &c. Some years since Mr. Justice Coleridge declared a medical certificate to be invalid as it omitted to mention the name and number of the street where the patient was interviewed. It is a matter of general complaint amongst asylum superintendents as to the irregular manner in which the statutory portion of the certificate is filled up. The marginal explanatory notes are so plain that there is really no excuse for blunders of omission or commission. I have counted no less than five errors of this kind in one form. One medical man testified to have seen the patient in November instead of in February. Another, that he had examined the patient on a date five days *subsequent* to that of his certificate. All errors of this class might easily be avoided by the exercise of a little common attention on the part of the medical man, and so save a great deal of unnecessary trouble.

The third is for him to bear in mind that it is immaterial whether he uses the term "lunatic" or "a person of unsound mind," either being equally valid. By the statute (16 and 17 Vict., cap. 97, c. 132), the term "lunatic" shall mean and include every person being of "unsound mind, and every person being an idiot." There is no occasion to qualify either term in any way, such as by calling the patient a "confirmed lunatic."

The fourth point for him to notice is that, after stating the patient to be a lunatic (or person of unsound mind), the statutory wording runs thus: "And a proper person to be taken charge of and detained under care and treatment." This, it will be noticed, contains no reference whatever to any dangerous proclivities on the part of the patient as constituting the basis of asylum detention. The existence of such a limitation would prevent a large number from being sent away from home, but who certainly require asylum care and treatment equally with those who are directly dangerous to themselves or others.³ I wish to direct especial attention to this, as the relatives of private patients sometimes urge the non-existence of dangerous symptoms as a reason against removal to an asylum; and in the case of paupers I have on several occasions known magistrates refuse to sign the order of admission unless satisfied the patient was dangerous. During the present year a case of this kind was brought under my notice, when the magistrate declined to sign the order unless the medical man certified to the patient being in this condition. This he did in the body of his certificate thus: "I believe him to be a dangerous lunatic"—a statement that was not of the slightest value, but, on the contrary, was irrelevant. The law requires the

testimony as to whether the patient be suicidal or dangerous to others to be contained in the statement signed by the relieving officer in the case of a pauper, and by the relative in that of a private patient.

The fifth is for him distinctly to understand that the patient must be admitted into the asylum within seven clear days of his interview with him; not necessarily within that period of the date on which the certificate was signed, as that not unfrequently takes place some days after the examination is made. It is of especial importance for the medical man to inform the relatives of this fact in the case of a private patient, and so prevent the possibility of the patient's reception into the asylum being refused owing to illegality of the certificate from lapse of date.

A male patient was brought for admission into the Brookwood Asylum on April 20th, 1877. The certificate was dated April 14th, and testified that the medical man had seen the patient on March 21st, on which last-named date the patient "was a person of unsound mind." I need scarcely say admission was refused.

In addition to the foregoing particulars several other points also require attention—e.g., the certifying practitioner must be registered, and must be in actual practice. The patient must not be examined in an asylum or licensed house, where it is intended for him to remain. The Commissioners in Lunacy called attention to the following points in a circular issued by them a few years since:—"Certificates signed, or founded on medical examinations made elsewhere than in England or Wales [the extent of the Commissioners' jurisdiction] are not accepted as a valid authority for the detention of a patient within that jurisdiction. Every certificate should be an independent and complete document, and no reference should be made therein to another."

I now pass on to consider the essential part of the certificate—the medical; and which is required to contain a detailed statement of the symptoms upon which the medical practitioner has formed his opinion as to the patient's insanity, &c. Formerly it was not obligatory for medical men to state "the grounds" (the statutory word for symptoms) upon which this opinion was based. In the case of a private patient it was necessary to procure two medical certificates, to the effect that A. B. was "of unsound mind, and a proper person to be confined"; one certificate only being required for a pauper lunatic, who was certified to be "of unsound mind," but whether "a proper person to be confined," or not, was not alluded to. One of the greatest modern improvements in the lunacy law, was that contained in the Acts 16 and 17 Vict., capps. 96 and 97, which annulled the old form of certificates, and required that every medical man should state his reasons in detail for declaring any patient to be insane, and under the two following headings:—1st. Facts indicating insanity observed by myself. 2nd. Other facts (if any) indicating insanity communicated to me by others; the evidence under the first being of a *personal*, and under the second of a *hearsay* character.

Before the medical man attempts to commit his statements to paper, it would be well for him to pay due attention to the following points:—

1. He should thoroughly understand that he may have to defend all his "facts" in a court of law, and this alone should make him exceedingly cautious in all his written statements.

2. To avoid all hearsay evidence under the heading of facts observed by himself. The statement "he has not been to bed for eight nights, nor has he removed his clothes during that time," was included under the first heading of a certificate, and yet it could scarcely have fallen under the direct observation of the certifier. It was evidently derived from the information of others, and ought to have been relegated to the second heading, together with the name of the informant. In the position it occupied it was irrelevant.

3. To remember that all his personal facts must have been observed on the day of examination. Medical men who have been in attendance for some length of time upon the patient are frequently apt to mention symptoms that have been noted on some previous day, and which may have passed away, or were not discoverable on the certified day of examination. Here is an example:—"On the 9th instant" (the patient having been examined on the 14th)—"she was under the impression that the food she was eating or had eaten was not human food, but something very bad, for which there was a necessity for her to eat on account of something she had done." Had this been the only proof of

³ In the remarkable case of *Nottidge v. Ripley*, the judge appeared to be of opinion that no person ought to be confined in an asylum unless he was dangerous to himself or others. The Commissioners in Lunacy, in a letter to the Lord Chancellor commenting upon this opinion, said: "The object of these Acts is not, as your Lordship is aware, so much to confine lunatics as to restore to a healthy state of mind such of them as are curable, and to afford comfort and protection to the rest." Moreover, the difficulty of ascertaining whether one who is insane be dangerous or not is exceedingly great, and in some cases can only be determined after minute observation for a considerable time.

insanity, the certificate would have been illegal. Other delusions were, however, mentioned in detail, and made the document valid. Here is another: "She for some time has been in a very strange mental condition, and has been under many delusions." This was followed by a statement of existing delusions.

Medical men are frequently placed in a most awkward position by being called upon to certify in cases where after a thorough examination they are unable to give a written certificate, owing to the absence of decided symptoms of insanity, or if any be present they are of a weak kind. This occasionally happens in cases of epileptic mania with homicidal propensities, where perhaps the outbreak of violence has ceased prior to the arrival of the medical practitioner, who finds the only observable symptoms are those of epilepsy alone. Also in remittent and in recurrent mania, during the intervals of the attack, when in the former the symptoms may be undecided in character, and in the latter altogether absent. Again, in suicidal mania, he may have been called in soon after a deliberate attempt at self-destruction, the mental symptoms being in abeyance. A similar temporary absence of symptoms may occur in many other forms of insanity.

The medical man may know the patient to be insane, but at the same time can adduce no legal proof of it from the facts observed by himself. On the other hand, the relatives being convinced of the existence of insanity, may accordingly urge the medical man to certify, so that all the onus and responsibility of the case rest upon him. Under such circumstances what is he to do? The answer is very simple:—1st. Under the Statute 16 and 17 Vict., cap. 19, sec. 75, he cannot write a valid certificate of the patient's insanity unless he can testify to it by symptoms observed by himself on the day the examination took place. 2nd. His proper duty then is to advise the relatives as to proper precautions being taken to prevent the patient doing harm to himself or others; and to send for him immediately any additional and decided insane symptoms become apparent.

4. He should report the facts observed by others, under the second heading, as carefully as those under the first. This is, however, rarely done, and some certifiers omit making any entries of hearsay information. The testimony of others frequently corroborates that given by the medical man. It is also of especial service in recording acts of violence, attempts at suicide, the frequency and character of epileptic attacks, the extravagances of general paralysis, depressed habits and propensities, overt acts of insanity generally, and a variety of important matters not likely to fall under the direct personal knowledge of the certifier. It therefore not only frequently reports the most important symptoms of the patient's malady, but is also a good medium for conveying to the asylum medical officers much valuable information of the history of the case, which otherwise they might not be able to obtain. The following is a good illustrative example:—1. *Facts personal*. "He lies in bed in an apathetic state, and with a vacant expression, and answers questions in an inconsequent manner. He has been under medical treatment during the last year with no improvement in his condition, and there seems to be no chance of recovery while he remains at home; he evidently requires the regimen and moral treatment of an asylum." It will be observed that more than one-half of this portion of the certificate is irrelevant and unnecessary. 2. *Facts hearsay*. "His wife informs me that he has been unemployed during the last fourteen months, that he is quite indifferent as to the wants of his family, that he practises masturbation to a great extent even before his children, and that a month since he nearly strangled one of his children for touching the cat which he was nursing, and that she is afraid to leave him alone with them." Scarcely an indication of the nature of the disease is contained in the first portion, whilst the second is a good description of some of the principal symptoms of fatuity passing into dementia caused by prolonged masturbation.

5. He must ever bear in mind that no matter how strongly the facts observed by others may testify to the insanity, the certificate is invalid if the medical man is unable from his own personal observation to adduce such facts as will in themselves show the patient to be insane. Some time since, on returning a weak certificate to be amended, the medical man replied, "I cannot furnish you with any other facts as proofs of the woman's insanity, probably some of her relatives can if you desire them."

6. He should not be satisfied with the record of one

decided symptom of insanity (such as a well-marked delusion) to the exclusion of all others. On the contrary, he should examine the patient thoroughly, and, at the least, report all the principal symptoms. A certificate which depends upon proof of insanity by the statement of a single delusion would, in an important law case, run a possible chance of being disputed as to its tenour and correctness.

7. He should take care to state all the leading symptoms—e.g., dominant delusions—and as tersely as possible, consistent with their being properly described and expressed. The omission of all mention of the principal delusion is of frequent occurrence. Here is an example:—*Facts personal*. "Talks in a very excited manner. Says he has an innumerable number of complaints. Keeps a knife by his side, with which he sometimes threatens his wife, and when asked why he does it replies that he thinks it his duty to kill her. Very restless and sleepless at night, and at times appears as if he were in a semi-conscious state." The important part in this relates to the knife, and the threats used in connexion with it. The certifier could scarcely have had a personal knowledge of these matters. If this be the correct surmise, he should have stated, "*I am informed* he keeps a knife, &c." But even if the whole account were true it was not inconsistent with sanity. Some sane but brutal husbands have been known to do the same kind of thing. The omission of the motive for wishing to kill his wife was the weak point in the certificate, and this was at once supplied by the patient himself at the time of his admission, who, being examined by the asylum medical officer, owned that he heard (imaginary) voices speaking to him during the night, and which prevented him from sleeping, and that they sometimes told him to kill himself. The certificate was returned to be amended, when the medical man added the following:—"Fancies he hears voices at night telling him to murder his wife, also that his property is increasing, and that he will come into it shortly." A good certificate need not, as a rule, be a long one. When characterised by length and diffuseness it too often contains inconsistencies, contradictions, and weak points. The longest certificate I ever had contained 311 words of the facts observed by the medical man alone, and might have been included in these short lines: "Entertains the delusion that almost every person with whom he comes in contact is in a conspiracy against him." There is no need to write out particulars at length, which simply serve to show incoherent language. Minute details to demonstrate defects of memory are equally unnecessary. The following is an extract from the certificate of a case of epileptic dementia: "Labouring somewhat under mental confusion and imbecility, as evidenced by his inability to tell me at this time the number of days in a week, of the present year, of the name of the present month, &c." "Memory defective" would have correctly expressed all the latter portion of this statement. The "mental confusion and imbecility" were entirely distinct symptoms, and were really expressive of the dulness, obtuseness, and gradual decay of the intellect so common in these cases. A certificate, if unduly short, errs in the opposite direction to a long one. The following is a good example: "Facts 1. Violent, incoherent, destroys his clothing. 2. None." The case was one of mania with general paralysis, and exhibited all the characteristic delusions of the latter disease. The term "incoherent" was scarcely applicable to his condition, and the principal symptoms (delusions), proving the patient to be insane, were not mentioned.

8. He should remember that any comment upon, or explanation of, the symptoms, is not required. Such a statement as "a condition doubtless connected with the epileptic seizures to which he is subject," is quite unnecessary. "This patient, admitted recently (into the work-house), is suffering under confirmed melancholia"; "appears to suffer from melancholia"; appeared in two certificates, the certifier appearing to forget that these assertions simply amounted to stating the patients were insane, whereas the facts or symptoms upon which they grounded these opinions were demanded by the statute. Such a sentence as "I am of opinion this person is a dangerous lunatic" is not of the slightest value, but the facts upon which the medical man based this opinion would have materially enhanced the value of his testimony. All such expressions in no way add to the validity of a certificate, and should be scrupulously avoided.

9. He should avoid making any statement under the first heading of the certificate that is not legitimately included

under that of "*Facts* indicating insanity," and "as observed by himself." Under this title one medical man stated as a personal fact: "called me a fool." Irrelevant statements cannot strengthen a certificate, but may assist in making it invalid. In a court of law, where the reception of any such irrelevant matter would be prejudicial to the interest of his client, I question very much whether the counsel engaged would not object to the reception of any such evidence, as being contrary to the requirements of the statute, and with every probability of his objection being entertained. Undoubtedly much of this kind of information should be reported to the asylum medical officer, but unfortunately the present form of certificate is defective in containing no place or heading for its insertion. When, although important, it is unable to be included under the second heading, it is always the better plan to let it form the subject of a letter to the asylum medical officer, when at the same time many medical points—such as any history of syphilis—may be noted, and which could not always be stated in any form of certificate. It rarely happens that an entire certificate is irrelevant; the following, however, is rather a remarkable example of one, and contains all the "facts" recorded by the certifier:—"In the summer he repeatedly was in the search of adders, would endeavour to play with them, so subjecting himself to be stung, which he has been on one occasion very severely; would kill them and eat their hearts. On my asking the reason, he would say if he ate a number they would cure the epileptic fits which he has suffered from for eleven years. On several occasions he has threatened to take the life of his smaller brothers and sisters." This statement contains no symptom of insanity—a belief in the curative powers of adder fat, &c., is prevalent amongst the squatters resident on the common lands in the Bagshot Sands district; and amongst the lower orders generally an ignorant belief in the efficacy of a large number of very unorthodox remedies for epilepsy is very common. The threats of violence were not inconsistent with perfect sanity. The greater portion of it consists of hearsay evidence, and none of it apparently refers to the day of examination. The certificate was returned for correction, when the medical man added the following:—"He is sullen, morose, and dejected. Answers questions in an incoherent manner, and appears quite indifferent as to his fate."

10. When called to a case of reported insanity, he must not too readily take it for granted that the patient is insane, and especially must this be borne in mind if he be a stranger to the family, and therefore probably unacquainted with the manner and habits of the person he is about to examine. It behoves him to be exceedingly particular, more especially in any doubtful case, in investigating and thoroughly satisfying himself of the nature of the symptoms. Especial care must be taken when the so-called delusion is single. Any statements that are asserted to be delusions, and yet which *might* be true, need the most searching inquiry. For instance, the following single one appeared in a certificate:—"She has a delusion that some one pays for her retention in the workhouse." An assertion that was quite likely to be true, but if even a delusion, it was a very weak one. The most difficult case for a medical man to deal with, and the one most likely to be brought under his notice, is that where the single delusion is reported to be that of jealousy on the part of the husband or wife, the subject of which strenuously asserts it to be well-grounded. The possibility of the latter, and the probability as to motive, should be well considered by the medical man before he pronounces any opinion on the case. If there were an entire absence of any other symptoms of insanity, I should for my own part refuse to sign a certificate. Febrile delirium is occasionally mistaken for insanity. The acceptance of truths as delusions does occasionally take place. The certificate of a patient recently brought to the Brookwood Asylum commences thus:—"He has various delusions, all bearing on engineering projects. His first and chief project is to carry a triple tunnel under the English Channel from England to France." At first sight this has all the appearance of a delusion, but as a carefully-considered scheme I have cause to believe it was a reality. The man had been an engineer, and had conceived and worked out on paper a plan for such a tunnel, which had met with the approval of many leading men of the day (the papers proving this are in my possession). There was no reason to doubt the man's insanity, the symptoms of which appeared in the certificate. He had overworked his brain, had broken down, and becoming pauperised was sent to a county asylum.

Now if this single symptom had been depended upon to prove him insane, and the question of his sanity or insanity had subsequently been inquired into by a court of law, no doubt the medical certifier would have got into serious trouble.

11. He should take into consideration the existence of blindness, deafness, partial paralysis, malformation, defects in speech, loss of teeth, infirmities of temper, peculiarities of gesture, eccentricities of conduct, or in the mode of speech, &c., many of which cause the person to be examined to be somewhat awkward and ungainly in speech and manner, especially if associated with any nervousness. These states are not unfrequently jotted down as proofs of insanity. In one certificate I received was the sentence "a vacant expression" as one of the facts indicating insanity, and yet it appeared to be entirely owing to deafness. Deaf persons, even when sane, are frequently listless and vacant, and, moreover, are apt to be suspicious from a belief in thinking they are always being talked about.

12. He should well consider that the element of any *change* in the habits, conversation, affections, disposition, dress, residence, choice of companions, &c., is of the greatest importance to notice in the certificate. In themselves all the varieties of demeanour and speech may be perfectly natural to the individual, and are therefore perfectly consistent with sanity. If, on the contrary, any of these show a marked change (often a complete antithesis) to his previous condition, they become valuable evidence of insanity. The lower classes of society may be considered as perfectly sane, even when from the force of habit they employ the most coarse and objectionable language; but the same low-life and often obscene utterances emanating from the mouth of a lady, and presenting a strong contrast to her mode and previous style of conversation, would, especially when taken in connexion with other symptoms, be a strong indication of mental impairment. Change in the style of language is well reported in the following extract from a certificate (the patient was a well-educated gardener):—
2. *Facts hearsay*. "His wife says that he is constantly using the most violent and obscene language before her and the children, which has never before been his habit."

13. He should be careful to use proper terms to express his meaning. In the two sentences, "incoherence of speech and manner," and "her manner wild and incoherent," the words "incoherence" and "incoherent" used with respect to "manner" are inapplicable. Again, in the sentence "all her conversation is illusive," the term "illusive" was used in a sense that scarcely agreed with the subsequent context. He should avoid as much as possible the use of single words to express the patient's conversation or demeanour, such, for instance, as "irrelevant" and "vacancy."

Above all, when he has finished writing his certificate, he should be careful to re-peruse it. If this had been done after the certifier had written, "has an expression of deep dejection and an unsmiling countenance," it is probable he would have struck out the latter sentence as being superfluous.

(To be continued.)

NOTES OF A CASE OF HYPERPYREXIA.¹

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A. B—, aged twenty-three, unmarried, a domestic servant, was admitted into the Newcastle-upon-Tyne Infirmary, under my care, on July 4th, 1879. From information obtained from her mother, the patient's life during the past three years had been one of difficulty and hardship. In former years the patient's parents had been in good circumstances, but through misfortune their children had been obliged to enter service to gain their livelihood. Three years ago the patient had suffered from an attack of rheumatic fever, and then her medical attendant had been obliged to have recourse to narcotic remedies, but had strictly enjoined that she had not to take more than was absolutely necessary to relieve her suffering. Contrary,

¹ A paper read at the Northumberland and Durham Medical Society.