

the sufferers under cerebral disease. The medical, moral and legal relations of each class demand this at our hands.

There remains the small number of cases in which alcoholic craving and indulgence, with more or less prominence, co-exist with other unmistakable symptoms of cerebral disease. From such cases comes the name, dipsomania, which I regard as erroneous and mischievous. Bequeathed to us by early writers and authorities upon insanity, this term has been made, by subsequent writers, to cover the habit of intemperance as manifested in its chronic and paroxysmal forms, mingled as it advances with the phenomena of alcoholism.

Such are the conclusions which I reach by a careful survey of recorded facts, observations and opinions, aided by personal investigation and study of the relations of inebriety to insanity. I claim for them no other place or weight than a careful and impartial investigation of facts and cases will give to them. I ask for them, and the important subject to which they pertain, that consideration only which shall help to correct error and establish truth, in this department of psychological medicine.

CASES OF FRACTURE OF THE RIBS IN INSANE PATIENTS, REVEALED BY POST-MORTEM EXAMINATION. BY JOSEPH WORKMAN, M. D.

THE case of death from fractured ribs related in Dr. Gray's Report of the New York State Lunatic Asylum for 1860, and noticed in the JOURNAL OF INSANITY for January last, is well deserving of the careful consideration of all physicians, and other persons, who are connected with institutions for the insane. I am fully persuaded that such cases are of more frequent occurrence than may yet have been apprehended. The absence of all the symptoms ordinarily resulting from fracture of the ribs, or sternum, and the final superven-

tion of others having no apparent relation to the previous condition of the patient, are abundantly adequate to the induction of erroneous diagnosis. So far as I am aware, the existence of thoracic injury in cases similar to that recorded by Dr. Gray, has, in no instance yet recorded, been suspected prior to death, and has first come to light only through post-mortem examination. This fact sufficiently warrants the belief, that we have not yet become so familiar with these casualties as we might have been, and as certainly for our own safety, we should be.

It can not be expected that the medical profession at large, without opportunity of ever becoming aware of the reality of these, or other, incredibly exceptional and totally anomalous cases, should be better informed upon them than the members of the specialty of insanity. It is not, then, wonderful, that in legal or other investigations of such cases, "eminent medical gentlemen" may give expression to opinions altogether antagonistic to actual facts. No surgeon who has ever treated a case of fracture, even of one rib, and no patient who has ever had experience of so unpleasant an injury, can readily be persuaded that the existence not simply of one rib-fracture, but of half a dozen, or a score, may be encountered in insane persons, without the accompaniment of a single symptom of the category usually assigned to such injuries.

My friend, Dr. Smith, Medical Superintendent of the Durham Asylum, England, in his Report for 1860, has related a most interesting case, which in that year was presented in his institution. The patient was a "general paralytic," aged 44 years, "a strong, tall, and well-built man." He not only was exempt from every symptom which might indicate fractured ribs, but up to a few hours before death he was "continually exerting his lungs in a powerful manner." "On post-mortem examination, no discoloration was seen over or near the chest, but 10 ribs (4 on the right, and 6 on the left side) were found fractured, several of them in three, and all in two places." "Large collections of fluid were present in the pleural cavities."

Dr. Smith has satisfactorily established the fact, that the fractures were not of recent occurrence, and that they were inflicted before the patient was brought to the asylum.

In the same year, a similar case occurred at the Bethlehem Asylum, and another at Colney Hatch. In the legal investigation of the latter, it was contended that the patient could not "have walked about and taken his food as usual for three days, without exhibiting any symptoms of having received so extensive injuries."

Is it not of the gravest importance to the faculty of alienists, that their brethren of the faculty of medicine should be furnished with all the information we can collect on this subject, or on others connected with the pathognomonic deviations of insanity? How, otherwise, can we hope to protect ourselves from the fallacies of their testimony, whether before the tribunals of justice, or the more terrible ordeal of public judgment,—a court whose revisions of error hardly ever come in time to re-instate its victims in the position of innocent, much less of meritorious men?

I am well assured that the insane may be the subjects of most formidable disease, whilst not the slightest manifestation is afforded of its presence by those symptoms which would unavoidably present themselves in other persons; and that they, not unfrequently, pass out of life, leaving even the experienced physicians of asylums in total ignorance of the real cause of death. The only reliable basis of correct diagnosis in the bodily ailments of our patients, is that which is deduced from constant autopsical research. In the last nine years I have allowed no opportunity to pass unimproved, in which I was not clearly satisfied of the true pathology of cases terminating fatally in the Toronto Asylum; and, among other profitable results, has been that of detecting the presence of fractured ribs in two cases, quite similar in their history to those noticed in the reports of Drs. Gray and Smith; the first one was presented in January 1859, and the second only a few days ago. In neither of them was there present, up to the time of death, any symptom which indicated broken ribs, nor indeed any other form of chest disease, with the exception of œdema of the feet and legs in one; and this condition appeared only four days prior to death.

I shall here present, as concisely as possible, the details of the two cases, trusting that they may not be unacceptable to the readers of the JOURNAL OF INSANITY.

CASE 1.

J. A., aged 33, reported before admission to be a most furious and dangerous lunatic. On admission he was pale, as if from inanition and want of sleep. He was restless, noisy and destructive at first, but in the course of three weeks he became quiet and harmless, took his food well, and appeared to rest well at night. He complained of no pain whatever, and had no cough. On the thirty-third day after admission, I observed œdema of the feet, and ordered that he should go to bed, prescribing such remedies for the dropsical symptoms as were thought proper. Next day the œdema had extended to the legs, and it continued to increase. On the third day, clear indications of hydrothorax were observable, but from his restlessness close examination was impossible. He died on the fourth day.

The post-mortem showed the left thorax completely filled with water, the right thorax half full, and about three ounces in the pericardium. The abdomen also presented dropsical effusion.

Seven ribs were found fractured, and presented very imperfect marks of restorative action. The condition of the broken ends, and the whole appearance of adjacent parts, proved satisfactorily that the fractures were of a date more remote than that of his admission; and I felt convinced that they had taken place in the gaol from which he was sent, or more probably at home, before his commitment. The brain presented a highly congested condition, and other marks of inflammatory action were seen. The lateral ventricles contained about an ounce and a half of serum.

CASE 2.

D. C., a tall and powerful-looking man, admitted 17th December, 1861, and certified to have been insane for only 8 weeks previously. He presented, on entrance, unmistakable indications of general paralysis. He was very noisy, and spoke with great authority; in fact, he was hardly ever silent, and though he spoke with the peculiar lingual drag of patients of his class, there was no want of volume in his voice. He said he had no pain; his appetite was very keen; and I marked him down as an early victim to general paraly-

sis. He continued to go about until six days before his death, when an apparent aggravation of his paralytic impairment presented, and he was confined to his bed. He gradually became more feeble, but had no coma. He could swallow, though with difficulty, until a few hours before his death, which took place on the forty-ninth day from his admission.

So little suspicion had I of the existence of any other disease than that of the brain, that on the completion of this portion of the autopsy I left the dead-room, saying to my assistants, they need not trouble themselves with any further search, as the patient's abdominal and thoracic organs were doubtless quite sound. But they were not satisfied to relinquish their labors. They proceeded to the opening of the thorax and abdomen, and, on dissecting back the integuments preparatory to cutting through the ribs, they detected on the right side, beneath the *pectoralis major*, deposits of dark pus at two points, which proved subsequently to be seats of fracture. The 1st, 2nd, 3rd and 4th ribs were found fractured, about an inch from the cartilaginous ends. The cyst of the upper deposit of pus was over the fracture of the first rib; the lower one extended over the other three fractures. Under the microscope scarcely a single pus-globule was discernible; so that the deposit could not have been recent. No separation had taken place. The right pleura was adherent to the fourth rib, and to the space between the second and third ribs. The fractures ranged in a straight line, as if all caused by one blow, or most probably by a fall on some hard edged substance. In neither side of the thorax was there any deposit of serum, worthy of notice; and the lungs were both healthy.

The pericardium contained about three ounces of serum, and the heart presented partial fatty degeneration.

The scalp showed an old cicatrix, about an inch and half from and behind the anterior fontanelle. The dura mater was adherent to the skull from the anterior fontanelle backward over the whole summit; and it was adherent to the brain from the same point backward, along the great fissure, about one and one-fourth inches on each side. A considerable quantity of fluid was diffused over

the whole brain, beneath the pia mater. The meningeal vessels were considerably congested, but slices of the brain, under the microscope, showed little vascularity. There was general œdema of the brain substance, and it had this form of softening only. On the base of the brain fully three ounces of serum was found; and behind the tentorium about one ounce.

It will be apparent, from the details of the above two cases, that death in each of them proceeded from very different causes. In the first, it certainly resulted from hydrothoracic asphyxia; in the second, the respiratory capacity of the lungs had undergone no decrease, and I am inclined to ascribe the final lethal symptoms exclusively to the brain.

Now, should any "eminent medical gentlemen," as in the Colney Hatch case, allege that my two patients could not have had fractured ribs, even for "three days, without exhibiting very distressing symptoms, which could not have been masked," I should feel irresistibly inclined to advise him not to make an ass of himself; and I am sure there is not an asylum Superintendent in Europe, or America, who would not concur in the propriety of this advice. "Eminent medical gentlemen," who have not spent their lives in the practical study of insanity, would act very prudently in abstaining from rash deliverances in all questions relating to the malady, in which they find themselves in antagonism with those better qualified to give a correct opinion.

I have seen a patient die, after 20 hours' illness, who, for seven years before, appeared in fair health, and took his meals with a fair appetite; yet on post-mortem examination, I found fully one-half the stomach destroyed by cancer. I have found in another the whole intestines displaced, and lodged in the abdomen; and yet the patient never had, or at least never complained of, any abdominal pain.

It would be no difficult work to extend the catalogue of these cases of insane immunities; but it cannot be at all necessary that I should do so for the majority of the readers of the JOURNAL OF INSANITY, and it would be useless for those who never trouble them-

selves to read anything on mental disease, but whose presumption is by no means less than their ignorance. I have known an instance in which eleven medical gentlemen, who believed themselves "eminent," pronounced a simulator of insanity, who all the time was internally laughing at their gullibility, a profound lunatic; nay, further, several of them declared the party *idiotic*. *Ne sutor ultra crepidam*.

DR. J. FALRET ON THE CLASSIFICATION OF INSANITY.

TRANSLATED FOR THE AMERICAN JOURNAL OF INSANITY FROM THE ANNALES MEDICO-PSYCHOLOGIQUES, by J. H. WORTHINGTON, M. D., Physician to Friends' Asylum for the Insane, Frankford, Pa.

At a meeting of the Medico-Psychological Society of Paris, held, 26th November, 1860, the classification of insanity being under discussion, Dr. J. Falret said:—

Gentlemen: In entering upon the discussion which has been raised in this Society relative to the classification of mental diseases, it is not my intention to review the numerous systems adopted by different authors, at home or abroad. This has already been done by Dr. Buchez, in his report on the "Treatise on Mental Diseases" by Dr. Morel. I shall, therefore, take no notice of the classifications hitherto proposed, neither shall I venture to add a new one to the long catalogue of those which have been published down to the present time.

I propose to enumerate, briefly, the principles which, in every science, ought to be borne in mind in establishing a natural classification; to demonstrate that the one generally adopted in our department of medicine is not based on these principles; and to point out, in a few words, the course we ought to pursue in order to discover, as speedily as possible, a correct system of classification—the ultimate object of all science worthy of the name.

I need not detain you long in urging the utility of classification in