kind of pathology, the truer the pathology the more successful the treatment will be.

I might give you many illustrations of the everyday practical value of even advanced pathology. I will give you one or two. Those who have worked most closely at this subject in this country, and especially in Germany, have shown indisputably that phlebitis (in its common acceptation) has no existence; and yet surgeons are still too frequently afraid of putting ligatures on veins—structures which inflame with more difficulty than any others in the body. Another evil, a corollary to this, is of still greater magnitude. The numerous and too frequently fatal results of thrombosis and embolism, if unrecognised, are of course also unchecked, or are aggravated if treated as so-called phlebitis. Pyæmia, again, has quite recently been resolved into several distinct diseases; and, therefore, the treatment of the one supposed disease (which really never had any existence) should surely be relinquished. Take, again, the question of repair. It is still taught widely that there are many modes of the repair of wounds—immediate union; union by the first, by the second, by the third intentions; subcutaneous repair; repair of fractures. There is really but one simple method of repair in all localities, in all tissues, and in all circumstances. The sooner the views of Reichert, Donders, Virchow, and Kölliker (a late and reluctant convert to the new school), on the development of the tissues, are carried into the domain of surgical pathology, the sooner will the treatment of wounds be placed on a single, uniform, and philosophical basis.

At our next week's clinical meeting, I shall call your attention to a case of large strangulated inguinal hernia, who came in, a few days ago, with intense collapse (partial consciousness, pulse 48), hic-cough, and constant vomiting. I performed the single form of the extraperitoneal operation which I have devised (*Medical Times and Gazette*, 1864) for relieving the stricture by a small incision in the cutaneous structure away from the tumour, as in Mr. Gay's operation (large enough to admit the finger only), and leaving in all cases a hernial tunic unwounded between the subperitoneal fat and the knife. The peritoneum, subperitoneal fat, and fascia transversalis, in inguinal, umbilical, and ventral herniæ, are left undivided; and the peritoneum, subperitoneal fat, and femoral sheath, in femoral hernia. In two hours, the pulse rose from 48 to 72; and he has remained well, chiefly because the almost subcutaneous wound was not in itself dangerous. The wound in itself, in the operation of opening the sac, is extremely dangerous. I shall also bring overwhelming evidence to show the enormous saving of life which follows the extraperitoneal (pre-taxoid) operation, as contrasted with the rude, unanatomical, unnecessary (save in rare, exceptional, and recognised cases), and dangerous operation of opening the sac.

A COMMISSION is engaged in collecting subscriptions for the erection of a statue to Dupuytren, as well as of Laennec.

MEDICAL MAYORS. Mr. Garrington, a medical man of high standing in Portsmouth, is candidate for the office of Mayor of Portsmouth, vacant through the death of Mr. Cooper, who was also a medical man. Mr. Garrington has two lawyers for his opponents.

Remarks

ON

DR. BARCLAY ON MEDICAL ERRORS.

BY

THOMAS MAYO, F.R.C.P., F.R.S.

I WILL venture to suggest some remarks to Dr. Barclay, the subject of which, I am sure, has not escaped his attention in his work on *Medical Errors*, though I do not think he has given it quite sufficient weight.

Dr. Barclay affirms, that "few have attempted to apply the rules of inductive reasoning to medicine, though many of the collateral branches of knowledge which are embraced in the education of medical men, are cited by logical writers as instances of progress made in consequence of the employment of the methods of research which this department of philosophy has suggested." Dr. Barclay afterwards says, that he thinks he shall be able to show that the principles of medicine are based upon true and legitimate inductions. Now, the process of induction by the method of agreement, as applied to the simpler uniformities of cause and effect, *has been* cultivated with various skill by many medical writers; and Dr. Barclay adduces good examples of it from Dr. Jenner and Dr. Baly, not using, indeed, the expression for it which I borrow from Mr. Stewart Mill. But when Dr. Barclay proposes to show that the principles of medicine are largely based upon *true and legitimate induction*, by which I presume him to mean the method of difference of Mr. Stewart Mill, or its equivalent, *per exclusiones et rejectiones debitas*, of Bacon, I beg leave to observe that this latter induction has been abstained from, whether consciously or unconsciously, by medical writers, *because it is inappropriate*. We cannot isolate, and exclude, and subject to experiment the elements of disease, so as to arrive at that class of conclusions which are arrived at in science; *e.g.*, in the science of chemistry. Meanwhile, the induction by the method of agreement, inferior as it is to the more exhaustive process which constitutes true and legitimate induction, has been able to give us a high amount of certainty, as in those instances quoted by Dr. Barclay. But if medical writers venture to affirm more logical certainty in inductions than their subject matter allows, in place of progress in pathology and therapeutics, a reactive state of medical opinion will take its turn. We shall fall into a distrust of reasoning from having overrated it, and cease to antagonise disease for fear of antagonising it too much; a state of thought to which the conclusions of Sir John Forbes manifestly point.

I do not consider these cautions as vain. The early history of medicine is full of gratuitous assumptions, taking the form of *a priori* principles, and leading to proportionate error. Dr. Barclay will benefit medical reasoners, not by directing them to aim at inductions analogous to those of pure science, but by preserving them from such as he has commented on in Dr. Todd's practice.

One form of gratuitous assumption, I think, Dr. Barclay will allow me to suggest, as an important

though minor element of inductive thought. "It may be called" (I am quoting from my own outlines of medical proof) "the extemporaneous hypothesis, applicable, as it is, when a case falls under no recognised law, and the mind craves, in the absence of such law, some intelligible ground of immediate practice. It is the faculty of thus extemporising, which perhaps, more than any other, distinguishes an able physician, provided it be combined with a just appreciation of the value of such hypothesis, and a readiness to abandon it in the presence of contravening facts. A capacity and readiness in executing this process is, indeed, sometimes a source of reproach to us, as practising a merely conjectural art, by those who are unable to distinguish the results of luck from those of sagacity; and sometimes physicians, with a false modesty, humour the imputation. Although in its immediate application conjectural, the power which I speak of demands an original talent, and is never successfully carried into practice, except by men of large acquired knowledge."

Original Communications.

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

By W. H. O. SANKEY, M.D. Lond., Proprietor of Sandywell Park Private Asylum; Lecturer on Mental Disease in University College, London; late Medical Superintendent of the Female Department, Hanwell Asylum.

[Continued from page 62.]

In the last paper, certain so-called varieties of insanity were arranged under three classes: viz., 1, Varieties named after some particular symptom; 2, Certain cases named from a supposed cause; 3, Others formed out of the progress of the disease. The present article will be confined to a few remarks upon some of these cases.

1. The varieties named after a particular symptom—as Kleptomania, Oinomania, Nymphomania, etc.—are chiefly recent cases; and the prominent symptom from which the case is called, is not the sole or single deviation of the mental faculties, but is perhaps the most obvious or predominating only. There are other cases, in which a fixed delusion lasts for years; and on such the popular belief, that a person can be mad on one point only, is probably founded. The class of which we are now speaking are usually free from true delusion, which only occurs at a late stage of mental disease. The symptoms in question are more an alteration of the moral faculties, or the appetite, desire, etc., and are, therefore, connected with the disease in an earlier stage; but there is nothing whatever to separate these cases from melancholia and mania generally, to one of which forms the cases usually belong.

The state called Kleptomania is merely a symptom; and it is one very commonly met with in the first stage of general paresis.

With respect to Nymphomania, it occurs in connection with melancholia and recurrent mania more frequently than in acute mania.

Oinomania, or Dipsomania, presents itself in two forms: 1, Simply as a vice, the result of an unbridled appetite; 2, As a true symptom of disordered mind;

and the cases are usually recurrent mania. A person, otherwise respectable, without obvious cause, suddenly breaks out into an uncontrollable desire for drink. The attack, in its suddenness, resembles closely the outbreak of homicidal insanity; and neither case, I am disposed to believe, occurs as a primary form of disease; and when dipsomania happens as the result of mental disease, it obeys all the rules of an attack of recurrent mania. The patient is often a temperate person in the interval between the attacks.

Of Puerperal and Phthisical Mania, I have had numerous examples under my care; and some have already been given as illustrations of mania and melancholia in these papers. I know of nothing that distinguishes cases attributed to these causes from disease arising from other causes. It has been asserted, that the phthisical patient is much more excitable; but this is by no means true of all. Dr. Clouston, who has studied these cases with the greatest attention, thinks that, in about one-fourth of the whole, the symptoms are of a peculiar and fixed type. The line of demarcation is not, however, very clearly made out by him even; and the peculiarity of the symptoms appears rather to be due to debility. The patients are, perhaps, a little more peevish and suspicious. It may be called, says Dr. Clouston, a mixture of acute mania and dementia.

With respect to suicidal mania or suicidal melancholy, I have already described several cases. Another remarkable instance of this condition, and its connection at times with an hereditary predisposition, may be here cited.

A governess of good ability was admitted into the Hanwell Asylum affected with melancholia. Her mother was insane, and died so. She was eighteen months out of her mind, and was depressed the whole time, and appears to have died by exhaustion. One brother, at the age of 28, committed suicide. He had been low spirited for six weeks previously. His death was believed at the time to have been accidental. He took medicine, and had to go to the water-closet during the night; and he was found dead on the following morning, with his head in a tub half-filled with water and empty ginger-beer bottles. A second brother, at the age of 18, destroyed himself on account of a love affair. A third brother was found drowned; but it was suspected that he had been foully dealt with. Her mother's brother shot himself. All the above were relations on the female side. On the male side, her father's brother shot himself. None of the above were given to drink. There was never any intermarrying, that could be traced, in the family.

The patient was a governess, and a very accomplished person. Her case was melancholy, with restless agitation. She was removed from Hanwell to another asylum; but there were no symptoms which would distinguish her case from others arising from different causes.

With respect to those cases on which distinct names have been bestowed, but which, according to my views, are simply stages of one disease—as imbecility, dementia, etc.—there is one form which requires a few words, and which has received the title of "Folie Circulaire", or "Folie à Double Forme", from the French authors, by whom it has been particularly described. In most French systematic treatises on insanity, it occupies a distinct position. In well marked, or typical, instances of this form, there is a stage of melancholy, in some cases followed by a lucid interval, and then a stage of excitement or mania. In some cases, the lucid interval is absent—at least, such is the account given by authors. To