rather defective in chemical principles, even in some of those of an elementary nature; for instance, no distinction between neutral fats and fatty acids is set forth, nor is their respective occurrence inquired into. Six distinct chemical compounds are all thrown together under the name of "fat," a confusion for which, indeed, a short time ago analytical difficulties offered a fair excuse, and these may perhaps be pleaded in behalf of our author. It will, however, be fairly demanded of future writers to pay great attention to exact chemical definitions of the substances in question, for we now possess tests for the most important distinctions, and these tests are neither troublesome nor costly.

Deposits of pigment in the liver, and the changes which this gland undergoes in consequence of intermittent fever, are described in Chapter VIII. For this inquiry the author had excellent materials afforded him by an epidemic of ague of the worst kind, which prevailed at Breslau and in the surrounding country of Silesia after an inundation of the river Oder in the year 1854. The Chapter on Hyperæmia of the Liver and its consequences concludes the volume.

On the whole this work is a very practical and learned performance, by which the author will no doubt sustain and increase his reputation. We have been highly gratified by its perusal, and derived much information from its pages. We look forward with great interest to the publication of the second volume, which is promised in the course of this summer. Of the Atlas we can speak in the highest terms of praise. The objects are well selected, seem correctly drawn, and the artistic execution of the engravings is unsurpassed.

REVIEW VI.

1. *On the Prevention and Treatment of Mental Disorders.* By GEORGE ROBINSON, M.D., Fellow of the Royal College of Physicians of London, Fellow of the Royal Medical and Chirurgical Society, Joint Lecturer on the Practice of Medicine and Lecturer on Mental Diseases in the Newcastle-on-Tyne College of Medicine, &c.—London, 1859. pp. 228.
2. *A Letter to the Right Honourable the Earl of Shaftesbury on the Laws which Regulate Private Lunatic Asylums; with a Comparative View of the Process "De Lunatico Inquirendo" in England and the Law of "Interdiction" in France.* By EDWARD J. SEYMOUR, M.D., F.R.S., late Senior Physician to St. George's Hospital.—London, 1859. pp. 59.
3. *What shall we do with our Lunatics?* By ALFRED ECCLES, Fellow of the Royal College of Surgeons.—London, 1859. pp. 16.

WE welcome every additional attempt to throw light upon the mysterious wanderings of the human mind, and to remove the prejudices and fears which so interrupt and frustrate the intentions of those who would show us how best to deal with a difficulty which ignorance makes a scourge; and we augur well for the future when

we find so many able contributors coming forward to supply the deficiency of past years; for we cannot but be struck with the fact of how rarely the distinguished physicians whom we have been accustomed to regard as authorities in this department of medicine have appeared in the literary arena. It is encouraging to believe that the true explanation of this is, that insanity has come to be regarded more in the light of an ordinary malady amenable to ordinary treatment, and that it is not thought necessary, as it formerly was, to banish from our sight, and, if possible, from our memory, the sufferers from this grievous affliction. We hope to see the unreasonable dread of insane persons still further dissipated; and we believe that nothing is so likely to accomplish this desirable end as the correct information of the public mind upon a subject which, for the sake of all concerned, necessarily requires secrecy as regards individuals, but not mystery as regards the nature and treatment of the malady. It is much to be regretted that this secrecy operates prejudicially with the public upon those who are concerned in the treatment of the insane; and we must admit that it is the more unfair because it is observed entirely in the interest of the patients and their friends, and not of those upon whom it entails obloquy, suspicion, and distrust. We may say that there is an hereditary predisposition, if not universal, at least very general, to regard all insane persons as necessarily out of the pale of society; and it is to be regretted that some psychological writers have rather strengthened this view of the matter, by maintaining that there can be no degrees of insanity, no partial incapacity, no limited responsibility—that, in fact, a person must either be perfectly insane or perfectly sane, and that there cannot exist any intermediate mental condition which partakes of the nature of both these states. Dr. Robinson says:

“Nothing has so much tended to confuse the study of mental disease, or to impart harshness to the treatment of the insane, as a forgetfulness of the natural constitution and infirmities of the human mind. It has, until recently, been most unjustifiably assumed that a broad and unmistakeable line of demarcation existed between the sane and insane; that the detection of insanity was therefore always a matter of facility and certainty; that the lunatic was, as it were, a creature of another world, cut off by his distemper from all sympathy or kindred associations with the rest of mankind, and that the latter were consequently justified in treating him with silent neglect, if not with actual cruelty. . . . Is there not a certain natural range of disorder incident to every mind as regards strength, harmony, and extent of development? And do not the eccentricities, the proneness to vice and crime, the indulgence of evil passions, the follies, the vanities, the weaknesses of daily life demonstrate the universality of this inherent tendency to mental disorders? For as the body in the creative energies of its original conformation, in the ever varying combinations and mutations of the matter of which it is composed, in its diversified and counterbalancing functions, in the very delicacy and completeness of its arrangements, constantly engenders within itself the elements and germs of disease; even so the mind, poised in a still more sensitive balance, equally composite in its nature, and infinitely more exquisite in its sympathies, and above all, vivified and penetrated by the spiritual attributes of immortality, also carries with it in its marvellous excellences and endowments the weakness of elevation and the fragility of beauty. Philosophy and religion, therefore, alike enjoin humility and humanity in our dealings with the insane. The

one forces us to admit that no man is at all moments perfectly or equally rational, and the other, in its doctrine of original sin, ever recalls to our memory the preponderating tendency of the worst and weaker parts of our mental and moral nature."

The question asked by Mr. Eccles: 'What shall we do with our Lunatics?' is a most important one. The social position and means of the patient will, in perhaps the majority of cases, determine how and where he shall be treated. It seems to be agreed by all that home is not, as a rule, the place in which the disturbed mind is most likely to regain its lost balance; and that relatives, by reason often of their affectionate anxiety, are not the best persons to exercise that judicious control which is required.

As, then, in the words of Dr. Seymour, "it is quite impossible that the greater number of lunatics can be treated at home," the question arises, where then? The poorest class of patients can only go to the public hospitals and county asylums, where they are most liberally provided and well cared for, so that the inquiry is almost entirely limited to the upper and middle classes. The course which is least at variance with their accustomed habits, is to place them under the immediate care of a medical practitioner in his own family, and this for many cases we are disposed to regard as the best course where the means are adequate to afford suitable remuneration for such an anxious charge. Next to this, Mr. Eccles advocates the practice of placing insane patients in a private house for themselves, or in lodgings, with a proper attendant, rather than incurring the stigma which doubtless to some extent attaches to those who have been in an asylum—the association with other insane persons being, in his opinion, also objectionable and occasionally prejudicial. Dr. Seymour differs with Mr. Eccles upon this point; as a perfectly disinterested observer, being unconnected with asylums, and having for several years acted as Metropolitan Commissioner in Lunacy, his opinion is entitled to considerable weight. His great objection is that in lodgings a patient is necessarily left very much to the mercy of servants, and that under such circumstances there are too often opportunities for improper treatment, which cannot happen without being known in a licensed house. We are disposed to agree with Dr. Seymour and to differ with Mr. Eccles as to the effect of association in the majority of cases of insanity, for it must not be forgotten that a most essential part of the treatment of insanity consists in presenting to the disordered mind a succession of new ideas in the least exciting form, for the purpose of displacing those which have perhaps been gaining prominence through a prolonged period of neglected self-discipline; the order and regular habits of a well-managed asylum are perhaps better calculated to carry out this treatment than the luxurious freedom advocated by Mr. Eccles, which, though doubtless applicable to a certain class of cases of a mild form and where there are abundant means, is wanting in what we believe to be of paramount importance in the management of a disordered mind—viz., efficient control—whilst it is only the wealthy who can meet the necessary expense.

"The expense," Dr. Seymour says, "of a private dwelling, medical atten-

dance, and personal attendance, beyond a very short period, is so very great, that only a very few families can afford it, and at length they are obliged to have recourse to a licensed house. In every view, then, of fortune, convenience, or necessity, the great majority of persons of moderate fortune thus afflicted must have recourse to a licensed house; the great object, then, surely, is to make the licensed houses—the necessary retreat of the larger number of the afflicted—as perfect as possible. Still the feeling fostered by novel-writers (who never, as far as I know, *really* depict a lunatic case)—the feeling for absolute secrecy which pervades society, the idea that when there is secrecy there is opportunity for injustice—all these operate on the public mind to decry similar institutions.”

After deprecating the unreasoning outcry and hostility manifested against “those who undertake the ungrateful duty of passing a large portion of their lives with these examples of suffering humanity,” Dr. Seymour goes on to express his opinion that the law as it exists is amply sufficient if the working staff of the Commission is increased. Dr. Robinson thinks,

“That the present law of lunacy, and the administrative machinery employed under it greatly need improvement . . . and that in any future legislation, the utmost care should be taken to approach this difficult subject in a calm, conscientious spirit, and one utterly removed from passion or prejudice; for it needs the utmost power of intellect and clearness of moral perception to reconcile in a law of lunacy the conflicting claims of personal and public interest, to preserve at the same time the liberty of the subject and the security of society, and to ensure the humane and kind treatment of the lunatic without denying to the persons entrusted with his charge the ordinary protection afforded by English law to English subjects.”

Mr. Eccles agrees with Dr. Seymour, that the present law, with some small modifications, would be amply sufficient, though he differs with him as to the expediency of any considerable addition to the working staff of the Commission. His views are thus stated:

“I trust Parliament will not be led by the parade of a few exceptional cases to legislate hastily. The present law of lunacy, consolidated with some small modifications, would be amply sufficient to protect the lunatic if it were rigidly enforced. Its efficiency, or the reverse, is entirely in the hands of the executive. I do not think the *large* increase of the Commission, or harassing patients with constant visits by ever-changing officials and doctors, desirable. I would rather take stringent measures to secure that *none but persons of character and skill should be allowed to take charge of lunatics*—would make it necessary that the certificate should bear the signature of one public medical officer, deputed to examine such cases, and of one private practitioner, and that within one month the patient should be visited by a Commissioner, who should countersign the certificate or institute a formal inquiry, and should report on the accommodation, treatment, &c.”

It appears, then, from the opinions of those not connected with asylums, though practising in lunacy, that there is but little wanting in the way of change of the existing laws, but it is hinted that the working of them is susceptible of some improvement. It certainly does appear also that in considering the claims of this most unfortunate class, there is a tendency to overlook the rights of those whose lives and frequently whose fortunes are devoted to their care and treatment; and against this section of our profession there has been an outcry which all the charges substantiated against them do not seem to justify. If

the requirements of society necessitate the existence of licensed houses, it would be impolitic on the part of the legislature and of the executive to make the position of the proprietors in any respect more irksome than the nature of their anxious duties renders inevitable; at the same time, society has a right to expect that its afflicted members should not be made to suffer from the interested motives of the persons to whose care they are committed; it is desirable, therefore, that the responsibility of their detention should not rest upon those who have charge of them, but upon the Commissioners in Lunacy, or other properly constituted and independent authority. If the protection of two medical certificates is not sufficient, by all means increase the protection, and give the public every possible guarantee that no person shall be confined as a lunatic who is not of unsound mind, and whose malady does not imperatively call for judicious control and treatment. It would lead us beyond our limits to go into the question as to what amount of mental infirmity should justify interference with the liberty of the subject, but we should have a care lest our jealousy of any infringement of personal liberty should lead us to sacrifice the welfare of the individual and prejudice the interests of society, by withholding the proper remedial means, whatever they may be. It is agreed on all hands that the successful treatment of insanity is in the direct ratio of its early adoption, and that this exercises a far greater influence on the result than the apparent intensity of the symptoms as they are manifested in the early stages of the malady. If, then, it is clear that the mental manifestations are becoming more and more disordered, and the belief is unquestioned that delays can only diminish the probabilities of cure, we cannot surely be too prompt in our endeavours to rescue a fellow-creature from the most severe affliction to which intelligent beings are liable, nor should we be thrown off our guard by the apparent reasonableness of the patient's conduct and conversation on particular subjects, for it must be remembered that the most notorious of the class called criminal lunatics are those whom society had neglected, if not refused to consider insane, until the world was startled by some frightful act of atrocity which cleared up all doubts as to their mental condition, when, alas! it was too late. Bearing in mind the greatly increased prospect of cure when early treatment is adopted, it is worthy of consideration whether the patient and his family are not less likely to be prejudiced by the imputation of insanity than by the neglect of proper precautions and management in the first stage of the malady. But the refusal to recognise the evidence of insanity is, as Dr. Seymour remarks, "the paramount feeling of mankind, whether in the rich or poor," and in his experience "there is no asseveration too strong, no trick too great, to hide even from the medical adviser that others in the family besides the patient have experienced this calamity." How, then, can we hope to remove a prejudice whose strength lies in the weakness of human nature? It can only be by diffusing more correct knowledge on the subject, that we can hope to dispel the mysterious awe with which the world regards this particular malady in itself; we must show that it is susceptible of amelioration and palliation, and in the majority of cases of as perfect a cure, as any other bodily ailment, if not

too long neglected. With reference to the curability of insanity, which is abundantly shown by statistics, Dr. Robinson says:

"My own experience is wholly in favour of the idea, that in the great majority of cases insanity is directly or indirectly the effect of sources of mental disturbance originating in the will or feelings of the persons affected, and which may therefore properly be considered as moral in their nature. The mental affection itself may not be immediately produced by the moral disturbing cause, but if the latter excite in the system a series of disordered actions terminating in the former, and which would not otherwise have been in operation, we are surely warranted in regarding it as essentially productive of the attack of insanity. Moreover, in proving that the great majority of cases of insanity arise from moral causes, we prove that it is in general a preventible disease. Many physical agencies and bodily infirmities cannot be altogether prevented. But, inasmuch as sound religion and sound philosophy alike enjoin constant warfare against the evil tendencies naturally existing in mankind, we are justified in believing that mental disorders, arising from those moral weaknesses, are by no means necessary and inevitable afflictions. It is no part of man's duty to bow down tamely to miseries of his own creation, and allow the light of his reason, and the best and holiest of his spiritual attributes to be polluted by the offspring of his own vices and infirmities, and when educated communities can once be made to understand and feel that the preservation of their mental health is to a very great extent in their own hands, we may expect many of the most fertile sources of mental disorder to be speedily and effectually checked."

In one important point Dr. Robinson differs with almost all the recent writers on insanity, including Pinel, Esquirol, Pritchard, &c., who have maintained the reality of a morbid condition, to which the designation "moral insanity" has been given, and which, in Dr. Pritchard's words, is characterized by "a morbid perversion of the feelings, affections, and active powers, without any illusion or erroneous conviction impressed upon the understanding; it sometimes coexists with an apparently unimpaired state of the intellectual faculties." Dr. Robinson does not deny that the moral sense and feelings in the partially insane is frequently impaired, but argues that there are few in whom the powers of the will, the reason, and the conscience are so far undermined as to render them altogether incapable of self-control, and consequently irresponsible. This is no doubt perfectly true, but the advocates of the doctrine of moral insanity do not contend, as Dr. Robinson seems to think, that this condition, if ever so satisfactorily shown to exist, should be admitted as a bar to *all* punishment. No doubt the doctrine has been carried too far, and Dr. Robinson has some reason for saying that—

"This assumption of the possible existence of 'irresistible' and 'uncontrollable' impulses in persons admitted to be intellectually sane, is the root of all the difficulties surrounding the subject."

And we agree with him that—

"The only effective and legitimate mode of reconciling the requirements of social security with the exculpatory recognition of human weakness and man's natural proneness to crime, consists in the mitigation of our criminal laws, and the substitution of the reformatory for the retaliatory principle, as the ground of the punishments inflicted by them."

But Dr. Robinson recognises the fact, that there are large numbers of persons of unaffected intellect in whom the governing power of the mind is so far enfeebled, that they are "habitually incapable of resisting criminal impulses or vicious cravings," and this surely amounts to something very like "irresistible impulse." He is so well aware that this moral weakness is a fertile source of misery, that he believes in these cases the general interests of the community to be more involved than in those of individuals "morbidly" affected. We are inclined to think that Dr. Robinson's unwillingness to regard moral weakness as a *morbid* condition, depends very much upon his fear that it should be confounded with natural depravity and vice, and admitted as a bar to punishment when pleaded in extenuation of crime. We think there are few impulses which are altogether irresistible, if there be a sufficiently powerful motive to exercise control over the actions, and, therefore, few who can properly be said to be irresponsible; but we think few will deny that the responsibility attaching to individuals differs in degree, and that in many it is of a very limited kind by reason of mental weakness, the result of morbid action in these cases. We would on no account contend for immunity, but if punishment is to be inflicted it ought surely to be modified in proportion to the presumed incapacity to resist criminal impulses.

The question as to the increase of insanity is one upon which authorities differ, and upon which it is very difficult to form an opinion. Statistics are quoted both to prove and to disprove the position, and it is maintained with considerable show of reason, that the apparent increase is in a great measure, if not altogether, owing to the fact that more cases are brought under observation, and more attention is paid to them; but making allowance for these, the weight of evidence seems to be in favour of the opinion that there is a certain increase in the number of insane persons beyond what could be referred to the increasing proportion of the population. The chief cause of this is doubtless to be found in the wear and tear of the great battle of life, too often carried on without regard to any consideration but the gratification of an ever restless ambition, which leads men of every rank and degree to sacrifice present happiness in the fierce struggle for wealth and pre-eminence. We cannot but fear that the increasing civilization of the age of which we constantly hear such complacent commendation, is not without serious drawbacks, and that society pays for its advantages by the greater selfishness of its members and by the prevalence of a less lofty tone of morality. Dr. Robinson has expressed his views on this subject as follows:—

"Notwithstanding, then, the enormous intellectual advances made during the present age, there probably never was a period in the history of this country when happiness and contentment were less generally diffused throughout the different classes of society. The increasing tendency to the concentration of wealth in the hands of a few, necessarily produces discontent among the many; while the incessant striving after social elevation, as one of the results of the more general equalization of education, the intensity of competition, the love of display so unnatural to the old English character, the introduction of many foreign vices, and the frequent faithlessness of men holding important trusts,

have all united to engender a state of feeling in the highest degree injurious to the mental condition of the community. And in investigating the moral causes of insanity, we shall discover ample evidence of its frequent origin in the vices of a spurious and hollow civilization."

We have derived much pleasure from the perusal of Dr. Robinson's treatise, which is evidently the production of a philosophic mind, and we trust it will be extensively read, believing that his views are generally sound, and knowing that his experience has been considerable. The suggestions also of Dr. Seymour and Mr. Eccles are well worthy of consideration, at a time when Parliament needs to be guided by the unprejudiced opinions of experienced men in legislating upon a very difficult subject, under the influence of a sort of panic created by exaggerated statements, and increased by the fears which have their origin in very imperfect knowledge of the subject on the part of the public.

REVIEW VII.

1. *The Oxford Museum.* By HENRY W. ACLAND, M.D., Regius Professor of Medicine, and JOHN RUSKIN, M.A., Honorary Student of Christchurch.—*London*, 1859.
2. *A Manual of Qualitative Chemical Analysis.* By A. BEAUCHAMP NORTHCOTE, F.C.S., Demonstrator to the Professor of Chemistry at Oxford, late Senior Assistant in the Royal College of Chemistry, London; and ARTHUR H. CHURCH, F.C.S., of Lincoln College, Oxford, late Assistant to Professor Brodie.—*London*, 1858.
3. *A Handbook of Chemical Analysis, adapted to the Unitary Notation.* Based on the Fourth Edition of Dr. H. Will's 'Anleitung zur Chemischen Analyse.' By F. T. CONINGTON, M.A., F.C.S., Fellow of Corpus Christi College, Oxford.—*London*, 1858.
4. *A Letter to the Provost of Oriel; on a Scheme for making Oxford more Accessible to Medical Students generally.* From C. H. PEARSON, M.A., Fellow of Oriel College, and late of St. George's Hospital.—*London*, 1858.
5. *A Letter to the Rector of Exeter; on Some Proposed Changes in the Residence required by the University for Degrees in Medicine.* By GILBERT W. CHILD, M.B., of Exeter College, Physician to the Radcliffe Infirmary.—*Oxford*, 1858.

SIX years have now passed since we called attention to one out of the many reforms which were then being commenced at the Universities of Oxford and Cambridge. The school of Natural Science, which existed only in embryo, has now, in Oxford at least, attained some growth and organization. Evidence of this is appearing, not only esoterically, in the form of attendance on the professorial lectures, in the increasing number of students of the practical branches of physical science, and in the more general diffusion of appreciative respect for these pursuits among the members of the colleges; but fruit is also being borne of which the outer world can form a judgment.