

acute cases which now are under my treatment may pass into secondary dementia, because of our frequent helplessness to avert the onset to such a state. That was the first and only lesson I had when I was a student.

But after I became M.R.C.S., and before I joined the staff of the West Riding Asylum, I had another lesson which was equally striking in its effects, though in a different way. I was attending a labor. The two women present to assist were talking, and this was the dialogue: "What became of Sally Jones?" "Oh! she went to Wakefield Asylum." "What happened to her there?" "Oh! she soon died." "Why did she die?" "Oh! she got so bad that they put her between two feather beds, and six keepers sat on her and smothered her." Of course, I sat with the usual gravity of manner and made no remark. The lesson I learned was that there still prevails an idea that the inmates of asylums are done away with. However, I cannot but admit that that would be an excellent way of avoiding "secondary dementia." But, then, I was in possession of a diploma, which I had but to put on the Medical Register to become "duly qualified" in every sense to join in a conspiracy, as has been playfully (I hope) suggested, to deprive a fellow-creature of his liberty, perhaps for life; and this was the amount of teaching which had by chance been apportioned to me. Now, what was the value of that knowledge to me, who at the same time was equally qualified with other medical men to give an opinion from "facts-observed by myself" and from facts "observed by others"? If the examinee threw his arms in the air and declared that he was a windmill, or that the world was a ship and he was the captain, I might safely have said that he was insane, if he was not shamming insanity. But lawyers say that any man with common sense could say as much. And I think the lawyers are right. But in how many cases does the man not throw his arms about? and then, where does the examiner, as ignorant of insanity as I was, come in? I have heard of a case where the one "fact" was "Reads the Bible"; and frequently see such as, "His speech is

clipped," "He is awkward in his gait." These are physical defects no doubt, often of serious import, but they are not necessarily facts indicating the inability of the individual to manage himself or his affairs.

But to bring this paper to a close, I think it will be admitted that there is no royal road to the knowledge of insanity. It cannot be learned from books; it must be learned from a "master." Could a boy be trained to be a carpenter by reading books? Of course not. And where is the difference? I had never heard the term "general paralysis" before I went to Wakefield, and I do not hesitate to say that had I read all the books that ever had been written on the subject I should never have got a bit nearer being able to distinguish a case had such a one come before me in private practice. The person who wishes to understand anything about insanity must learn it under a master and must live among it. In many cases the diagnosis is a matter of physiognomy—a *tactus eruditus*—a knowledge of which can only be got by constantly seeing such cases. A member of my family, who has never had an official or other connection with any asylum, can look down at the patients at the church or at the dance, and, with unerring precision, point out every general paralytic in view of her. This comes from frequently seeing them. Now, a man, even with ever such high medical qualifications, might examine (say) a hundred cases of alleged insanity in a year, among which there would be fifteen or twenty general paralytics, and he would not distinguish one of them, and he might go on for twenty years and he would be in the same condition of ignorance at the end of that time. I cannot remember that I have ever known a case of that sort to have been diagnosed before admission to the asylum. Once a medical man kindly wrote to me about one, and said he thought the patient was suffering from "softening of the brain," and that he had been treated with forty-grain doses of bromide of potassium three times a day, which had "quietened" him, and advised me (how kind!) to continue the treatment! He had, indeed, "quietened" the patient; he had expedited a "desolation" which he mistook for a "peace."—*Lancet*.