

I leave the hearer to consider for himself the questions that may thus be asked, I shall but fulfil a purpose kept in view in this paper, the purpose, namely, of offering materials for thought upon subjects of which I have not knowledge."

### CLINICAL LECTURE—UNIVERSITY HOSPITAL, PHILADELPHIA.

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#### THE PROBLEMS TO BE DECIDED IN A CASE LINGERING ON THE BORDER-LINE OF INSANITY.

There is no exact standard to which we can compare a case of suspected insanity; there is no fixed line over which a patient steps which allows us to declare, without further study, that matters stand thus and so. Insanity is a condition of mental unhealth which deepens so gradually and insensibly, that the exact time when it is undeniably present is often impossible to determine; just as the shore along the ocean's edge glides imperceptibly down into unfathomed depths, so do the symptoms in the ordinary case slip gently into that curious condition which we call, for convenience, insanity. The knowledge of this fact is ever present in the alienist's mind when confronted with such cases, but the embarrassment which the call for a diagnosis may produce, is not due so much to the medical aspects of the case as to the legal; for, in the real essence of medical inquiry, it makes no actual difference in the treatment how near the patient hovers to the line and whether he has positively crossed it or not.

In taking up the systematic study of a case of suspected insanity, we find that there are three sets of symptoms which we must carefully consider before we can come to any definite conclusions:

1. Changes in the character of the patient.
2. Changes in the emotional nature of the patient.
3. Changes in the mental acts of the patient.

It is claimed by some alienists that one symptom is absolutely characteristic of the insane; it is the "insane delusion." Its presence, they claim, is essential to indicate insanity; but its importance as a symptom is greatly magnified, for there are cases of well developed mental alienation in which there may be no delusions present. For our more perfect understanding, we will define a delusion to be a false belief capable of demonstra-

tion, but out of which a patient cannot be reasoned: as for illustration, you close your eyes, and imagine you hear a voice; you open them and see that there is no one present and hence no possible source for the voice, and you recognize that you have been subject to delusion; but if you persist in believing that you heard the voice, then it becomes an insane delusion. You correct the testimony furnished you by one sense with that furnished you by another; the essence or the basal condition is the loss of the power of judgment or reason. There is a necessity that the matters handled shall be capable of absolute proof; the Brahmin cannot call the Christian insane, for their respective beliefs are not capable of positive demonstration, nor has the Christian a similar right.

In regard to the first query, Has he changed in character? we must not make the mistake of comparing a patient with any standard of right and wrong, but with his previous condition: as he is—as he was. If he was affectionate, is he so now; if he was of a melancholy cast, is he unduly hilarious now, or *vice versa*; and so on through the elements which go to make up character. The emotions, which are closely allied to the character, should also be studied with reference to their condition in the past; be careful to see if a change has actually taken place. A profoundly depressed or an excessively hilarious state of mind may have always been the patient's condition. We divide insanity into two forms: one, where there is distinct evidence of organic brain disease; the other, called "pure insanities," in which there is no dependence on organic change; the further division into acute and chronic we will not consider to-day.

With this introduction, let us study this case. A woman, æt. 42, happily married; has a number of healthy children; she says she knows the cause of her ailment. Two years ago, suddenly the neighbors began to abuse her; this persecution grew until, in last January, there arose in her a dread of something impending, which depressed greatly her spirits. Her trouble generally took the shape of a lion which she never saw nor heard, but to protect herself against which she had hid hammers and hatchets in convenient places over the house. She also heard voices calling to her all the time; she had looked for the persons to whom she supposed they belonged, but as she ap-