

of thought alike and of action. It is, however, the part of the medical practitioner, not only to be ready to think and act for the relief and cure of his patients, but also to feel for them in their sorrow and suffering. An unsympathising physician is a physician bereft of one of the most potent agencies of treatment and cure. He knows not, and practises not, the whole extent of his art, when he recklessly neglects and eschews the marvellous influence of mind over body. For sometimes kindly and cheering words or looks from the physician are to the patient of more real worth than all his physic.* They secure the sick man's confidence and gratitude; they rouse his hopes and courage; and they even intensify the good effects of the physician's more direct therapeutic measures. Yes—let all of you cultivate to the uttermost the steady manliness of hand and head which our profession so urgently demands; but do not despise that gentle womanliness of heart which the sick, in their depression and pain, so often look for, and long for, and profit by. Be to every sick man his beloved, as well as his trusted physician.

Responsibilities of Medical Practice.—The grave and profound responsibilities of medical practice are in themselves enough—were there no other incitements—to call upon you earnestly and constantly to increase, and widen, and extend your professional knowledge by all the possible means which lie within your individual powers. For you go forth to battle ever with disease and death in and over the persons of your sick fellow-men. See to it then that your weapons and armour are always as sharp and bright as your abilities can possibly make them; and beware that your hands are kept deft and dexterous in the use of them. In dark and dangerous cases of disease, and particularly of acute disease, as honourable and conscientious physicians—answerable, as far as medical knowledge can go, for the life of your trusting brother-man—your anxiety will sometimes become intensified to the most painful degree. Under such circumstances, "I feel," said Dr. Bard, "as if I had a giant by the throat, and must fight him for very life." It is not reputation or profit that you then wrestle and yearn for, but victory. The conquests which you may thus make will gain you the warm esteem and gratitude of most patients—not, invariably, of all. But be not cast down, or turned aside for a single moment from your good and humane work, if such a result do not follow. The lion from whose swollen paw Androcles drew forth the festering thorn spared the life of his former forest friend and physician, when he was sent in—whetted with hunger—to devour him in the Roman circus. There was a depth of gratitude, however, in the heart of the noble brute, that you will not always find in the hearts of your human patients.—*Edinburgh Medical Journal, September.*

CORRESPONDENCE.

PEARSE VERSUS PEARSE AND ANOTHER.

To the Editors of the Journal of Mental Science.

GENTLEMEN,—

The case of "*Pearse v. Pearse and Another*," a short notice of which you may have seen in the journals, gives me an opportunity of calling your attention to some points in it of much interest—as I conceive—to medical men. The facts simply stated are these, viz. :—A gentleman, doing a large and lucrative practice as a solicitor, is, in 1849, married to the lady of his choice. After an experience of some years, they—*i.e.*, the husband and wife—decide on a separation. The preliminaries are gone into very carefully, provisions are made to suit the circumstances of the case, and the long contemplated separation takes place.

*Sunt verba et voces, quibus hunc lenire dolorem
Possis, et magnam morbi deponere partem.

Released from much and pressing anxiety thereby, he (the late Mr. Pearse) determines to make his will, and so to put his affairs in that good order calculated to avoid discomfot and litigation in the time to come. The will is made, and the wife finds herself, in due course, and on the death of her husband, in 1862, very badly off. To the children (two in number) is left the bulk of the property. Now the "will" bears date April, 1859; it had, therefore, been in existence three years before the death of the testator. In the autumn of 1860 he has an attack of *acute mania*. At this time he was on a visit to friends in the neighbourhood of this city. I attended him, with the late Mr. Powell and Mr. Salmon, of Thornbury. After a time he was admitted at Northwood's, where he remained under my care for some seven months. He was discharged as "recovered" in the spring of 1861. After a brief sojourn on the continent, he resumed his professional labours, and continued very busily engaged therewith, until the following July, when his mind again gave way, and he was placed at the Munster Asylum, near London. Here he died in March, 1862, from *mania*, complicated, it is said, with the peculiar "*general paralysis*" which occurs to the insane. The death of this gentleman is the signal for discord. His widow seeks to prove the will invalid on the ground of the insanity of her late husband. The plaintiff affirmed that the mental unsoundness dated back to a period anterior to that of the will made in 1859. She sought to convince *Sir James Wilde* that the late Mr. Pearse had been mad from even the very day of his marriage in May, 1849; that he had continued insane through his married life, that he was of unsound mind both before and after the will was made; and that, in fact, the state of mind of her late husband was in the autumn of 1860, when he became my patient, but a continuation, or it may be a mere temporary aggravation, of that same malady from which he had for something like twelve years suffered. Now, it is to the manner in which it was sought to establish the foregoing points that I desire to draw your attention. If I mistake not, we shall find in that which is to follow two or three highly important questions involved—questions which affect us not only as pathologists and as psychologists, but as "*medico-politicians*," if I may be permitted to use a word somewhat outside the ordinary parlance. In this case, then, of "*Pearse v. Pearse*," we have repeated, to our professional shame, the old dodge of making sides to questions of medical science. The plaintiff and the defendants brought together—the first for herself, and the second for themselves, a posse of medical men, each one of whom was, it is to be assumed, engaged for a money consideration to twist and torture his individual experience and knowledge into whatsoever should seem favourable, not to the truth, but to his employer or employers. I was one of this "posse," but happening to be among those witnesses subpoenaed who were *not* called on for evidence, the opportunity of proving myself no partisan was lost.

I apprehend there is no one who is prepared to deny the desirability of discontinuing this old and crafty style of importing the medical element into inquiries like the one under our consideration. I take it we are assured that in the interests of *truth*, in so far as *medico-LEGAL MATTERS* are concerned, it would be well to accept another and a really frank (ingenuous) method of getting at the results of medical learning, or at the conclusions of its best professors. A jury composed of medical men is the only kind of tribunal competent to decide medico-legal questions. In a jury so constituted, the *medical chasms* which now so disturb our professional quiet, and bring no small amount of discredit on our own noble calling, would disappear, and be duly approximated or bridged over in an easy, graceful, and truthful manner. Let me add here, that in 1856 my paper on "*MEDICAL EVIDENCE*," read before the Bath and Bristol Branch of the British Medical Association, advocated these same views. Since 1856 to this present time such "views" have been gaining much *ground*. The pamphlet just now published on "*STATE MEDICINE*," by Dr. Rumsey, will doubtless strengthen the good cause, and facilitate the adoption of *Medical Arbitrations* in our law courts, and so help to

"Poise the cause in Justice's equal scales,
Whose beam stands sure, whose rightful cause prevails."

The plaintiff in this case sought, then, to prove that her husband was insane in 1849, when the marriage took place; and that the most positive indications of madness continued day by day through the succeeding years, up to and beyond the time when the fatal will was made.

Now you will bear in mind that Mr. Pearse was, during the whole of this same period, actively engaged in a large and laborious practice as a solicitor. It was shown on the most undoubted evidence that all he then did was well done; that cases undertaken by him, cases even of much difficulty, were excellently well conducted throughout. Law business of various kinds was passing uninterruptedly through his hands. It was given in evidence that at all times, and under every variety of circumstances, Mr. Pearse was observed to command the clearest intellect, and to exercise the highest legal capacities in the interests of his many clients. A question of the highest importance to psychologists is hereby raised. Are the two sets of facts compatible the one with the other? Can a man be at once insane, and occupy himself, day by day, as the testator did? It has been said that Mr. Pearse was sane to his clients and personal friends, but insane in his conduct towards his wife and in his domestic relations. *Is this ever possible?* If I am asked to give a categorical answer to this query—and I am permitted at the same time to allow for some amount of colouring to the picture—it must be “Yes;” but if I am asked to say whether or not the late Mr. Pearse was, in my judgment, afflicted with this very exceptional form of cerebro-mental disorder, I feel bound to reply NO. To those not practically informed in lunacy matters, and unaccustomed to hold much intercourse with the insane, my *yes* may seem strange and out of place; but the position taken is undoubtedly true to nature, and in strict harmony with the laws of Pathology. *Variableness* may very rightly be held to be characteristic of mental derangement. I have elsewhere written—“There is no fact better known to those who have the care of the insane than that one which involves the great and ever recurring changes of thought and feeling and conduct to which such patients are subject. No lunatic exhibits from even day to day the same degree or even kind of mental disorder or irregularity; he has his variations of temper the same as every sane man or woman. Moreover, the insane enjoy very commonly ‘lucid intervals’ of longer or shorter duration. Some patients will recover and remain well and *sane* for, it may be, one, or two, or three days, or months, and afterwards relapse into complete and raging madness. Such alternate states of sanity and insanity continue, and with a surprising regularity, not unfrequently through a long life.” Moreover, there is no PSYCHOLOGIST but who must confess that a person may be in point of fact mad, and yet retain the power to conceal, under some circumstances, the indications of the disorder which afflicts him. The *subjective* and *objective* conditions of the patient may be said to be, in such a case, in a state very like *antagonism*. True such *antagonism* is not permanent, the balance of the opposing cerebral forces is ere long realised, when the insanity is made plain to the dullest of senses. Regarded from a medico-legal point of view, the foregoing fact is of the first importance. What explanation, let me ask, can be offered of it? What is taught in the schools to this time of the physiology of the brain, and of the uses of its several parts, will not go far towards enlightening us. But if we open the pages of Gall and Spurzheim, or look to the writings of the late Dr. Andrew Combe, or of George Combe, we shall there find the seeming mystery solved. Bear in mind, no question of mental science can receive anything like a complete and satisfactory solution apart from *Phrenology*. The discoveries of Gall and Spurzheim are at the root or starting point of mental philosophy. These constitute the basis on which the science of mind must rest. From the materialism of the late Sir William Lawrence, the materialism which shocked “Abernethy” so terribly, and startled the *élite* of the College of Surgeons so keenly, and which some fifty odd years since frightened the very TOWN out of a large share of its propriety, we have passed on to additional and higher lights. From the “new” doctrine (so mis-called) which teaches the duality of the brain (mind) we are advancing,

though at a late hour, and by a slow progress. However, not a few have already come to admit that the brain is, in fact, more than *dual*, that it is a congeries of organs, each one of which performs an especial function in the mental economy. It is essential to remember that the two sides (hemispheres) of the brain may or may not be in the same state or degree of subjective vitality; and what is true of the hemispheres is true also of the many organs or parts entering into the composition of either of them. Moreover, this degree of vitality of the whole brain, or of either hemisphere, or of the several parts (organs) of each hemisphere, will depend to a very great extent on the surrounding circumstances of the patient through any given time. Further even than this, the *morbid sensibility* of the grey neurine which constitutes the very essence of madness—being, in point of fact, its proximate cause—(whatever other and morbid conditions may underlie and complicate it) will not unfrequently, in certain patients, occur in paroxysms, like neuralgia or hooping cough, or epilepsy, and so on. Therefore, and on this ground alone, can we account for the “variableness” observed among the insane, or what is the same thing—for the differing degrees of normal will or self control exercised by those mentally afflicted. I may add here that my reasons for not thinking that Mr. Pearse ever suffered from either concealed or *paroxysmal mania*, or from any other form of cerebro-mental disease, before he came under my care in the autumn of 1860, were gathered from the general evidence.

It remains for me to consider the evidence given by Dr. Guy and Dr. Diamond in this case of “*Pearse v. Pearse and Another*.” Other medical gentlemen than these named appeared as witnesses for and against the plaintiff; but it is sufficient for my purpose to confine my remarks within something like a limit. You will remember that I have stated that Mr. Pearse became my patient at Northwoods, in the autumn of 1860, and that he recovered in the spring of 1861. Bear in mind also that his restoration was temporary only; and that on becoming again insane in July, 1861, he was sent to the Munster Asylum, where he remained under treatment eight months, and died in March, 1862.

The *post mortem* appearances were, in the main, partial thickening of the arachnoid, with effusion between it and the pia mater; this latter membrane I understood to have been found adherent, in parts, to the surface of the convolutions. Portions of the cerebral substance were found discoloured and softened; the skull cap was seen thickened by ossific deposit, but the space or surface so changed from its natural character was limited. Now, here we get to the very pith of the matter. On these *post mortem* appearances the utmost reliance was placed. It was hoped to satisfy *Sir James Wilde* that these softenings and deposits were the result of long-standing cerebro-mental disease. Such morbid changes in the bone, the membranes of the brain, and in the cerebral substance, to say nothing of the effusion, it was sought to prove were in perfect keeping with the assumed personal history of Mr. Pearse at the time of his marriage, and subsequently, during his married life, to the time when the separation took place, and the before-mentioned will was made. If the morbid appearances named were found in patients whose insanity had been of, say five or six or eight years standing, then was it to be assumed that the pranks and strange conduct attributed to the testator anterior to 1859 (the date of the will), were so many signs or symptoms of madness—then indeed it may have been conceded to the plaintiff that such *signs* and such *appearances* stood in relation to each other as cause and effect. Now it was here that the medical evidence faltered. Dr. Guy, in his examination in chief, stated over and over again, and in many forms of words, that the appearances, *post mortem*, were not at all likely to be of recent occurrence; were hardly compatible with a disease which dated only from the autumn of 1860, and so on. Such appearances, he insisted, were the growth of many and long years, and not only of eighteen or twenty months, or two years. He laid great stress upon the change in the organic condition of the cranial bone, and this satisfied him, he said, of the long existence of the mental malady, of which it was (he said) in part the cause. But when pressed by the calm and

judicious interrogatories of *Sir J. Wilds* in his cross examination, Dr. Guy slowly, yet surely, abandoned the strong points in his evidence, and after a time came completely round to the truth, *i.e.*, he was led, after a certain amount of pathological skirmishing, to this confession, or conclusion, *viz.*, that the date of the commencement of the morbid appearances was uncertain, and that those named, including even the hypertrophied portion of the bone, may have been of comparatively recent date.

In a word, Dr. Guy confessed to be unable to fix a *minimum* of time for the duration of the "mental disorder," of which such morbid changes were either the cause or the accompaniment. Precisely similar remarks apply to the evidence given by Dr. Diamond. I regret that in the cause of truth I am compelled thus to modify the statements put before the profession in the pages of the "*Medical Times and Gazette*." The issue of the examinations of Drs. Guy and Diamond it would appear rendered the farther services of the medical witnesses unnecessary; at any rate, at this stage of the proceedings, it was told me I was at liberty to retire from the court. Now, had I been placed in the witness box, and although engaged on the side of the plaintiff, it would have been my duty to have begun where Drs. Guy and Diamond ended. I held in my hand the two following records of cases of mania, with general paralysis. The patients had died at the Hanwell Asylum under my care more than twenty years since; and were, as a matter of course, examined by the medical staff, including myself. You will see how completely the facts about to be narrated, narrated as they were written at the time (nearly a quarter of a century ago) dispose of the first statements of the medical gentlemen named. *I do not mean those statements adduced by the cross examinations.*

Case 1.—M.H., *set.* 31, admitted August, 1839; form of mental disease "MANIA AND GENERAL PARALYSIS." Duration of disorder, "about nineteen months." Died February 13th, 1841. Post-mortem appearances: "*calvarium thick*;" fluid in large quantity between membranes; pia mater firmly adherent to the surface of the brain; brain generally much *softened*; ventricles distended with fluid.

Case 2.—S.M., *set.* 29; form of disorder "MANIA AND GENERAL PARALYSIS;" duration of disorder "two years;" examined sixty-two hours after death; "*cranium much thickened*;" strong adhesion of dura mater to bone; much opaque serum between membranes; anterior hemisphere shrunken.

You will not fail to remark that in both of the above cases the bones of the head were changed from the normal state, and hypertrophied; and that the duration of the disorder was in M.H. but nineteen months, and in S.M. two years.

The fact is, the case of the plaintiff was overdone in every way. Too much was attempted to be proven, and hence it broke down. The proper course for the medical evidence to have taken, so far as the post-mortem appearances went, would have been, as it appears to me, simply this—to have attached to them that they merited, and no more than this. Nothing can be more uncertain than the morbid appearances found within the heads of those dying insane; no two cases of mania, no two cases of melancholia, no two cases of dementia, no two cases of general paralysis (and this it was that killed the late Mr. Pearse) are marked by the same morbid products.

Nor is the duration of madness, or of any one of its protean forms or shapes, the least guide to, or index of the organic changes found on the autopsic examination. And this is what should be, regard being had to the proximate cause of insanity. The post-mortem changes found are not the origin of this dire malady, pure and simple, but the consequences of it. It is the extension of abnormal action commencing in the cells of the cineritious neurine, to the capillaries which beget the seen and appreciable lesions found after death.

These same lesions are uncertain, because such an extension of morbid change in the tissues does not always occur to the insane; and when it does it has in each case its own measure of intensity and endurance; hence the differing degrees of the opacities, adhesions, morbid densities, and so on. The absence

of diseased appearances within the heads of those dying insane, proclaims that the affection has continued limited to the cells of the *grey matter* of the brain; and so it is that the records of the dead-house of the Hanwell Asylum demonstrate that 5 per cent. of the insane are without appreciable lesion of structure within the cranium.

If this good ground had been broken by the medical witnesses on the side of the plaintiff "In re Pearse and Pearse and another" I think it not unlikely that the issue of the trial would have been different from what it was. Doubtless the tone given to the medical evidence, so far as it went in *the cross-examination*, rendered, to some extent, the cause of the plaintiff hopeless. Two words in conclusion—1st. The days of medical partisanship must be numbered. 2. All questions of medical science occurring in our Law Courts must be decided by a MEDICAL JURY, *i.e.*, by ARBITRATION.

I am, Gentlemen,
Your obedient servant,
J. G. DAVEY, M.D.

Member of the Royal College of Physicians, &c., &c.

Northwoods, Bristol,
25th August, 1868.

To the Editors of the Journal of Mental Science.

Glamorgan County Asylum, Bridgend,
August 31, 1868.

GENTLEMEN,—

In the notice of the Annual Report of this Asylum, which appears in the July number of the Journal, it is stated that the appendix to my report is "chiefly devoted to casting doubts on the value of medicinal agents in the relief of the symptoms of acute and chronic mental diseases."

I must beg leave entirely to disavow this wholesale scepticism. I have written nothing which warrants its imputation. The appendix (9 v.) speaks of narcotics and sedatives, "fully acknowledging their great value in many cases," but condemning their "*habitual indiscriminate use*," as "needless and baneful." It also deprecates the "*undue use*" of digitalis, as not unaccompanied with danger. These are the only medicines spoken of in the appendix; the very important question as to the value of medicinal agents in the treatment of mental diseases is not alluded to except in these instances, and it can only be by inadvertence that the reviewer makes the above sweeping criticism.

I conceive the "medicinal" treatment of insanity to be probably the widest and most difficult department of practical medicine, and one which has of late been receiving too little attention. The excitement has been too much regarded as the disease, and the medicinal treatment has been too much confined to the class of remedies of which the appendix speaks.

I do not allude to other subjects, as the object of my letter is not to answer criticism, but to remove misapprehension.

I am, yours faithfully,
D. YELLOWLEES, M.D., Edin.,
Medical Superintendent.

Appointments.

SIR CHARLES HOOD.—We announced last week the election of Dr. W. C. Hood, as Treasurer of Bethlehem Hospital. He has this week received the honour of knighthood, in recognition of his eminent services to psychological