

at one and the same time, we meet with cases of pneumonia that differ very materially in type, and therefore demand very varying treatment." He holds (and so do I) "that pneumonia varies very much in its intimate nature, although presenting physical signs that closely resemble one another in the different cases."

It will aid us to answer our question better if we think over, in a general way, the causes of disease. These are either material poisons originating external to the system, or developed within it, or traumatic influences, such as heat, cold, mental or bodily shock, etc., on the one hand, or simple decay or perversion of the natural forces of the body on the other. Fevers and inflammations are the main results of the operation of the former; degenerations, ulcers, and morbid growths as cancers, of the latter set of causes. In both, failure of vital power is essential to the occurrence of morbid action; in the second group it is, or seems, to be almost everything; in the first, it permits the active cause to take effect. The existence of such a conservative power or energy, call it what we will, is a fact, and it is undeniable that it is much stronger in some persons than in others, and also in one organ or tissue, than in another, so that one part may suffer greatly from exposure to injury, and another much less. Moreover, it is matter of observation that where this resisting power is over-borne and disease set up, recovery ensues much more quickly in some persons than in others. In some, the perturbing influence is no sooner removed than the system springs back, as it were, at once to health; in others, the return is slow, halting, and often incomplete. Now, this being so, even if we admit the causes of disease always to be the same, and to act with the same energy, which is more than doubtful, how can the results be constant. Must they not vary greatly in duration as well as in other respects?

The above considerations disincline me to believe that results of value will be obtained by observing the so-called natural course of disease left to itself. Where this is tolerably definite, it is sufficiently apparent as in the case of the exanthemata; and where it is not readily discernible, I think the variations will be found so great that we can feel no certainty as to the course in individual instances.

The answer then, which I return to my question is, that diseases are perturbations of the normal functions, liable to vary so greatly in many important points that we need to be very careful in laying down rules for their treatment generically; that one instance of disease often resembles more truly another which bears a different name than it does one of the same designation; that the safest proceeding always is to consider the features of each individual case, to note what kind of morbid action predominates, and from what quarter peril is to be apprehended; and that this caution is especially requisite when we apply the experience of one place or period to the diseases of another. Custom and convenience are, however, so strong, that I suppose to the end of the chapter we shall talk about the treatment of this disease or that, tacitly ignoring that which has been admitted again and again that, for the most part, they are inconstant and varying processes, and thereby often falling into error.

### CASE OF INSANITY DEPENDING ON SYPHILITIC INFECTION.

By WILLIAM SMITH, Esq., Surgeon, Clifton;  
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I THINK it admits of very little doubt that tubercular disease is frequently connected with insanity. Marsh miasm produces a peculiar mental depression; and, in pellagra, the mind and nervous system are frequently affected. In almost every form of blood-infection, there is more or less disturbance of the mental functions. It may be interesting to give a case in which I believe this was due to constitutional syphilis.

A young professional man was attacked with acute mania of several weeks' duration. The case was marked by febrile symptoms, active delirium, and tendency to violence. When this stage had passed over, the patient fell into a condition of profound melancholy and listlessness. It was at this period that the case came under my notice. There was apparently a settled determination not to speak. An answer in monosyllables might sometimes, indeed, be obtained with difficulty. There was certainly partial inability, and, with it, complete disinclination for any employment. He might be induced by great persuasion to write a few lines to friends; but, although tolerably well educated, in this condition he made many mistakes in most common matters. On one occasion, he repeated in his letter indelicate and offensive expressions. Although neither homicidal nor suicidal, he was sullen, and sometimes menacing in his looks and manners. The appetite and sleep were good, but the bowels were obstinately constipated. Various measures were employed, with very little, if any, success; and, at the end of three

months, I began to fear my patient would pass into a condition of hopeless dementia. My attention was at this period called to a rash, principally on his chest and abdomen, but to some extent over the whole body. It was evidently syphilitic roseola; and with it were associated several large brown maculae, the form which so often accompanies the squamous syphilide. I at once placed the patient under appropriate treatment. Iodide of potassium, gradually increased from five to ten grains, was given three times daily; and a mild mercurial was combined with it. In about a fortnight the symptoms were ameliorated; and at the end of a month he was so much improved as to converse rationally, although apparently with effort. Perfect recovery has resulted. The patient called on me a few days since. He denies having had syphilis, but pleads guilty to having suffered from "a simple chancre". This occurred about three months before the attack of insanity, and was treated empirically.

Griesenger, in his excellent work on mental diseases, says: "Constitutional syphilis does not readily lead to insanity otherwise than through palpable diseases of nutrition of the skull, of the brain, and of its membranes." This is, no doubt, true to a great extent; but I think that most medical men have seen cases in which there were no "palpable lesions", and yet mental deterioration, approaching, if not completely passing into, insanity, has been the result. Jackson, in his work on *Syphilis of Internal Organs*, acknowledges that, in cerebral syphilis, the brain-lesions are sometimes very slight; and, he adds, "some authors have failed to detect any." He says there is nothing peculiar in the symptoms of syphilitic cerebral disease.

From many cases in my own individual experience, I am inclined to believe that the blood-disease may and does produce a train of mental phenomena bearing no relation to any individual lesion. The converse is easily proved. All of us have seen cases of local syphilitic disease of the skull, brain and its membranes, with perfect integrity of the mental faculties.

### CLINICAL MEMORANDA.

#### BROW-AGUE CHANGED INTO AN AGUISH ATTACK UNDER THE ADMINISTRATION OF QUININE.

By STANLEY L. HAYNES, M.D., Medical Superintendent of Laverstock House Asylum, near Salisbury.

I BELIEVE the following case will be deemed interesting, from the conversion of hemicrania into an anomalous aguish attack.

F. H., aged 32, an attendant here, complained in February last of pain over the right eye and the anterior half of the temporal region, which was puffy to the sight and touch, and tender on pressure. This pain was continuous, but subject to exacerbations, especially at night, and was much increased by stooping, when giddiness and dimness of vision were added; it had been felt on waking a few mornings before, and was not preceded by any irregularity of health or accompanied by any other change. There was not any strabismus. He gave the following history. After enlisting in 1854, he went with his regiment to India in 1857. In 1861 he was insensible during seven weeks in consequence of sun-stroke, and resultant "slight brain-fever." From 1862 to 1864 he suffered seven or eight times from "liver and fever" (by fever he means ague), some attacks lasting a month or so, and one having a duration of five months. He was treated with quinine, which arrested the attacks. They began always between 10 and 11 A.M., and ended between 3 and 4 P.M., sometimes later, leaving him unaffected for two or three days. In 1864, having served his full time, he claimed his discharge and returned; the sea-voyage caused his thorough convalescence. He continued quite well from that time until he complained to me. Suspecting, in the absence of all other ascertainable causes and of recognisable symptoms of impaired health, that his headache was a sequence of ague, I prescribed quinine in five-grain doses. The first was taken at 8 P.M. At 2 the following morning he awoke, feeling very ill, as if he were about to have an attack of ague, and with much nausea; he then found he had a distinct, well-marked sweating stage, which lasted from ten to fifteen minutes, and was succeeded by a rigor; this passed off in a very few minutes, leaving him free from brow-ague, and feeling well. Notwithstanding this attack (he had not sent for me during it); he took a second dose at 6:30 A.M.; this was not succeeded by any disagreeable effects or apparent action. He is not conscious of having had any dry hot stage. Since the attack, he has been perfectly well in every respect. The transposition of the cold and sweating stages, and their occurrence without the intervention of any dry stage, were remarkable.