Climacteric insanity in the male / by Francis Skae, M.D.

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IN

THE MALE.

BY

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CLIMACTERIC INSANITY IN THE MALE.

In a paper which appeared in the February number of this Journal, I endeavoured to show that the symptoms of insanity occurring in women at the climacteric period are so uniform, characteristic, and peculiar, as to render it easily recognisable, and entitle it to be referred to a distinct natural group or family, which may be distinguished as "Climacteric Mania or Insanity."

I stated then that it had been remarked by Sir Henry Halford,[1] and subsequently by Dr Conolly, that an analogous climacteric change took place in the male between the ages of 50 and 60, and that, at that time, there was not unfrequently developed a form of insanity for which no cause, except disorders connected with this change, could be assigned. I stated then that this agreed with my own observations and experience; and my object in this paper is to describe the history, results, and treatment of a considerable number of cases of climacteric insanity in the male, treated in the Royal Edinburgh Asylum, with a view to pointing out the distinguishing characteristics of this form of insanity, the results to which it tends, and the treatment which seems most likely to be followed by success.

Age.—In women, the irregularities immediately preceding the cessation of menstruation, and the disorder of the general health which frequently follows cessation, mark the grand climacteric as generally taking place in them between 45 and 50 years of age. That an analogous change takes place in the male is very generally admitted; but as this change is unmarked by the alteration or cessation of any natural function, the age at which it takes place cannot be definitely fixed with any degree of certainty.

Sir Henry Halford considers this change as generally occurring in men between 50 and 60 years of age; and I find that all those cases which came under my own observation as presenting the characteristic group of symptoms peculiar to climacteric insanity in the female were those of men between 48 and 60 years of age. In none of the cases I have selected could any cause be assigned for the insanity; they all of them presented the same uniform type, and it appears reasonable to conclude that their insanity resulted from the same cause; in other words, that a climacteric change takes place in the male between 48 and 60 years of age, analogous to that which occurs in the female between 45 and 50, and that in the male a form of insanity is sometimes developed at this period identical with that which is met with in women at the analogous period.

[1] Essays, page 4.

The following table shows the age at which the insanity was developed in 60 cases :—

TABLE I.

Age	Number of Cases.	Age.	Number of Cases.
		Brought over	37
47	1	56	4
48	2	57	6
49	3	58	3
50	8	59	0
51	4	60	5
52	1	61	3
53	3	62	1
54	3	63	0
55	12	64	1
Carry over	37	Total	60

From this it is seen that the greatest number of cases occurred at 55 years of age. Of the 60, 45 were married, 8 single, and in 7 information as to their domestic condition was not supplied.

Hereditary predisposition existed in 10 of the above cases, in which 10 cases the climacteric change must be regarded as the exciting cause. In none of these cases had the ordinary moral or physical causes, to the influence of which they had been more or less necessarily exposed before they were 48 years of age, induced insanity; none of them had laboured under previous attacks of insanity. They had passed with safety the age at which insanity is most frequently developed, and their history thus tends to show the very considerable and comparatively powerful influence of the climacteric change as an exciting cause of insanity in a constitution hereditarily predisposed to that disease. But, apart from these cases hereditarily predisposed, there can be little doubt, I think, that the climacteric change in man exercises a very powerful influence as a cause of insanity; and this view is strengthened by the fact, that a considerable proportion of the cases met with at that time of life are those of men who have been eminently successful in business or in their profession, who have secured to themselves comfort if not affluence, who are happy in their domestic relations, and who may reasonably be supposed to be relieved from the harassing influence of protracted mental exertion, domestic unhappiness, or pecuniary embarrassment. And yet men so circumstanced are not unfrequently seen to be oppressed by gloomy despondency, viewing the past with bitter remorse, the present with impatient discontent, and the future with exaggerated and delusional anxiety,—they become morbidly irritable and suspicious, give way to causeless terror, believe themselves guilty of crimes for which they are to be everlastingly damned, and afford unmistakable proof of their insanity in their conversation, conduct, and appearance; which insanity, I venture to submit, *is the result of the effect upon the brain of a constitutional disturbance accompany-*

ing a great climacteric change. In men influenced in this manner by the climacteric change there is frequently developed an inordinate craving for stimulants in those who have been habitually temperate in their habits, and this intemperance, frequently amounting to confirmed dipsomania, is often the assigned cause of their insanity. I have excluded such cases from consideration in this paper lest their insanity *might* have been the direct result of intemperance; but I am convinced that, in a large number of such cases, the craving for, and undue indulgence in, stimulants was the effect and not the cause of the disease,—that the patients suffering from deep depression, morbid fears and anxieties, sought relief in artificial stimulants, and that the constant repetition of this habit served to aggravate the disease which had given rise to the habit, the habit itself being merely a symptom of the disease. A very considerable number of the cases admitted into an asylum between 50 and 60 years of age, having intemperance assigned as the cause of their insanity, will be found, on examination of their history, to be those of men who, having been long sober and industrious in their habits, gave way to drinking *after* having been for some time subject to fits of low spirits, for which no cause could be assigned.

Symptoms.—The first observable symptoms of this disease are, frequent fits of depression of spirits, gradually becoming more permanent. Alternating with these fits of depression, there are periods during which the patient is restless, morbidly sensitive, and extremely irritable. As the depression passes into confirmed melancholia, it is associated with suspicion of others, fear of impending but undefined evil, fear of the soul's loss, refusal of food, and not uncommonly persistent delusions, hallucinations of the senses, and determined suicidal tendency. In some cases there are transient paroxysms of excitement, more or less maniacal, during which the patient is dangerous to others, but distinct homicidal impulse is rarely met with; while monomania of pride and delusions of exaltation are still more uncommonly seen. It is somewhat curious to remark, that in this form of insanity the majority of the patients more or less readily admit that they are insane; they rarely if ever complain of being considered insane, and placed in an asylum; on the contrary, many of them express a sense of security at being placed in an asylum, and a fear of being left to themselves not unfrequently induces such patients to place themselves under treatment; and it is by no means rare to hear such patients remonstrate with the physician on being told that they are well enough to go home, and say "that, although they feel well enough in the asylum, they are afraid to *trust themselves at home in case something should befall them.*"

The foregoing mental symptoms occurring *as a group* are, I think, perfectly characteristic of climacteric insanity. They are identical with those seen in climacteric insanity in the female, and they are met with as a group only in that form of insanity which occurs at the climacteric period in the male or female.

There are two forms of insanity occurring in men between 40 and 60 years of age, which may be confounded with climacteric mania properly so called. The one is that form of insanity which is produced by long-continued intemperance; the other is premature senile dementia, the result either of atheroma or of fatty degeneration of the vessels of the pia mater.

The first, or that produced by long-continued intemperance, is distinguished,—1*st*, by its history; 2*d*, by the character of the delusions with which it is accompanied, which are much of the same character as those seen in delirium tremens,—such as fear of robbers, of assassination, of dogs, rats, or snakes; the fear being of *well-defined evil*, and not (as is invariably the case in climacteric mania) of *undefined evil*, of some impending doom, or of eternal loss; 3*dly*, by the unconquerable aversion to treatment, control, or moral restraint, and by the inordinate craving for stimulants, and a determination to gratify that craving on the first opportunity; which are more or less manifested in all cases resulting from intemperance, and which are never seen at all in purely climacteric cases. The second, premature senile dementia, is distinguished from climacteric insanity,—1*st*, by the progressive impairment of the mental faculties, more especially by the marked loss of memory, which is never seen in climacteric insanity; 2*d*, by the absence of the delusions before described (fear of undefined evil, soul's loss, etc.), by the absence of dangerous propensities, and of suicidal tendency; 3*d*, by the presence of the arcus senilis; 4*th*, by the hardness and tortuosity of the arteries.

Bodily Condition.—In the male, as in the female, this form of insanity is most frequently of an asthenic type; the bodily condition is generally weak, not unfrequently emaciated; the digestive functions very much impaired, and the bowels sluggish if not obstinately confined; the pulse is weak, easily compressible; the face pale, haggard, and bloodless; the tongue dark and furred; and the breath exceedingly offensive.

Mental Symptoms. — The subjoined table shows the relative frequency of the mental symptoms in 60 cases:—

TABLE II.

Melancholic,	52
Suspicious,	23
Fear of undefined evil,	45
Fear of soul's loss,	18
Excited,	23
Suicidal,	27
Refusing food,	18
Dangerous to others,	4
Homicidal,	1
Exalted delusions,	3
Demonomania,	4
Hallucinations of hearing only,	3
..... of vision only,	...
..... of both these senses,	4
..... of smell,	...

Melancholia.—It is seen from this that melancholia existed in nearly all of the 60 cases. This melancholia, which is generally the first symptom manifested, shows itself in the same manner and is of the same type as that which is so characteristic of climacteric insanity in the female. It is first seen in the form of transient fits of depression of spirits, accompanied by a desire for solitude, a dislike to undertake any exertion mental or bodily, and a morbid sensitiveness and irritability quite at variance with the patient's natural disposition. The morbid sensitiveness and irritability shows itself in the patient's magnifying the most trifling annoyances, and resenting the want of sympathy in all his fancied troubles as a positive neglect. These transient fits of low spirits are most common in the morning, passing off towards night. It is at this stage that that craving for and undue indulgence in stimulants is frequently manifested to which I before alluded, and which is often stated to be the cause of the insanity, but which I believe is more frequently its result. As the disease progresses, the melancholia becomes either fixed and permanent, or alternates with periods during which the patient is restless and excited, watchful of the conduct of all about him, and very frequently the next symptom I notice is seen.

Suspicion of Others.—It is seen in Table II., that in 23 of the 60 cases, or more than one-third, this symptom was met with. It would seem from this to be more generally present in this form of disease in men than in women, as, in the 200 female cases before referred to, it was met with in 63 only, or rather less than one-third. The first evidence of the presence of this symptom is the patient becoming watchful of the most trifling actions of the other members of his family. As the disease progresses and the suspicion becomes a fixed delusion, the patient attributes the most artful and evil motives to the most harmless and innocent actions; he becomes more and more reserved, surrounding all his own doings with great mystery, and viewing all the doings of others with deep distrust. As in the female, so also in the male, the suspicion is almost invariably of the patient's nearest relatives. He suspects them of conspiring to obtain possession of his money, or of an intention to poison him. This last suspicion generally leads to refusal of food, afterwards to be noticed. Suspicion sometimes gives rise to paroxysms of excitement, during which the patient may threaten or attempt violence against those whom he suspects. Long-continued and deeply-rooted suspicion of the patient's nearest relatives not unfrequently leads him to meditate and attempt suicide, under the impression that he is viewed as an encumbrance, and that his death is longed for by his family. I may here remark, that the well-intentioned but clumsy and exaggerated attempts of the patient's friends to remove this suspicion only serve to increase it. The suspicion of climacteric insanity is peculiar, in being almost entirely confined to the patient's relatives, most commonly his wife or children, and

rarely if ever being directed—as in senile dementia, insanity caused by sunstroke, etc.—against perfect strangers, medical attendants, or servants.

Closely associated with the two foregoing symptoms, and strikingly characteristic of and peculiar to climacteric insanity, both in the male and female, is *fear of undefined evil.* This symptom was present in 45 or three-fourths of the 60 cases. This fear of some impending unknown evil gives rise to a very peculiar expression of terror in the patient's face, accompanied by a shrinking startled manner, with great sleeplessness and restlessness. Although it would appear to be more common among men, the terror is not in them of such an intense kind as is seen in women. In men this fear seems to add very much to the general gloom and despondency; but it does not, as in women, take such complete possession of them as to make them shriek loudly for help, or crouch trembling in a corner, moaning, and wringing their hands. One of the most common and characteristic evidences of this fear is the use of such expressions as, "When are ye going to do it?" "When will it be?" "I wish it was over." I have frequently asked patients to describe this fear, or rather to say *what* they were afraid of, and they appeared quite unable to do so, further than to say that there was "something awful hanging over them," or "they felt some terrible thing was going to come upon them." Some, however, described this fear as the dread of some unknown but terrible form of death they sooner or later must die.

The dread of this unknown form of death was such that it induced *three* patients who were continually oppressed by it to attempt suicide, and yet none of them could describe the form or mode of death the fear of which was so terrible. Fear of undefined evil is often accompained by, but is quite distinct from, the next symptom I notice, viz.:—

Fear of the Soul's Loss.—This was present in 18 or less than one-third of the 60 cases. As in women, so also in men, this delusion is generally the result of an overpowering conviction in the patient's mind of his own unworthiness, in consequence of his many grievous sins. In addition to this, most of the above cases expressed the distinct delusion, that they had been guilty of "the unpardonable sin," and were on this account eternally lost. The delusion of the unpardonable sin would appear to be more common in men than in women. It may appear somewhat strange, yet it is nevertheless undoubtedly the case, that suicidal tendency is most determined and persistent in those patients who are constantly expressing the above delusion. This delusion is exceedingly difficult to combat; indeed it would seem best not to attempt to do so at all by arguing on the subject with the patient, but to trust to its disappearing with the other symptoms of the disease on the re-establishment of the general health; because it is very frequently seen that the patient, in arguing on this subject with his friends, has had his belief in the

delusion strengthened by the very anxiety which they show and the strenuous efforts which they make to convince him of its fallacy.

Excited.—In 23 of the 60 cases there were attacks of excitement, more or less prolonged, but in none of these cases did the excitement amount to acute mania. It would be better described perhaps as a very aggravated restlessness, and inability to sleep or even to lie still for any length of time. Excitement would appear to be less frequently seen and is certainly less maniacal in this form of insanity in men than in women. This excitement, when caused by deeply-rooted suspicion, is sometimes accompanied by threats of and attempts at violence, rarely by suicidal impulse; when, as is more frequently the case, it is the result of intense fear of unknown evil, the patient is rarely threatening or violent, but is generally, on the other hand, very suicidal.

Suicidal.—Of the 60 cases, 23, or nearly one-half, had threatened or attempted to commit suicide. It will be seen that the proportion of suicidal cases is considerably larger, in this form of insanity, in the male than in the female (see previous paper), which is in accordance with the generally-entertained idea that suicidal tendency is more common among men than women. I am, however, inclined to think, from what I have seen of suicidal tendency, not only in climacteric insanity, but in other forms of insanity where it is met with, that in women the suicidal determination is more persistent than in men, more carefully concealed, and the means used to effect their purpose more outré, and such as are rarely if ever employed by men. Thus, a man tries to destroy himself by blowing his brains out, or by poison, by cutting his throat, or by hanging, drowning, or precipitation, and watches his opportunity to effect his purpose by one of those means, no other method occurring to him as practicable; whereas a woman, failing any of the above, will swallow reels of cotton, pieces of glass, pebbles, etc., or thrust needles into her breast, in hopes of penetrating the heart, deliberately set fire to her clothes, and endeavour to prevent any one extinguishing the flames, utterly regardless of the pain they cause, or (as quoted in previous paper) with a grotesque ingenuity strikingly feminine, fill her shoes with water and sit in wet feet, knowing she was getting calomel from the doctor, and believing that under these circumstances a cold would prove fatal.

I would further observe, with regard to suicidal tendency, that it is more commonly manifested in this form of insanity than in any other, with the exception of puerperal insanity alone; that it is almost invariably associated with melancholia, fear of some terrible undefined evil, and fear of the soul's loss, and is most determined and persistent in those who express the last-named delusion; that it is sometimes dependent on demonomania alone, and that at other times it is seen in connexion with hallucinations of hearing, without melancholia or the above delusions. It is hardly necessary to add, that suicidal tendency is a symptom demanding the most careful

watching, inasmuch as it frequently exists, carefully masked and concealed, long after the delusions with which it was accompanied have ceased to be expressed, although undoubtedly still harboured by the patient.

Refusal of Food.—This was met with in 18 cases. In all those cases the refusal of food was determined and persistent, and the patients required to be fed by the stomach-pump. In several other cases the patients had refused all food previous to their admission; but as in these the refusal was the result of suspicion of poisoning, it was not persevered in after admission, the suspicion being entirely confined to the patient's relatives. Again, patients not unfrequently persevere in refusal of food till they see the stomach pump, when its somewhat formidable appearance induces them to forego their resolution. Refusal of food may be the result of suicidal impulse, in which case it is generally very determined, and can rarely be overcome by advice or entreaty, and the patient requires to be fed; or it may be the result of distinct delusions, as, that "food turns to fire in his inside;" that "his bowels are full of holes;" or, what I have frequently heard expressed, that "his bowels are stopped up, and nothing can pass through them;" or it may be the result of fancied instigations or injunctions, as is seen in those who have hallucinations of the senses, or more rarely in *demonomaniacs;* lastly, it may arise, as before stated, from suspicion—in which case it is rarely very persistent. In this last case, where the patient refuses food from a suspicion of poison, it has been recommended that food should be left about, as if accidentally, in the patient's way, as it is known that patients who refuse food regularly set before them will often eat voraciously, when unobserved, what they can find in this way. But it may be doubted whether this is judicious; whether, on the contrary, it is not calculated to foster those suspicious delusions the removal of which is one of the principal objects to be attained. It may be doubted whether, if the patient were forcibly fed, he would not far sooner become convinced of the absurdity of his suspicions than if he were allowed to refuse his regular meals, and pick up such scraps as he thought were left accidentally, and consequently unpoisoned, lying about.

Dangerous to Others.—Of the 60 cases, four were described as dangerous to others, having both threatened and attempted violence. Three of the above were dangerous only while under the influence of excitement produced by suspicion, and in one case by demonomania; but the fourth was the case of a man who was never either excited or suspicious, who never expressed any delusions, or was subject to any hallucinations, but who was seized at various times with a homicidal impulse, which he himself described as almost irresistible, and which made his life so miserable that he frequently meditated suicide. His repeated declaration that he would kill either himself or somebody else led to his being placed in the Asylum; and as his case presents peculiar features, and possesses

some medico-legal interest, I may be pardoned entering somewhat into its details.

The case was that of a farmer from the most northern district in Scotland, 57 years of age. He had suffered from a previous attack when 47 years of age, brought on by drinking. During this attack he had been violent and excited, was placed under treatment, discharged recovered, and since that time had remained (for ten years) perfectly well and habitually temperate.

Fourteen days previous to his admission, he is stated to have become "unsettled in his manner, restless and sleepless;" expressed himself as in "constant dread of doing some one an injury," and as feeling quite unable to restrain himself. He afterwards threatened to cut off his wife's head with an axe which he saw in the kitchen, and said, "he had the greatest difficulty in restraining the desire to murder somebody." In consequence of this he was sent to the Asylum by his son. He was quite willing to be placed under treatment. On admission he appeared very quiet and reserved, but was sullen in his manner of answering questions, expressed himself as wretched and miserable, and said two or three times, that "he was afraid he should do something awful." His appearance was very striking. He was 6 feet 4 inches in height, and of herculean proportions; his face was haggard, and wore a desponding expression, occasionally momentarily relieved by a transient gleam in his eye, almost undescribable, which suggested the idea that he was then picturing in his imagination the perpetration of some violent and tragical deed. His bodily health was much disordered, the digestive functions considerably impaired, and the bowels obstinately constipated. Although taciturn and reserved, he was civil and obliging, and was much liked by the other patients, and by the attendants from the quiet unobtrusiveness of his manners. As his bodily health improved, the gloomy despondency he exhibited on admission gradually wore off, and he was induced to work in the gardens. I had frequent conversations with him regarding his homicidal impulse. At first he avoided the subject, but subsequently he spoke most freely of it, and described his feelings as follows:—He said, that "when at home he often felt very low and depressed in spirits;" that frequently while, in these "low fits," he was seized with an "awful impulse to kill some one, any one in fact." This feeling came on him most strongly one day. He came into the house and found his wife alone in the kitchen; she had been chopping wood, and the axe was lying near her. "When I saw the axe," he said, "I could hardly keep from splitting her head." He had no dislike to his wife. He afterwards threatened her life; and he declared he very often had this feeling, *always when he saw a weapon.* I asked if he ever felt the impulse in the Asylum, and he said, that although he had the feeling sometimes, it was quite different; that he never felt that he was unable to restrain himself. "I'm not afraid of myself here,—I

know I'm in a madhouse." But he would add, "I'll be always that way again when I go out."

After being some months in the Asylum, during which time he had been employed in the garden, and was induced to join actively in the amusements, his bodily health was quite restored; the deep depression from which he suffered had entirely disappeared, and he admitted that he was free from the terrible impulse above described. Under these circumstances, his son was anxious that he should go home; but he most strongly remonstrated against this, and said, that he was certain "something would happen;" that he would injure himself or somebody else. He also said he was sure "all the old feelings would come back on him." His discharge was made out shortly after this; and his son being exceedingly anxious to get him home, his passage was taken in the steamer. He left the Asylum accordingly with his son, but only went as far as the gates, where he turned, and positively refused to leave the place. He remained a month longer in the house, apparently quite well, and was again discharged. This time he appeared to have quite made up his mind to go, bidding the patients goodbye, promising to write, and so forth; but he returned the next morning, saying he felt he was getting dangerous, and losing his self-control. He remained several months longer in the Asylum, became cheerful, active, and appeared to take a great interest in the other patients. Although still unwilling to leave, he took a much more hopeful view of his own condition, and at his son's request was discharged as relieved and went home. I ascertained a fortnight ago (on the 12th April), that he has continued ever since, as he now is, perfectly well.

Remarks.—I consider this man as a climacteric case, because, although failing to exhibit some of the most characteristic peculiarities common to the majority of such cases, his insanity supervened at the climacteric age without any assignable cause, and was accompanied by such disorder of the general health as indicated a constitutional change, and because the history, symptoms, and result of his case bore a striking resemblance to those of many climacteric cases. I observe, with regard to his case, that it furnishes an instance of what is undoubtedly very rare, namely, homicidal impulse without any co-existent impairment of the intellectual faculties, without either delusions or hallucinations, and unaccompanied by any other symptom of insanity except profound depression. That this man would be considered insane, not only by medical men, but by those guided in their judgment by common sense alone, cannot be doubted; for it must be admitted that so morbid an impulse, unconnected with any motive whatever, is as strong a proof of unsoundness of mind as any one or more of the ordinary expressed delusions of the insane. In a medico-legal point of view, his case is interesting, as showing that a form of insanity undoubtedly exists under the influence, and as the result

of which a man may commit homicide, but which, as it is not recognised by law, affords no palliation of the crime, and does not prevent the deliberate infliction on the victim of disease of that punishment merited only by the criminal of perfectly sound mind, actuated by the basest motives which can disgrace humanity. There can be little doubt, that if the man whose case is here detailed had not been placed in an asylum, he would have killed some one. There can be even less doubt that, had he done so, in the existing state of the law he would have been hung; and there can be no doubt whatever, that such a vindication of the law would involve a gross violation of the principles of justice.

The remaining symptoms require only a brief notice.

In 3 only of the 60 cases were delusions of an exalted character met with; they differed from the delusions so common in general paralysis in being more transient, and in not being frequently or vociferously expressed.

Demonomania.—Of the 60 cases 4 were demonomaniacs; they were all suicidal, and one of them, as before stated, was dangerous.

Hallucinations of both vision and hearing existed in 4 cases. Of these, 2 recovered, 1 was removed unimproved, and 1 died.

Hallucinations of hearing alone were present in 3 cases, 2 of whom recovered, and 1 died.

Results.—I now consider the results of the 60 cases:—

TABLE III.

Of 60, . . .	34 recovered.
„ . . .	7 became demented.
„ . . .	3 removed improved.
„ . . .	7 died.
„ . . .	9 removed unimproved.
	60

It is seen from this that recoveries took place in the ratio of 56·7 per cent. This is much higher than the average per-centage of recoveries from melancholia in general, which is stated by Huslane to be only 27 per cent., although Dr Tuke found it as high as 54·88 at the Retreat. The duration of the disease in those who recovered is as follows:—

TABLE IV.

	Number of Cases.
Under 1 month, . . .	1
„ 2 months, . . .	1
„ 4 „ . . .	17
„ 6 „ . . .	5
„ 8 „ . . .	4
„ 1 year, . . .	1
„ 2 years, . . .	4
Over 2 „ . . .	1
	34

It is seen from this that the duration of the insanity in the majority

of the recoveries was less than four months, an important point in favour of the curability of the disease.

The causes of death were as follows:—

Apoplexy,	1
Dysentery,	2
Exhaustion from prolonged excitement,	2
Cardiac disease,	1
Bright's disease,	1
	7

This rate of mortality is so low as to demonstrate that, apart from suicide or organic disease, this form of insanity has little tendency to a fatal termination.

Treatment.—The means of treatment suggested as most likely to be successful in climacteric insanity in women are equally applicable to the treatment of the same disease in men.

They are, 1*st*, The immediate removal of the patient from home, and from the influence of the scenes and associations in connexion with which the disease was first developed; the separation from the society of relatives and friends, who, in their mistaken kindness, minister to a morbid craving for sympathy, or endeavour to combat delusions in a manner which, however well-intentioned, rarely if ever does any good, and very frequently has a most injurious effect.

2*d*, Placing the patient under a well-regulated system of moral discipline and control, by providing occupation (as especially work out of doors), amusement, and exercise at regular hours.

3*d*, Good nourishing diet, together in many cases with stimulants, is indispensable to the proper treatment of a form of disease so intimately associated with a weakened and frequently emaciated bodily condition.

4*th*, Gentle laxatives and tonics are in most cases required, owing to the torpidity of the bowels and the impaired activity of the digestive functions.

5*th*, Narcotics undoubtedly form one of the most efficient means of alleviating and curing this form of insanity. The cases most suitable for this method of treatment are those chiefly which are characterized by a general feebleness of the circulation, and a well-marked anæmic state of the system. In such cases, both of men and women, I have seen large doses, such as two drachms of the solution of the muriate of morphia, given nightly for a lengthened period, attended with the most beneficial effects, and without any disturbance of the general health. It is almost unnecessary to add, that the exhibition of such powerful doses must always be continued under strict supervision, and must be gradually diminished and carefully withdrawn before the patient is left to his own control.

In many cases, however, morphia does disagree with the patient,

and other narcotics must be substituted. Those which I have found of most service are,—the tincture of hyoscyamus, and the tincture of cannabis indica. These medicines require to be used in larger doses than in ordinary practice; but the requisite dose can only be arrived at by a gradual increase of the ordinary medicinal dose, up to that by means of which the desired object of natural repose is attained.

6*th*, The other indications of treatment consist in the removal of all local causes of irritation, and the re-establishment of the general health in accordance with the recognised code of therapeutics.

Conclusions.—From the foregoing description, I draw the following conclusions:—

1*st*, That there occurs in men between the ages of 48 and 60 a form of insanity, accompanied by more or less constitutional disturbances, which, in its symptoms, progress, and results, is identical with the insanity met with at the climacteric period in the female, and which may therefore with propriety be called climacteric insanity in the male.

2*d*, That the symptoms of this form of insanity are so characteristic as to render it easily recognisable.

3*d*, That this is the most curable form of insanity associated with melancholia which occurs in men, the recoveries being in the ratio of 56·7 per cent.

4*th*, That the duration of the insanity in curable cases rarely exceeds four months.

5*th*, That this form of insanity, apart from suicide or organic disease, rarely tends to a fatal termination.

6*th*, That the most important indications of treatment are,—early removal from associations and friends; careful watching; occupation, as especially out-of-door work; nutritious diet; and the judicious administration of narcotics.

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