

## **Browne, W. A. F. - Problems for Pathologists**

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# PROBLEMS FOR PATHOLOGISTS

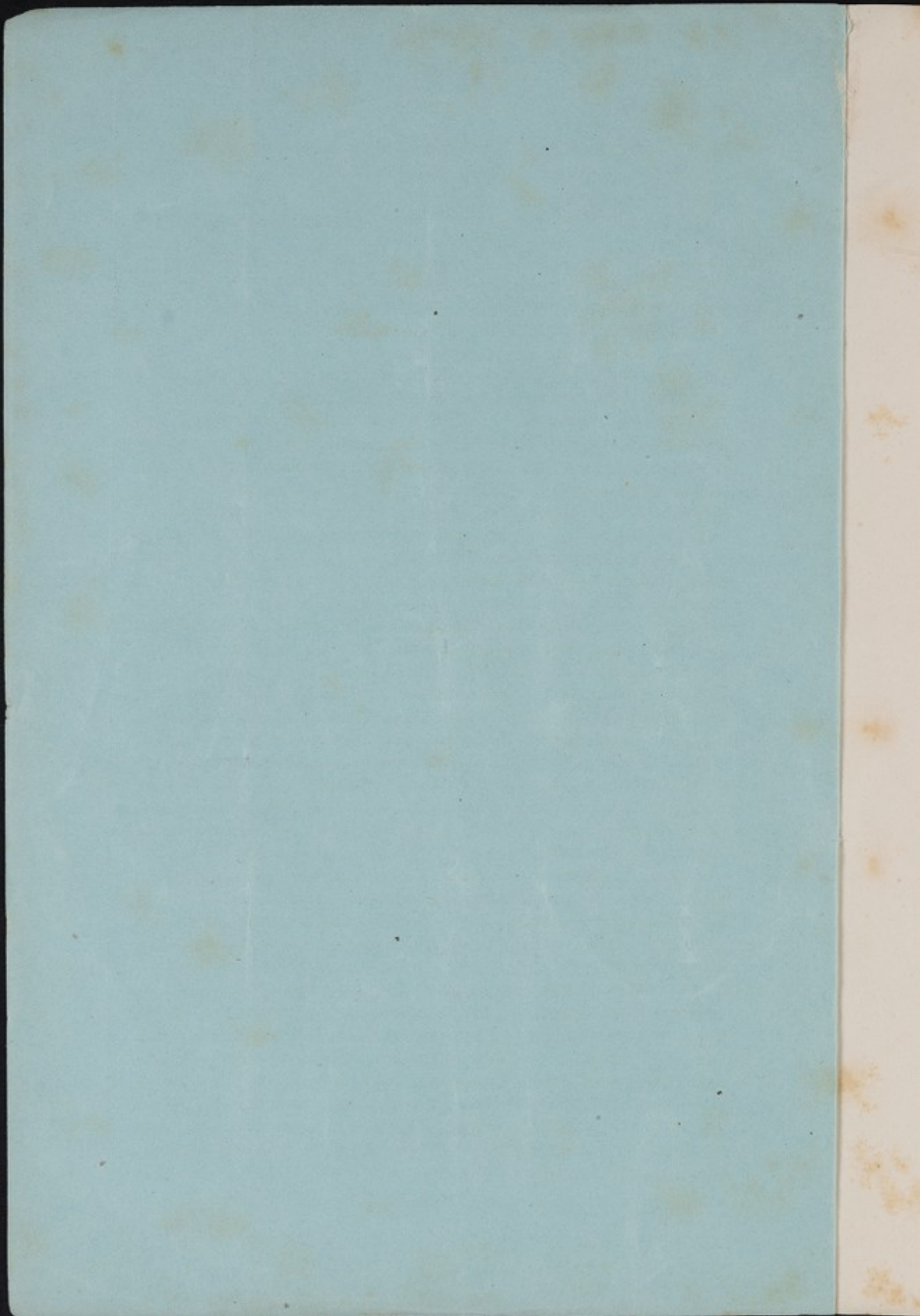
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## PROBLEMS FOR PATHOLOGISTS.

ALL medical men conversant with the progress of insanity when under observation in public hospitals, all who have lived long with the insane, must have noticed how perfectly compatible grave lesions of the nervous system are with longevity, usefulness, and even enjoyment; and, likewise, how compatible the phenomena of the gravest forms of mental derangement are with the retention and exercise of a large amount of intelligence, even of fancy, and of the acquirements and accomplishments which adorn the sane. It is not my intention at present to embrace these propositions except where they incidentally and indirectly are connected with subjects in which it would appear that both medical science and medical logic are at fault, or have hitherto been set at defiance by the difficulties attending the investigation. It has been assumed, and, I conceive, rightly assumed, that the brain is the organ of the mind, or in some manner connected with the manifestations of mental conditions or faculties; but it has been further assumed, rightly or wrongly I shall not at present say, that in every mental act, and in every phase of consciousness, from the perception of the odour of a flower to the most profound and protracted philosophical or mathematical ratiocination, there is a corresponding structural change in the cerebral matter or its dependencies; that the slightest disturbance, or disease, or suspension in such acts or phases is attended with or caused by a corresponding morbid alteration or destruction of a portion of nervous matter; and, thirdly, that the psychical element of our nature must be material, or a quality, or a condition, or a secretion of matter. Now, before "leaping in the dark" to a conclusion upon so important a hypothesis, it would be prudent for pathologists to attempt some solution of the problems, or, as I might fancifully term them, the Conundrums, involved in the following considerations:—

I. Mania Transitoria is, from the shortness of its duration, perhaps from the rarity of its occurrence, seldom noticed except when defined *ira brevis est furor*, or when accompanied or followed by certain of those frightful tragedies which cast a doubt upon the real nature of this affliction. It has, however, been recognised and described as a distinct form of mental aberration, by psychologists in America, France, and Germany, and upon it the plea of insanity has been founded in criminal cases in the United States.

Illustrations may be found in Esquirol, "Maladies Mentales," vol. ii. p. 99, who, in speaking of modifications of mania, designates them as *spontanée, momentanée*, and says "There are other monomaniacs who kill by instinctive impulse. They act without consciousness, without delusion, without motives. They destroy by a blind impulse, instantaneously, independent of their volition." In Marc, *De la Folie*, vol. ii. p. 473, under the title "Mania Transitoire ou Passagère;" in Dagonet, "Traité des Maladies Mentales," under the title "Monomanie Instinctive sans Delire, Impulsive, Restreinte-oligomanie," &c.; and in Jarvis, *American Journal of Insanity*, 1869, vol. xxvi. p. 1, who, under the title "Mania Transitoria," affords the most ample and reliable account of the disease which we have met with. From him, an Englishman in language, habits of thought, everything but birth, I shall quote certain of the characteristics of this psychose. It is described as a form of mental disorder appearing in healthy persons suddenly, disappearing rapidly, and leaving no trace behind. It has very often been connected with violent and sanguinary deeds which would have consigned responsible agents to the scaffold. Its duration may be for minutes, hours, days, but on recovery there is no recollection whatever of the events which have occurred during the existence of the paroxysm. This gap in time and memory is invariable, whether restoration to consciousness has been effected by or independently of treatment, such as bleeding, &c. The excitement or perversion sometimes eventuates in epilepsy, and has been supposed by Dr. Maudsley to be an analogue or substitute for such a seizure. Remorse may succeed the perpetration of crimes during this condition, but it resembles the penitence of the inebriate, which concerns a fact or facts narrated by others, but of which the actor has no cognisance. Many cases, however, involve no offence against the law or propriety, but are merely marked by extravagance, folly, incoherence, or by a temporary revolution in the feelings and faculties of the patient. These instantaneous changes may recur frequently during life, or subside at once and leave no indication or impression on the strength or stability of the mind. In certain instances delusions have pre-existed, and in others the individuals have belonged to families where the tendency to hereditary mental disease had been demonstrated. Though rare—and many psychologists have treated thousands of lunatics and have not met with a single example of Mania Transitoria—yet the industry of Tuke has collected, from various chronicles and countries, about 75 cases. Many years ago I met with two striking illustrations in lads of 14 and 17, of vivid imagination and nervous temperament, but who were at the time in excellent bodily health, and have not manifested, either then

or since, any species of alienation. In one the attack ceased in the course of twelve hours, in the other it continued several days.

What then are the relations between our physical and psychical nature under such circumstances? If the cells in the cortical substance be engorged, or in any way degenerated, in what manner can the cause, or the removal, or the operation of this fugacious state be explained? Is the mental orgasm independent of physical causes, concomitants, or other circumstances?

II. General Paralysis of the Insane may be briefly described as an affection of the cortical substance and of the sensori-motor system, as characterised by paralysis gradually involving all the muscles, and by mental perversion generally evinced by exaltation of ideas, by delusions as to rank, riches, and power, although sometimes ushered in by depression; by modifications of aphasia, as most frequently affecting the male sex and as incurable. Its duration varies from months to many years, but, should death occur during the first stages of development, no lesion has been detectable, but in the second it has been asserted that "persistent spasm of the blood-vessels leads to change in their component elements, especially in the muscular substance." This is obviously a secondary effect, and the primary origin must be sought in that hypothetic nervous irritation which may be either the cause or the consequence of the blood changes. While the post-mortem appearances must differ in accordance with the progress of the disease, and, it may be, in accordance with the general mental condition, whether that be maniacal, melancholic, &c., in conjunction with the special features of ambitious delirium and the delusions which have been specified, the following detail may be accepted as a fair exposition of what has been observed in all the stages, even where death was preceded or produced by convulsive attacks. "Serous infiltration of the cortex of cerebral hemispheres, its state of separation, of bloody injection, its mixture with granular elements, either on the walls of the vessels or on the surface of the large nerve-cells, the state of the injection of the vessels of the white matter, the development of the corpora striata, the presence of molecular granules and collections of small cells in the midst of the grey matter in the same bodies, the dilatation of the vessels of the cerebellum and of the pons, the formation of granular products on the vessels, or in the grey substance of these same regions; finally, the dilatation of the vascular network of the pia mater, and its infiltration, either serous or sero-sanguinolent, with the formation of granular elements." These details have been

copied verbatim from Dr. Edward Long Fox's work on "Pathological Anatomy of the Nervous Centres" (pp. 203-211), as affording a more complete view of the whole subject than could be collected from the monographs from which they are drawn.

Calmeil, accredited the discoverer of this disease in the aspect under which we now know it, regarded it as periencephalitis, and gives a record of forty-five brains examined microscopically, of which the following is an epitome:—"The capillaries are diseased in various ways, abundant extravasations of fibrine are often found; many secondary products are met with, especially in that form of the disease which is complicated with phenomena of an apoplectic or convulsive form."

When the extensive and irremediable ravages here delineated are considered, it is startling to find the following contrast to this supposed continuous downward course of the malady which they represent. Baillarger, the highest living authority in France, is inclined to regard arrestment in the advance of General Paralysis as rarely veritable. When the disease is simple, the paralysis and dementia by which it is characterised may disappear, but if maniacal, melancholic, monomaniacal, these characteristics continue during the remission. He quotes Marcé as affirming that remissions occur when General Paralysis begins with mania, agitation passes into calm, embarrassment of speech diminishes, and ambitious ideas fade away; from endless ideas of greatness, muscular infirmity, debility, and maniacal vehemence, the patients pass as if by enchantment to an almost normal state, renouncing their errors, lowering their pretensions, and recovering their muscular force. When the inevitable and fatal issue of General Paresis was less known, I confess to have been guilty of discharging at least two patients as recovered, in whom all symptoms of General Paralysis and other diseases of the nervous system had entirely disappeared, and who presented the features of robust and rubicund health, but who ultimately succumbed under the malady. It is not necessary to obtrude upon pathologists the perplexities created by the remark of Baillarger in the article above quoted, from the *Annales Medico-Psychologiques*, Mai, 1876, that when General Paralytics die during mania, melancholia, or in their absence, precisely the same structural changes in the brain are found; by Calmeil, that in the same encephalites the morbid manifestations greatly vary; by Dickson that no one would be justified in declaring any brain presented to him to be that of a madman; but I do conceive that they are called upon to prepare answers to the following queries. 1. Are the psychological excitement, exaltation, and delusion, to be regarded as the factors or promoters of the physical degeneration? 2. Are

we entitled to hold that the physical degeneration was stayed, disappeared during the cessation of mental disease, giving place to healthy structure? 3. Are we entitled to hold that the resumption of apparently healthy mental action was compatible and co-existent with persistent structural degeneration?

III. It is not my intention to insist here upon the origin or nature of Lucid Intervals, which, according to Giuslain, amounted to 60 per cent. in the patients which had passed under his notice, as the subject is of too wide a compass. There are, however, occasionally brief periods in the history of Dements, chiefly connected with excitement, during which the long dormant or dead faculties or feelings are awakened, revivify and present a store of memories and a strength of reasoning altogether unexpected, and inconsistent with long-established feebleness and fatuity, and which pass away with the same inexplicable rapidity which mark their development. Dr. Pliny Earle presents the interesting picture of a juvenile Dement, who, during one hour, but no longer, was roused from his apathy and taciturnity, displayed such marvellous humour and joyousness as to excite the fun and frolic of his wondering companions, and then subsided into his former silence and stupidity. Pain has produced a similar resuscitation, and in Dements as well as other lunatics there is sometimes a euthanasia, a waking or lighting up before death, which it is very difficult to reconcile with chronic disease, prostration, and impending dissolution. With what cerebral condition then can these sudden flashes of restored intellectual light, after a darkness created and maintained for years by the presence of brain-wasting, hypertrophy or consolidation of tissues, connective or otherwise, be identified, it is for the Pathologist to say.

IV. It is not proposed to enlarge upon the spontaneous recoveries from various forms of madness, nor to advert to the phenomena of recovery at all, except where such happens after long periods of mental aberration. Many years ago a patient of my own, who had passed 16 years in deep melancholia, sometimes disturbed by panphobia, and obviously merging into hebetude and dementia, incapacitating her for all occupation, even rational conversation, suddenly gave tokens of increased attention to what was passing around, greater amenity and repose of manner, gradually resumed various feminine works going on around her, and ultimately engaged with alacrity, happiness, and success, in teaching the young; as she had been, before the incursion of depression, a governess. She survived her restoration many years, but suffered from partial paraplegia, acute neuralgia, and ultimately died of what would now be called



embolism. A lady was placed under my care labouring under chronic mania, I think of one year's standing, haughty, vehement, irascible, and with manners so unsocial, and habits so degraded, that her relatives had secluded her in a garret, and pushed her food within the door without visiting her. The usual medical means failed, but she was induced to listen one evening to her national music, and when seen by me next morning, about twelve hours after hearing the ballad, she was perfectly well, and has, so far as I know, remained so since. Dr. Mead mentions a cure as rapid. But there are narratives of entire relief from mental disease after periods even longer than that stated above. Dr. Callender met with a case of recovery after madness had continued 17 years, Pliny Earle relates a similar event after the continuance of insanity for nine years, Dr. Kirkbride knew a cure after eight years' dementia. Dr. Green had under his charge a Baptist minister for 12 years, who, after his convalescence, performed his sacred functions; and a lady, who after 16 years of derangement, was restored to sanity.\*

The most recent contribution to this catalogue of memorabilia is contained in the annual report of the Glasgow Lunatic Asylum, 1875, just published, where Dr. Yellowlees relates that a lady labouring under melancholia with delusions for eight years, followed by feeble health and sedentariness, was prevailed upon to take exercise and join the evening amusements, when she gradually regained tranquillity and reason under the genial influence of card playing. Let whist be for ever engrafted upon the tree of moral therapeutics.

It seems fair to inquire from the pathologists where the healthy mind was during the 8, 12, 17 years of its obscuration? What, if psychical action depends upon physical conditions, was that condition which suspended intellect, or embittered life, and what constituted the key, natural or artificial, which opened the prison-house and admitted the rays of light, which in minutes, hours, days, &c., placed the sufferer in a healthy and responsible condition?

V. Every insane community may be divided into the idle, the industrious, the intelligent. The idle are unable or unwilling to engage in occupation. The industrious, though monarchs, millionaires, destitute of a body or human capacities, according to their own belief, and without object, reward, or interest, engage in severe and servile labour. The intelligent, while harbouring grotesque delusions, while incapable of undertaking the most trivial ordinary employments or responsibilities, and whose

\* *Transactions of Association of Medical Superintendents of Asylums, U.S.* 1873, pp. 26-36.

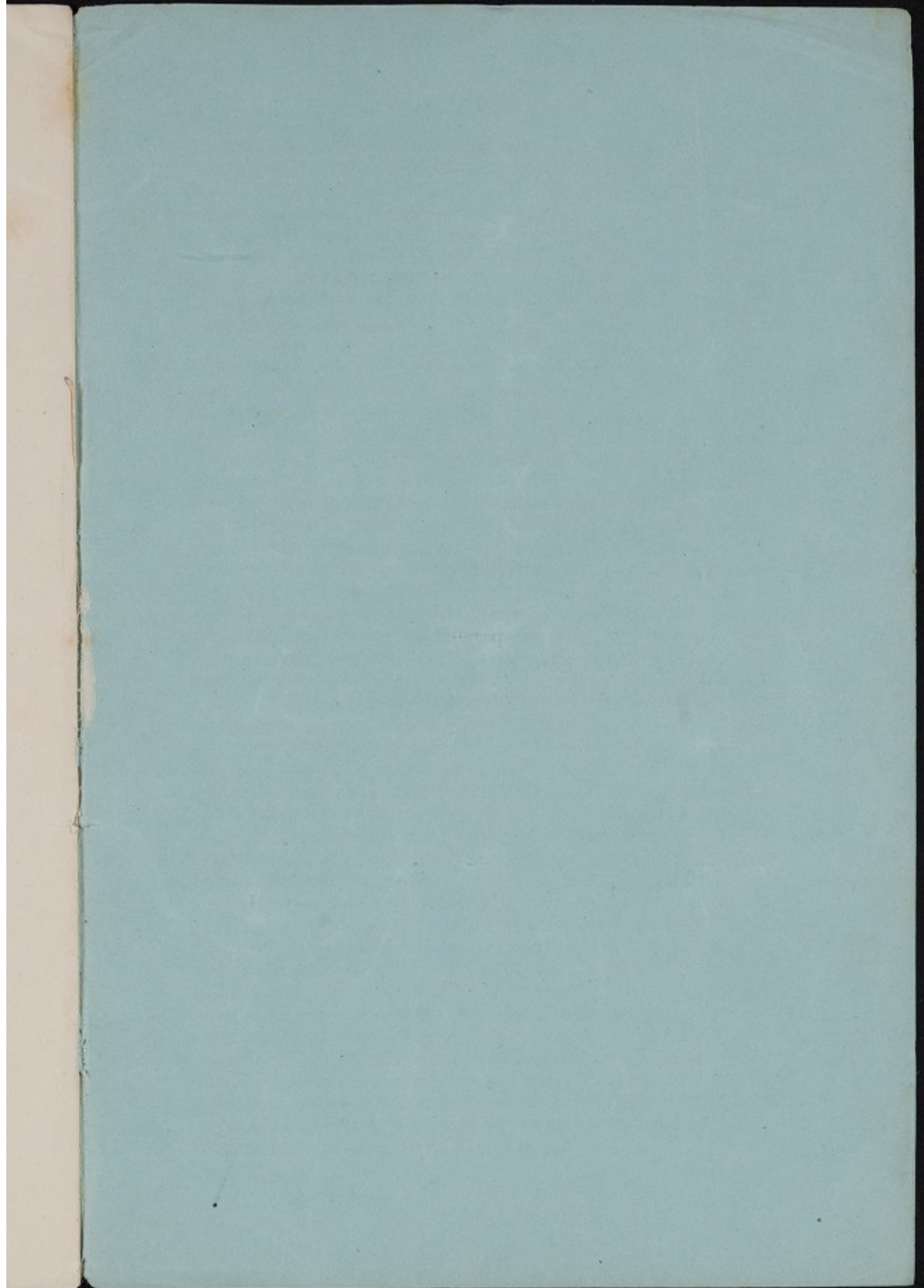
liberty would be incompatible with social or domestic order and harmony and with their personal safety, are found to manifest the gentlest sympathies, the highest and most difficult acts of intelligence, and to produce the most exquisite and perfect efforts in art or literature. It is most difficult to conceive how Mind in its unity can be at once healthy and diseased; but it is for the Pathologists to explain how a brain, or portions of it, can subserve to the display of functions or faculties not merely incompatible but contradictory; how an optic thalamus can eliminate at the same time and in the same person, absurd hallucinations and correct conceptions; how granular and fatty degenerated cells can at once obscure conceptions of right and wrong, identity, relation and responsibility, and yet retain the acquirements and refinements of an earlier stage of consciousness, and even contribute to creative acts in mathematics, painting, or poetry?

VI. The majority of medical men engaged in the treatment of the insane have witnessed rapid and inexplicable recoveries, where the aid of medicine had not been sought for, or could not be traced. Others have met with cures so sudden as to appear miraculous. It is a well-worn adage among alienists, that the most unpromising and intractable cases cast doubt and scorn upon prognosis by immediate restoration to sanity. Paroxysmal and intermittent forms of mental disease are not here alluded to; although when the healthy interval extends to a year ("Bucknill and Tuke's Psychological Medicine," p. 306), and where the transition is abrupt, such instances seem to be worthy of a place in the category of the wonderful. At present I have to deal with cases in which the cessation of symptoms of all morbid action is sharp, sudden, almost instantaneous. I have met with examples of such an event in mania, dementia, and hysterical mania. It is even better ascertained that if an attack of pyrexia, fever, &c., supervene during mental disease, sanity is at least temporarily restored. Again, the initiation of such affections may take place without premonition or incubation, generally, but not invariably, from moral causes. To cite the highest and the most recent authority upon this latter point, Voisin, 1876, in his "*Leçons sur les Maladies Mentales*," says: "Tout en ne niant pas les folies instantanées." It would be satisfactory could the pathologists determine whether the hyperæmia, anæmia, with empty canals, enlarged perivascular spaces, miliary aneurisms and dilatations, degeneration of cells, cylindrical axes and connective tissue, all such structural alterations being present in the forms of mental disease indicated, can appear and pass away as if by the wand of magic in a transformation scene?

VII. I do not here introduce the phenomena of double con-

sciousness, or their corresponding physical conditions ; as being too rare and too fugacious for the solvent power of the microscope. But instances do occur in which a total change, catastrophe, cataclysm in the mental constitution, follow important crises which are worthy of consideration. About thirty years ago there came to my knowledge the case of a lady mentioned, I think, by Dr. Abercombie, in his work on the Brain, who at eighteen married the object of her affections, with the approval of her family. She subsequently fell into a state of stupor and inertion so grave and prolonged that it became necessary to restore her to her original home. There she remained for a long period in a state of complete lethargy or trance-coma, mute and motionless, idealess, although all the natural functions were healthily performed. After a time she began to move her fingers, to open her eyes, to feel pain when pinched, and so forth. Then she became susceptible of and submitted to a re-education, acquiring a knowledge of knitting, music, writing, &c., but exercising these acquisitions in a manner totally dissimilar to that which had formerly characterised her. The crucial point of the narrative, however, is that she became perfectly sane, but that her former life, her former self had been obliterated ; that she had lost all recollection and knowledge of her parents, home, husband, all antecedents to the stupor ; that she learned to love her surroundings both animate and inanimate, but as a new creation, and gathered up knowledge of language, arts, &c., with greater celerity than a child could, but with no assistance, no point of departure from what she had been in her earlier years. But there is a more celebrated though less complete illustration of such an entire revolution of the mental constitution, recorded by Sir James Macintosh, in the words and on the authority of the subject, the Rev. Robert Hall. In the earlier half of his ministerial life this distinguished divine had been endowed with the most powerful and poetic imagination, which shed over his discourses a blaze of fervid and eloquent imagery. He was seized with insanity, and after one or two paroxysms, his recovery was marked, not merely by an incapacity to throw the light yielded by elevated sympathies and sentiments, and by the beauty of language, upon Scriptural truths, but by a logical coldness, precision, and prosaicism, which he could neither subdue nor soften. It would be well could pathologists ascertain whether persons thus afflicted, or changed, continued to think in their second stage of existence by the same brain as during the first, or whether an entire structural renovation had taken place, in which there was a preservation of personal identity, but a loss of personal memory and of characteristic powers and acquisitions ?

L. L. D.



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