Title | Notes on Insanity
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Notes on Insanity

Comprising

Prophylaxis
Case of Ante-natal
— Sexual Insanity
Post Mortem Statistics

W. D. W. Norton
M.B. C.M. (Edin 1830)

Much has been written of late about the
laws, diagnosis, Prognosis & treatment of
Insanity by those best fitted to treat of
the subject from their position as
Physicians to Asylums. I cannot suppose
that it is because of its unimportance
that less has been said about Prophylaxis,
but the nature of their office prevents
their being brought much into contact
with patients who do not show marked
symptoms of Insanity, except in the
occasional character of consultant.
Legislation also ignores Prophylaxis.
There are no statistics for the prevention
of Insanity (such as for example the prohibition
of marriage between insane persons or
them of insane diathesis) although there
are many for the care & detention of
the insane.

Legislation soon followed Public
opinion on the subject of drunkenness.
and we know how many elaborate acts
for the suppression of that vice, perhaps
if Public opinion were enlisted in the
behalf of Insanity (i.e. prophylaxis) we
might get a little legislation also.
But Society as a rule with all its
education is yet lamentably ignorant
of Insanity in all its bearings, so
we cannot look for much assistance in that
gap, at the same time it is from
Society that most efficient help
could be obtained if it were sufficiently
enlightened & educated, but till
this end is attained we must look
for Medical aid as represented by
the Medical Practitioners.

What can be done to prevent the
Increase of Insanity, (a) as a whole
(b) in certain individual cases which
are predisposed to it?

The most sure & only effectual
method is to remove the cause,
either by taking it from the community
or by removing the predisposed
individual from those surroundings
& influences which might operate
as a cause in him.
A.

Mendicancy is the most important and prolific cause supplying our asylum with a very large percentage of cases. It has taken so deep root that it is well nigh impossible to think of eradicate it, since this would involve the practicing such an amount of self-denial (by the abstention from marrying of all those with a history of or predisposition to insanity) as is foreign to most of our natures; moreover those from whom it is required are those least able, from their mental and moral weakness to perform it, while it is not required of those who are most capable of it.

We might reasonably hope that the Jewish family would extinguish itself, intermarriage as it sometimes the case in the fourth generation where intermarrying is continuous, but this desirable consummation is rarely attained, perhaps because of the occasional infusion of new blood, which serves the purpose of perpetuating the species while it gives variety to and counteracts strengthens the neurotic taint (an example of the continued effects of intermarriage is given by Clinton in his "Mental Disease," in his account of the Inshaven Fishwives).
Extinction is a costly process, it bespeaks to society in the last of its race a mere or less useless and objectionable person, the former represented by idiots, idiots, Deaf Mutes, Epileptics, &c. & the latter by that large class of natural criminals, who have no control over their affections and passions, who, after a round of broken and convict prisons, sometimes find their way to an asylum, where they frequently become a model of quietness and good conduct. Being in favourable circumstances and surroundings, others have the good fortune to find their way into reformatory or training schools.

Other Causes to be considered are Previous attacks Diminished Health. Ill Health, Old age, &c. Many of these bring alone or in conjunction with an exciting cause are capable of setting up an attack of Insanity.

Exciting causes which are immemorial may also act alone but more often with predispositions, as a few of the exciting causes, may be mentioned, Overwork, anxiety, grief, fright injury to head, drunkenness, the different periods of life, mental or nervous stress. This does not offer a very promising
field for prophylaxis, some of the causes we cannot avoid but are all obliged to encounter in the different periods of life and old age. Some we can guard against if possessed of sufficient self-control and others we cannot hope to escape altogether.

The most effectual course (viz. Previous attack) will if necessity be the last to be removed since this must continue in operation as long as there is a single case of Insanity.

Heredity

It is evident that the only way this is to be treated of is in regard to marriage. It would probably be too much to expect legislation for the prevention of marriage between persons of familial or proved neurotic taint, it would offend all our ideas of freedom and would be considered a gross interference with the liberty of the subject, but we have no objection to locking up one or more of the offspring in a neurotic asylum, it may be for life, so this same liberty of the subject is very dearly purchased.

We often hear people complain against the propensity of cousins intermarrying and are inclined to
Now, these express such enlightened views, until we find that they do not act up to these principles, the meaning of which has been quite sufficient for them. Every one will tell us that marriage of consanguinity is "a very bad thing," but this is only expressed as a vague general principle with but a half belief in it, since there seems to be no diminution in the number of such marriages as there would probably be, did they believe or where they associated with the evils likely to accrue from such unions. Certainly there are cases in which no evils arise, but these exceptions only prove the rule. Again there are cases in which it is allowable, where both sides show a clear bill of health, where there is absolutely no hereditary taint. When a man with hereditary taint marries a consanguine with only a slight one or none, there is as great a probability of an insane or neurotic offspring, as if he married a woman (being no relation) with a taint greater than his own.

Thus any little ties, eccentricity, or departure from a state of perfect mental health are indications in a
more, would tend to become more pronounced and intensified in the children by marriage with a relative. Thus supplying Dr. E it inherit some peculiarity or peculiarity from a common source A, that peculiarity would be more marked in their offspring if they would inherit it from two sources instead of one.

We see how in this way some cases of insanity may be traced back to their origin and may be accounted for by evolution. Possibly we might trace some little eccentricity down through successive generations, where intermarriage is in vogue until it culminates in monomaniac.

The opinion is often expressed that consanguinity generally keeps its effects; this is sometimes the case, and so far as it holds good, it goes to prove that intermarriage transmits the mental ideas and neurotic tendencies of both parents to the children in a more decided and developed form. If we examine the parents of such a child we shall rarely fail to find evidence of some neurotic taint in one or at least of the parents or at most of the parents, though it may be faint.
Again take two 1st cousin married. Both of perfect mental & bodily health far from all neurotic history (if such were possible) we find that the offspring of such union presents every sign of bodily & mental vigour. Drawing that it is not intermarriage of itself that is injurious but the power that it has of assimilating the weak points & defects of both parents and transmitting them to the offspring in an intensified form.

Intermarriage of Relations is most injurious not only upon distant but upon close ground.

We see by frequency of unfruitful marriages how nature protests against them. There seems to be an inherent tendency for all the morbid conditions constitutional defects to become magnified & further developedtake for example the children where both parents are strumous or rheumatic or vanity. Certainly it is not necessary for them to be 2nd relations to be of the same diathesis but where both these conditions exist the relationship strongly confirms the diathesis.

It must be admitted on all sides that marriage between insane persons (whatever form) is productive of that
learn to the community and the State, why then would it be going too far to state that said in the restriction of such marriages between asecric persons? If steps in to prevent the union of persons under age as being physically unfit, why should there not be the same restrictions placed upon those who are mentally unfit, or those from their family history or mental condition would be likely to produce offspring who might become a burden or trouble to the State, or even if the population decreased in consequence what it lost in quantity it would gain in quality? The prohibition also to extend to 1st Cousins.

A. B. with page.

Berownd of predisposed individual from those surroundings & influences which might operate as an exciting cause in him.

We know how much may be done, when means are taken early enough, for the prevention of convulsion in one predisposed by heredity, with care & in favourable circumstances in many altogether escape the disease. Naturally the earlier steps are taken the more favourable is the prognosis. Many of those who go abroad only to
die, would probably if sent earlier to able to return with renewed health, or if not, might remain abroad and live for years in the more favourable surrounding there obtained.

For example, let the child of Phthisical parents live altogether abroad in a warmer climate and so avoid the great exciting causes cold and damp which are nearly sure to take effect in his case. In all this we have some tangible thing to guard against, and a very simple way of doing so, viz., by removing to a warmer climate and avoiding exposure and dust, but I believe that, with care, careful education and proper training we might obtain almost as good results in mental diseases, but we must begin in childhood as early as possible and before any symptoms appear, having our treatment upon the symptoms which are seen in the parents, exercising our powers of observation and considerable patience.

Apart from Congenital Dementia, obesity in its different degrees, there are various forms in which are evidence of mental defects showing in children, sometimes by nervous phenomena, or exaggerated sensibility or precocity in this we have undue
Cerebral development at the expense of the physical powers is not that even balance between mind and body that there should be of the health is in inverse ratio to the mental capacity.

On the other hand, when there is the physical development greatly in excess of the mental, this is nearly always due to arrest of development rather than undue increase of the physical. This accounts to instability in some of its forms, in others are yet arrest of mental or physical development, even in some aggravated forms of Idiocy. Some say that mental deficiency is always accompanied by some degree of bodily weakness. This is probably true. Although in some cases where the mental weakness is slight, it may be difficult—if not impossible—to discover any physical defect. These cases exhibiting only slight mental weakness, form a most important section, as from their very weakness they want a great power to harm when not properly trained. The principal effect of this is a want of weakness of inhibition, some are unable to resist any temptation or control their passions. They are in fact, if placed in unfavorable circumstances, natural criminals.
some show a total want or perversion of the moral sense, some are subject to unreasoned fits of passion followed by exhaustion.

For most of these children, ordinary methods of education are unsuited, as they require a special training suited to their respective peculiarities.

It is a question to suppose that all children should be treated alike, taking no notice of the many varied phases of character, disposition, ability, it is in this way that so much harm is done in some Board schools by the too high pressure of education.

There are many boys mentally weak who are sent to their parents to a Public school, the latter are either ignorant of or will not admit their weakness.

Supposing them to be physically weak, also they become a butt to the others of get more provoked about a bullied than is good for them, after a continued course of this treatment they lose what little courage a self respect they ever possessed or often carry this into after life.

A Public School is not the place to send a morose boy if he would have a mind escape that curse of boyhood by the habit of masturbation. For there is a doubt that this vice obtains to an alarming extent in some schools.
Some boys perhaps may not suffer any very evident mischief from it in after life but we cannot hope for our nervous boy to have this good fortune, but from this defective power of inhibition a consequent effect he will most likely develop some further morbid, such as Epilepsy.

It is an obvious question, the prevention of masturbation in Schools, continuous supervision is impossible as well as impracticable.

A great point is reached when the morale of the school is so bad that the Vice is looked upon with disgust, but there is much to be done before this point is reached. We do best often amongst its victims, those who are fond of athletics or an outdoor life, this would suggest that games requiring strength and endurance, should be not only encouraged but made compulsory. This is carried out in several large schools. Of course there are some exceptions made in the case of delicate boys. This class our morbid boy will probably belong to, either from real or very likely from special indisposition of the school most rigid treatment is untoward.

I believe there is an intimate relation between masturbation and the immature
Adults, but it is one of the most unsatisfying causes to elicit any, as patients will often escape the effects of it without cause if it is one that prides itself little or nothing of.

There are the two extremes to guard against in education. Too much or too little brain work, certainly the former is much the more dangerous of the two, but to avoid this it is not necessary to neglect the education altogether. Competitive examination should be carefully avoided, also those professions necessitating prolonged study. Whilst studying in Edinburgh I knew a student who was intended by him Father for the Medical Profession. He was always thought to be odd & eccentric whilst at school and not at all like other boys, the Preliminary Examination was passed safely, but whilst reading for the 1st Profession he developed an attack of Insanity. Maniac with delusions of persecution, fancied every one was noticing him in the streets & that the Professors were trying to take him out of equations and lecturing at him; at length he became very abusive using most violent language. Though at other times very gentle and quiet in his behaviour, he was unmerc...
Known by his father, as his recovery was actually put back to continue his studies, he passed the 1st professional, while reading for the 2nd had another severe attack, 9 has been since in an asylum. If after leaving school, when his first mental symptoms appeared, (for he was then considered eccentric & peculiar) he had been put to some occupation not requiring much mental application such as agriculture, or a colonial life, of his physical strength, the man well fitted for the latter, he might have been now in all probability a useful member of society instead of a chronic lunatic.

There is little educational work that does as well for the public as the proper training & education of inmates; it is a great pity that the institutions for their purpose are so few in number, there are hundreds of cases that might be benefited by them, were it not for lack of accommodation, or who have trouble to be kept at home, probably receiving no education at all, not being capable of it, or else if troublesome being sent to a Demonic Asylum, where the association with the insane is not beneficial and
There are probably no means provided for education. Until there is better accommodation for such cases elsewhere, it would be well for all Asylums to have some system of education, either by means of a separate paid staff of teachers, or if the expense is the chief consideration, if the Asylum is small, let the duties of the order of chief attendant be combined. I believe that the outlay would in time be amply repaid by the good results obtained so that there would not be so many cases of Secondary Demence if the system were extended to all the inmates of the Asylum.

It has been carried out for several years under Dr. John 9 with very good results, at the Richmond Asylum Dublin. I was surprised to see the attention & interest shown by all the patients during the class (for all are compelled to attend, with very few exceptions) even the chronic element appearing to take an interest in the proceedings.

The aim is not so much their education as to attract & keep their attention fixed and so prevent the coming dreaming state of consuming Demence (which probably ends not a little in the development of that form of mental disease). To also E. prevent
Then, with delusions from dwelling so much on them, it is useful also from the discipline enforced, and it is a pleasant break in the monotony ofConvalescent life, to the convalescent patients. It also facilitates the more personal and individual treatment of the insane, so much needed in our large asylums. The weekly dance or occasional concert or drama is very well for the majority of the patients, but we shall always find some who are not interested in anything that is going on, being unable to concentrate their thoughts or fix their attention, for so long a time on any one object; they require to have their mind led more forcibly or otherwise present to their senses a greater variety. A somewhat similar system to the kindergarten is here needed, which shall present a pleasing variety without dwelling long on the same subject, no matter what, so long as the attention is held.
Case of Spinal Meningitis with Inflammation of Nerves.

I. Page 35 a shoemaker by trade, formerly a postman for 14 years, middle aged and slightly bald, long partly beard. Had to give up his occupation as postman owing to ill-health. He believes he used to walk too fast on the ground, but one day he experienced the sensation of rushing in the head as if something had burst, felt as if he should sink through the earth, very weak, has never felt the same man since but occasionally has these attacks now. He is married and has several children (one child of consumption, another shows signs of a similar nature). He most complaining of strange feeling in his head, as if a lot of ants were crawling slowly inside his skull at the top. This feeling is often relieved by pressing his head on or rubbing them over the scalp. He was incredibly sensitive and nervous, when he saw one or two men talking together, he would
thinks that something terrible had happened. He has never showed any decided tendency
nor has he become attached in his affection
towards his family. He could not sleep
but felt as if the bed was moving up and
down. So he used to get up at night to
walk about the streets. Bowels very
confused. He was recommended by his friend
to take a trip to America for his health. I
did so, feeling rather better for the
voyage but he still had those fits of
depression & mental pain. He has
 lately taken to drinking stout with the
result that his bowels are worse today
as he feels rather better. He has some
temporary alterations with diarrhoea
occasional Villa in the dark, red
flushes which often persist for some
time, but this does not happen
when there is a light in the room
as he frequently sits with a lamp
in the room for this reason only.
He also has some very severe symptoms
which point to organic disturbance
by numbness of arms & legs, also a sense
of burning heat in the centre of the left
palms causing him frequently to apply
the hand to some cool substamce for
relief. The usual symptoms commenced
6 years ago, prior to that he had noticed
a time of weight, with occasional numbness

and tingling in the left arm, with the burning sensation in the palm, also noticed that sometimes he would catch the toe of the left foot while walking, though there was no actual loss of power in that limb. Also suffered from great depression of spirits (at that time) was very nervous, affective of evil, brooding over his state of believing every one was noticing him & talking of him. These symptoms have been going on now for over 6 years sometimes better at other times worse. He is constantly thinking about himself & in conversation will often return to his favourite subject (his ailments) being alarmed by the fact that two other doctors who were suffering from a similar attack, are now confined in a lunatic asylum.

This man is not obtrusive or has no delusions. He is capable of exerting considerable control over his faculties, and as far, does not let them interfere with his business, but is a fairly good workman.

Prognosis not unfavourable, with the exception of the nervous symptoms above mentioned.

Treatment: Iodide of Potassium, Strophanthus & Tonics. To take plenty of exercise & not to sit for long together at his work. He has now been cured.
Treatments three months and there is some improvement in him, he takes a walk in the morning before his work or during the day, whether or bring food of boiling, the little gets healthy bodily and mental recreation at the same time during his rambles in the country.

Case of Acute Paronychia

R. W. aged 73, a tall, finely built man with white hair and beard, has been a farmer. There is no history of insanity, comes of a strong and long lived family. But several members of which have been intermarried, he has been free. His youth of disciplined and intermarried habits, for some months, has been suffering from a positives action of the heart, lately with inability to sleep without hypochrionics. A month ago after a very severe attack of diarrhea in the morning very restless during the night, shouting and talking incessantly running out into the street partly dressed terrifying the landlord with whom the lodges, next day he was quieter but
Towards evening the scene again excited. When I first saw him in was in a very rotten state trying to get out of the house saying there was a continuous noise going on inside him which made him shout. He remained in bed being very frail and almost comatose in appearance, with an intermittent fever & suffering from more diarrhoea. In late April & early May he got very little sleep although taking Chlord & Bromide at night. He has always taken the food readily.

The is a rather typical & not atypical example of Paranoic Reaction. He has the variable delusions, rarely the same two days running, generally those of suspicion of food, asking me "not to feed these people to cheat him" or else wanting to get out of bed "because the wall of the house is not safe & will fall in". Some days he appears to have lost his delusions. His memory is very good for events happening long ago, but is at fault for recent events. He recites the identity of those around him, another feature is the excitement only coming on at night or in the evening. A few months ago he was found to be suffering from an attack of Pneumonia. There was note comatose very little delusion, but his intellect was to be heard altogether.
The base of the left knee, their subsided in a few days, during the absent affection there was no change in the mental symptoms, and the now remaining the same mentally & still keeps his bed, his delirious vomiting, than an elevated term - the sense of what in our do in the present time & if we will only let them up (although they can scarcely stand when up) it is pretty easily managed by any one rite, in firm with them, and the rare a special attendant during the night. He was hallucinations of hearing but not of sight, often heard the children, voices when alone, and thought for them to come to him, carrying on an animated conversation with them through the ceiling.

He was not shown any symptoms of dementia, occasionally, making some very absurd remarks. He is not dirty in his habits, has now longer hand intervals, sleeps better. There has been no sign of Paralysis. In spirit equal.

Altogether there is some hope of his return to a normal state of insanity. It was not thought desirable to remove him to an asylum, owing to his gentle nature.

The fact, that in many slight and mild cases of mental insanity are best to an asylum, may be partly accounted for
by the trouble & expense involved, if they are kept at home. For this reason we cannot inspect the poor to keep their aged relatives at home, who have developed symptoms of insanity, even when only in a mild form, so whenever symptoms can be found sufficient to justify a medical certificate they are sent off to an asylum, whereas it is not often much difficulty in filling up the certificate in these cases and the medical man is often misled by the friends of the patient, who lay stress upon exaggerate all the little failing of weakness & peculiarities common to old age, for example calling a man wilfully dirty in his habit, who may the perhaps, lost control over his appetites, or magnifying some irritability natural to age into affection of the affections and uncontrollable violence, that are undoubtedly numerous instances of this sort.

It seems a great inconsistency that these poor old people should be sent away from their homes to an asylum, where they might be merely singly well treated at home, especially those who are incurable, again it is unfair to the asylum, adding considerably to the death rate.
During these years at the Derby County Asylum I saw numerous instances of
old persons being sent in simply to die, in one or two cases death took place in the reception
room, in many of these cases the only thing required was careful
nursing and cleanliness & they might surely receive this attention
at home without taking up the
space of an Asylum which might otherwise be occupied by curable
cases.

Asylums were surely never intended for these cases, & probably if it were
not for the extra attention & nursing
required by them, there would not be
merely so many sent from home, as it
is not often that they become actively
troublesome for long to gether, still
less dangerous to others, though they
often wander from home in their foolish
way yet lost, but the good care
more of one of an as a rule quite
easily managed at home.

It would be interesting to compare
the tables of ages on admission of
Pamper & Private Asylums, noticing
the ages in the Pamper Asylums would
considerably exceed those of the Private
from the reason that -
Private cases of Suicide Incapacity are treated at home than Pauper.

During 1882 years 1880-83 (inclusive) at the Derby County, in which the

admissions amounted to 558.

79 of these cases or 14.1 percent were

60 years old or more.

In the last two years 1882 + 3 there were

31 cases over 60 on admission, including

12 of Suicide Incapacity & therefore incurable.

In 1882 5 cases of Suicide Incapacity & 1 of Suicide

In 1883 2 from Suicide Incapacity 1 from Suicide

In 1883 Indebtedness & 7 from Suicide Incapacity.

The following table represents 5 cases of

Suicide Incapacity who died in Derby Asyl

during 1881.

<table>
<thead>
<tr>
<th>No.</th>
<th>Sex</th>
<th>Length</th>
<th>Form of mental disorder</th>
<th>Weight</th>
<th>Assigned cause of death</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>M</td>
<td>69</td>
<td>Insanity</td>
<td>48 1/2</td>
<td>Cerebral disease with cancer</td>
</tr>
<tr>
<td>64</td>
<td>M</td>
<td>1</td>
<td>Insanity</td>
<td>48 1/2</td>
<td>Cerebral disease with cancer</td>
</tr>
<tr>
<td>63</td>
<td>M</td>
<td>1</td>
<td>Insanity</td>
<td>49 1/2</td>
<td>Cerebral disease with cancer</td>
</tr>
<tr>
<td>77</td>
<td>M</td>
<td>1</td>
<td>Insanity</td>
<td>51 1/2</td>
<td>Other</td>
</tr>
<tr>
<td>76</td>
<td>M</td>
<td>1</td>
<td>Insanity</td>
<td>51 1/2</td>
<td>Other</td>
</tr>
<tr>
<td>56</td>
<td>M</td>
<td>1</td>
<td>Insanity</td>
<td>47 1/2</td>
<td>Other</td>
</tr>
<tr>
<td>75</td>
<td>M</td>
<td>1</td>
<td>Insanity</td>
<td>41 1/2</td>
<td>Other</td>
</tr>
<tr>
<td>60</td>
<td>M</td>
<td>1</td>
<td>Insanity</td>
<td>47 1/2</td>
<td>Other</td>
</tr>
</tbody>
</table>

With the exception of No. 2 & Suicide Incapacity, all
the cases died within 8 months after admission. All the cases of Ini Decemtine are blue. Some cardiac lesion was found in all the cases.

Pulmonary lesion in all the Ini Decemtine but one. Taking the Ini Decemtine, the Brain averaged 47 1/2 oz against 46 1/4 oz in the remainder (which however included 3 females). The Cerebellum averaged 3 1/2 oz heavier. The circumference of head 3/4 inch more in Ini Decemtine than in the remainder.

In the whole lumber the Right cerebral Hemisphere averaged 1/4 oz heavier than the left.

The following Table show the result of 39 Postmortems made during 1857 at Daly & Co's.
<table>
<thead>
<tr>
<th>Table II</th>
<th>Form of general disorder in assigned causes of death</th>
<th>Brain weight in grams</th>
<th>Brain weight in % of body weight</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. P.</td>
<td>24 - 9</td>
<td>14</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>C. P.</td>
<td>4 - 6</td>
<td>14</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>A. X.</td>
<td>5 - 10</td>
<td>14</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>W. J.</td>
<td>0 - 4</td>
<td>14</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>B. J.</td>
<td>0 - 4</td>
<td>14</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>X. K.</td>
<td>1 - 5</td>
<td>14</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>F. J.</td>
<td>2 - 5</td>
<td>14</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>J. K.</td>
<td>9 - 10</td>
<td>14</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>L. L.</td>
<td>8 - 9</td>
<td>14</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>J. H.</td>
<td>6 - 3</td>
<td>14</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>E. B.</td>
<td>0 - 6</td>
<td>14</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>T. D.</td>
<td>6 - 3</td>
<td>14</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>L. E.</td>
<td>6 - 3</td>
<td>14</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>J. H.</td>
<td>0 - 7</td>
<td>14</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>S. P.</td>
<td>0 - 1</td>
<td>14</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>A. L.</td>
<td>0 - 1</td>
<td>14</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>J. J.</td>
<td>0 - 1</td>
<td>14</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>J. J.</td>
<td>0 - 4</td>
<td>14</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>E. P.</td>
<td>0 - 4</td>
<td>14</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>S. K.</td>
<td>3 - 0</td>
<td>14</td>
<td>56</td>
<td></td>
</tr>
</tbody>
</table>

**Brain weight in % of body weight**

<table>
<thead>
<tr>
<th>Cause</th>
<th>Brain weight in %</th>
<th>Body weight in %</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central cardiac</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central cardiac</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Length</td>
<td>Brain weight</td>
<td>Brain weight</td>
</tr>
<tr>
<td>------</td>
<td>--------</td>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td>A.S.</td>
<td>1-4</td>
<td>5-6</td>
<td>6</td>
</tr>
<tr>
<td>F.D.</td>
<td>1-2</td>
<td>5-8</td>
<td>7</td>
</tr>
<tr>
<td>J.D.</td>
<td>0-2</td>
<td>5-6</td>
<td>9</td>
</tr>
<tr>
<td>J.D.</td>
<td>0-9</td>
<td>5-6</td>
<td>7</td>
</tr>
<tr>
<td>J.I.</td>
<td>0-1/2</td>
<td>5-3</td>
<td>3</td>
</tr>
<tr>
<td>A.B.</td>
<td>2-3</td>
<td>5-7</td>
<td>7</td>
</tr>
<tr>
<td>R.K.</td>
<td>1-1</td>
<td>5-5</td>
<td>5</td>
</tr>
<tr>
<td>E.S.</td>
<td>1-0</td>
<td>5-5</td>
<td>6</td>
</tr>
<tr>
<td>G.J.</td>
<td>7-10</td>
<td>5-6</td>
<td>6</td>
</tr>
<tr>
<td>U.L.</td>
<td>5-6</td>
<td>5-6</td>
<td>5</td>
</tr>
<tr>
<td>A.A.</td>
<td>3-10</td>
<td>5-3</td>
<td>7</td>
</tr>
<tr>
<td>A.D.</td>
<td>1-2/2</td>
<td>5-4</td>
<td>3</td>
</tr>
<tr>
<td>J.L.</td>
<td>0-2</td>
<td>5-6</td>
<td>6</td>
</tr>
</tbody>
</table>

The *anterior-posterior* diameter of the head, here means the measurement in inches from one external arching vertex to the other over the vertex.

The *anterior-posterior* diameter from the top of the nasal bone, over to the occipital protuberance.

The angle of *intelligence* (of Crofton Cephalon) is found where the internal conformation of the skull is found by drawing a line from the point pharyngeal to the *single division* + another from the posterior margin of the *foramen magnum* into the former line, setting it at right angles, up to the highest part of the *foramen magnum*. Then a third line is drawn from the anterior of *foramen magnum* to where the 1st line cuts the *Sella Turcica*, the angle formed by the last 2 lines is called the angle of *intelligence*.

* The left lateral ventricle was enormously enlarged, with corresponding atrophy of the cerebral substance around, which was reduced to a mere shell above the ventricle. The right half of the cerebellum was also 3/4 of its normal size.

* Crofton Cephalon on Weil's Anomalies in Brain (1878)
# Table III of averages computed from the former Table

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Height (cm)</th>
<th>Weight (kg)</th>
<th>Average</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-6</td>
<td>5-7</td>
<td>5-8</td>
<td>5-9</td>
<td>6-7</td>
</tr>
<tr>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>4.3</td>
<td>4.2</td>
<td>4.1</td>
<td>4.0</td>
<td>4.9</td>
</tr>
</tbody>
</table>

The table continues with more data entries for each age group and gender, showing averages and totals for height and weight.
From the foregoing table it will be seen that the Right Cerebral Hemisphere
averages more than 3/4 of more
than the Left in the total number
in all the different forms except
in that of Melancholia.
The Brain averaged less in General
Paralysis than Insanity
and the cerebellum less in Insanity
than in any other form.
The transverse diameter is very low in
Melancholia, at the same time the
antero-posterior diameter is greater
in this class than the others giving
a long and narrow shaped head
the Brain wishing however more than
than in other classes viz. 45.105

Phthisis Pulmonalis was the
immediate cause of death in 10
cases, and some Carcinome lesion
was found in 13 cases.
Only 2 cases of General Paralysis
had lesions of other organs than the
Brain.

The angle of Intelligence is believed
not to be relied on for giving an idea
of the brain power or development, and
gives such very contradictory results.
In 121 cases I found that the mean
average of the angle was 130.5°. The
Female 131.5 giving a general average of 131.1. Which in the Table III the male angle was the greater.

Wilfred Woodwell Norton
In B.C. one (Edinburgh 1850)
Church Street
Leominster