

Medical Matters.

THE CONTROL OF PULMONARY TUBERCULOSIS.

Dr. Thomas Gibson, Medical Officer of Health for the City of Wakefield, in an official report, makes the following observations in regard to the control of pulmonary tuberculosis. "If we are to deal successfully with consumption there is one thing we must always bear in mind, and it is this. The consumptive must not be made to feel himself a social leper, he must not be subject to unnecessary restrictions (he is only dangerous when he is careless), but he must be met with kindly and practical assistance and encouraged to avail himself of the means for recovery and educated in the measures for preventing the infection of others. If we adopt this attitude of sympathy and helpfulness the working man or woman in the early stages of the disease will be far more likely to seek medical advice and to avail themselves of this means of recovery which under a strict *régime* would be avoided and only sought as a last resource. I have always advocated compulsory notification of cases of phthisis, but at the same time I can see that compulsory notification would do more harm than good unless it is enforced in a most considerate manner and at the same time associated with tangible means of practical help, a sanatorium above all things."

INSANITY, WIT AND HUMOUR.

In an address delivered at the opening of the Medical Graduates' College and Polyclinic, and reported in the *Lancet*, Dr. Robert Jones, Medical Superintendent at Claybury, and a past President of the Medico-Psychological Association, took for his subject "Insanity, Wit, and Humour." Dr. Jones pointed out that insanity in its manifestations often furnishes food for humour and even laughter. Conduct is often so incongruous and the association of ideas so rapid that mirth and humour are inevitably suggested. Many persons are more witty, and indeed altogether more interesting, during an attack of mania than at other times. The insane are, however, slow to appreciate the wit of others, and the nature of insanity, which is essentially selfish, tends to accrete all attributes to itself and forbids the enjoyment of humour in others. The mind is too self-centred and lacks the power of detachment which would enable it to sympathise with the situations of others. The subacute maniac may temporarily have a more rapid and fertile capacity for brilliant repartee, being un-governed by the conventions or the inhibitions

of the sane mind. He may have a more fluent range of ideas, and may even produce better work in prose and poetry in his state of exaltation than at any other period, but the reaction which sets in later shows the ravages made upon his mental faculties. Only in cases of delusional insanity is there ability, originality, or constructive power, and even in these cases the mental powers are on the wane. Insanity implies degeneration, and the extravagant images produced by it are not creations of the wit, for the conceits and witticisms attributed to insanity are on a lower plane than those in healthy mental action. They are strident eccentricities and not strokes of genius. Dr. Jones concludes that wit and humour do not arise spontaneously in cases of insanity; that their creation and origin are occasional and rare; that the power to apprehend wit is imperfect in the insane, although humour may be more frequently appreciated; and that the humorous situations apparent in the delusions and conduct of the insane are incongruities realised by others but not always shared by the insane themselves.

THE CARE OF DANGEROUS AND CRIMINAL INSANE.

At the third International Congress for the Care of the Insane, held at Vienna, the important subject of the Care of Dangerous and Criminal Insane was considered in a paper by Inspector Dr. Van Deventer, of Amsterdam. He pointed out that the fundamental principle of modern treatment was the endeavour to make the dangerous or criminal insane either innocuous to the public or to render him again useful to mankind. Non-social and anti-social individuals must, of course, be separated from the other insane. He recommended the treatment of the dangerous insane in institutions where they could be made to work without feeling the coercion too much, coupled with individualised therapeutic measures. The majority of the inmates of prisons belong, according to Dr. Deventer, to this class of patients, who are neither fit for hospitals nor prisons. These ought to be confined in intermediate institutions where their improvement could be tested before they were set free again. The education of juvenile imbeciles with criminal tendencies was of paramount importance as their surroundings were mainly responsible for their development into criminals. Here medical supervision was a necessary educational factor. The so-called incorrigible criminal was so only because of negligence and lack of education. An extensive application of such preventive measures would bring about better results than had been obtained hitherto.

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