## 3. *American Retrospect.*

By Fletcher Beach, M.B., M.R.C.P.

"American Journal of Insanity," July, 1888.
"Alienist and Neurologist," October, 1888.
"Medico-Legal Journal," June, 1888.
"The Journal of Nervous and Mental Disease," Nov., 1888.

The editor of the "American Journal of Insanity," Dr. Blumer, is always glad to receive assistance from his English *confrères*, and in the Journal for July are two papers—one by Dr. Campbell, "On Three Cases of Recovery after a Lengthened Duration of Insanity, with Remarks;" the other by the writer of this retrospect, "On Some of the Uncommon Causes of Imbecility." The first of Dr. Campbell's cases was one of periodic excitement, occurring always at a menstrual period, though not at every period, and is of great interest. For a period of nine years the patient had frequent and severe attacks of maniacal excitement. She was treated with large doses of bromide of potassium, and for seventeen years required asylum treatment, yet she recovered completely. The chief features in the second case were the disappearance of fixed delusions which had been held for about fifteen years, the improvement being coincident with or closely following severe bodily disease. The patient had been an inmate of the asylum for nearly nineteen years. The third case was under treatment for fourteen years, and is noteworthy on account of the disappearance of both hallucinations and delusions. Dr. Campbell is of opinion that chronic patients should be frequently shifted from ward to ward, their occupation changed, and that they should be subjected to new influences. Everyone will agree with him that "if it were possible to keep the mind vigorous and active more cases of lengthened insanity would recover."

Dr. Fletcher Beach relates cases of imbecility, in which the uncommon exciting causes were syphilis, consanguinity, chronic neuralgia, excitability, or chronic deaf-dumbness, and mentions that the first cause will only account for $1\frac{1}{2}$ or 2, the second for 2 or 3 per cent., chronic neuralgia and excitability for 2·1 per cent., and deaf-dumbness for 0·30 per cent. of those found in institutions for the education and training of imbeciles.

### *Paranoia in Relation to Hallucinations of Hearing with Two Cases of Medico-Legal Interest.*

Dr. Fisher adopts the term "paranoia" in preference to "monomania" as a good provisional term for systematized insanities, in consequence of its steady adoption by German, French, Italian, and English writers. As far as English writers are concerned we must demur to this statement. An analysis of forty-seven cases

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of paranoia which had occurred at the Boston Lunatic Hospital is given, showing that hallucinations existed in every case and hallucinations of hearing in every case but two. Dr. Fisher thinks that this constant association of hallucination and delusion with paranoia is more than a mere coincidence, and that they are essential factors in this form of insanity. A large portion of the acts of violence and homicide are committed by patients suffering from paranoia, and hence that disease is of importance from a medico-legal point of view. The patient is looked upon by the community as not insane enough to be shut up, but sane enough to be punished for his crimes. Two cases are related, and exception is taken to paranoiacs being allowed by the public and high judicial authority to roam the country unrestrained, and when an act of violence occurs they are either unjustly sentenced to death or sent to prison for life. A paranoiac should be sent to the insane hospital for life before the act of violence occurs.

### *Traumatic Insanities and Traumatic Recoveries.*

This is a paper read by Dr. Talcott before the annual meeting of Medical Superintendents of American Institutions for the Insane. Two cases of mental disease are reported, produced by direct injury to the brain, and two cases whose recovery dates from an accidental but severe blow upon the head. The first was a case of aphemia, resulting from a blow upon the head, with occasional attacks of maniacal excitement. Memory was absent for six weeks after the accident, but after that date he could remember distinctly all the previous experiences of his life as well as new experiences, but could not recall any incident occurring during that time. Although speech and memory were gone and hearing impaired, yet the ability to read anything written on paper and to write intelligent replies to questions remained. He made a good recovery.

The second case was that of a female who was struck on the head by a brick, causing a fracture through the longitudinal sinus, depressing the bone where the blow was received, and extending the fracture forward to the frontal bone and backwards to the sagittal suture. A trephine was used just anterior to the fracture, and a large fragment of bone was removed with the forceps. The patient made a good recovery, but eighteen years afterwards she suddenly became maniacal without apparent cause. Under the idea that this was due to depressed bone the head was again trephined, and a depressed portion of skull, one inch wide by about two inches in length, was removed. On admission into the asylum, she was noisy, incoherent, and silly, but gradually became depressed, anxious, and apprehensive. She made a slow and steady progress towards recovery.

The next case was one that had suffered seven attacks of insanity in nine years. His previous attacks had lasted from three to eighteen months each, and he was entering upon his seventh

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attack, when, while trying to swing upon a gas fixture and turn a somersault, the gas fixture broke and he fell, striking his head and shoulders upon a tile floor. He became unconscious, and symptoms of concussion of the brain occurred; three days after the injury he talked and acted sensibly, and, when seen three and a half years afterwards, he had not only experienced no return of the insanity, but was an active man of business.

The last case, while suffering from delusional insanity, was struck on the head by a fellow-patient with an iron chamber. Next morning he was entirely free from delusions, and about two months afterwards went home in good mental and physical condition. Six years afterwards he was still well.

The leading symptoms noticed by Dr. Talcott in traumatic insanity were "restlessness, incoherence, vivid hallucinations, mistaken identities, muscular weakness, heat in the head, and at times a besotted, half-drunken, dazed expression of countenance." The conclusion is come to that many insanities owe their inception to a blow on the head, inflicted during the growing and tender or later periods of life, and the practical lesson drawn from this conclusion is that injuries to the brain from the unskilled use of the forceps during delivery (the skilled use is preferable to tedious labour), or by blows of the hand or other weapons by nurses, parents, teachers, and guardians of the law, or accidents through the weakness and carelessness of old age should be carefully avoided and guarded against.

*Proceedings of the Association of Medical Superintendents.*

Dr. John B. Chapin was chosen President, and gave an address, showing that since its origin, forty-six years ago, wide-reaching results had been obtained. When first created, the number of the insane in the United States did not exceed sixteen thousand, but at the present time there are a hundred thousand, of whom fifty thousand are cared for in asylums and hospitals for the insane.

A discussion took place on Dr. Talcott's paper, and exception was taken to the term "traumatic insanity," on account of its being so general in its application as to include cases of shock; cases in which the symptoms are not so violent at first, but systematized delusions slowly develop; cases where maniacal symptoms or delusions of suspicion with maniacal outbreak develop after sunstroke; and cases in which damage is done to the brain by depression of the skull from some form of violence.

Discussion followed on Dr. Fisher's paper on "Paranoia as Related to Hallucinations," and the term as a substitute for monomania was objected to by some members and approved by others; on "The Proper Size for State Institutions for the Insane," by Dr. Dewey, presenting remarkable deviations of opinion; on "Medico-Legal Cases," by Drs. Andrews, Channing, and Godding,

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from which it appears that "experts on insanity in some States in America are not held in the highest regard by judges."

An interesting discussion took place on a report brought up by a committee appointed by the Association, to whom was assigned the duty of reviewing the "official utterances" known as its "propositions," and to ascertain what progress had been made since its organization. The subjects indicated by the propositions were public provision, hospital construction, hospital organization, management and treatment and legal relations of the insane, including inebriates. The following resolutions were adopted:—(1) That it is the judgment of the Association that no present necessity for reaffirming the propositions exists; (2) That we deem it inexpedient to adopt any new propositions at this time; (3) That the thanks of the Association be tendered to Dr. Everts for his very able and exhaustive report upon the propositions, and that he be requested to prepare for the next annual meeting a paper upon this subject, giving the Association the results of his best thought on the organization and arrangements of institutions for the insane.

### *A Case of General Paresis.*

This is reported in the "Alienist and Neurologist" by Dr. Hughes. The features of the case which claimed attention were the suddenness of its access and rapidity of its course, the predisposing cause, the predetermining cause, the exciting or precipitating cause, and the occurrence of a brief and marked lucid interval, during which the sacrament was given and his last will and testament signed, the patient passing into a state of semi-coma, out of which he came comparatively clear-headed the next morning, and died the following morning. The patient was 40 years of age at his death, an ambitious head-worker, who had for some years taken an insufficient quantity of sleep, and in whom there was a history of remote syphilitic infection. The case differed from others which had come under Dr. Hughes' notice in having apparently been "*precipitated without any appreciable precursory or incubative stage*, or apoplectic or epileptiform seizures, which usher in cases without any precursory premonitions, *and by the sudden cessation of the habitual use of morphia, to which the patient had been addicted.*" The italics are the author's. The patient took three-fourths of a grain of morphine twice a day for chronic rheumatism, and seemed all right till he suddenly stopped taking it, when psychical disorder appeared in the most exaggerated form of exalted delusion. There was hereditary tendency to insanity in the case.

### *The Mental Characteristics of the Sexes.*

Dr. Searcey believes that by studying "the evolutionary history of reproduction we will find the fundamental causes at work that produce sex differences." He refers to the different modes of

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reproduction, viz., segmentation, germination, and by minute cells. The protoplasmic nucleus repeats the *modes of action* of its ancestry. Parthenogenetic animals gestate *singly* their own genetic cells. A higher step in animal evolution was the faculty assumed by certain individuals of *not gestating* their own genetic cells, but turning them over to others to gestate for them in combination with their own cells. "The offspring of such animals arise from combined cells. In this way were evolved the sexes." The male, being at greater liberty than the female, and so meeting a more varied environment, gains new modifications faster than she does. The male all through the animal kingdom is the more varied member. The female is the more conservative of the two, a more true representative of original race characteristics; the male is a representative of the recent variations of the race. Cerebral development and cerebral functions are the speciality of the human species. In this department also the male leads, the woman follows; the male is variable and progressive, the female typical and conservative. Women are more influenced by public opinion, and hence are more moral, more religious than men. "When the race is advancing, you will see exhibited in the women firmness and constancy of conduct. In the men you will see the same traits, with additions of excellent variability—they are progressive."

### *Symptomatological Study on Somnambulism.*

This paper, by Dr. Ernest Chambard, originally appeared in the "Progrès Médical," and was translated for the "Alienist and Neurologist" by Dr. E. M. Nelson. A full account of it would be too long, but the salient points are that "somnambulism is a modification, systematic, and in various degrees, of all the functions which constitute the life of relation; it forms a part of a group of analogous states, some physiological, as the intermediate state between sleeping and waking; others pathological, as the lucid lethargy, the general and systematic psycho-sensory delirium." All the degrees of somnambulistic awaking are comprised between the two extreme states of lethargy and wakefulness. They form a series of successive awakenings, and the following is the mode of succession:—

(*a*) Somnambulistic lethargy. Sleep of all the functions of relation.

(*b*) Automatic series. Successive awakening of the functions of relation.

1. Motor automatism. Neuro-muscular hyper-excitability.
2. Passive somnambulistic automatism.
3. Active somnambulistic automatism. Automatic dreams.
4. Active somnambulistic automatism. Automatic or sub-conscious life.

(*c*) State of awakening. Amnesia.

These several states are then described and illustrated.

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### *On Granulations of the Ependyma.*

This is a paper by Dr. Baroncini, physician of the Asylum for the Insane, Imola, Italy, and has been translated by Dr. Joseph Workman, of Toronto. With regard to the ependyma, Virchow has demonstrated that neither the arachnoid nor the pia mater is prolonged into the surface of the ventricles; that on this surface there is not any serous covering; that there is an epithelial stratum which lines both the encephalic cavities and the central canal of the medulla; and that immediately beneath it there is a slender connective tissue identical with that which involves and unites the nervous elements, and which he calls neuroglia. He therefore concludes that there does not exist a true and proper membrane, but merely an epithelial veil, and to this stratum the name *ependyma* remains applied.

With reference to its anatomical characters, Schopfhagen says: "The ependyma is composed of two layers—one superficial and the other deep. The former is formed of cylindrical epithelia, from which there depart delicate and very slender prolongations, which dip down into the layer beneath; the latter is constituted of fibrillar tissue, among which numerous round and oval cells are found."

Rokitansky, in his "Treatise on Pathological Anatomy," considers enlargements of the ependyma as an exit of chronic hydrocephalus, and describes five different forms of it, viz., 1st, Granulations as fine as sprinkled sand; 2nd, Larger granulations which in time become pedunculate nodules; 3rd, Membranous adherent patches, of round form, and of tendinous aspect; 4th, Concatenate patches, with areolæ, forming a network that adheres to the ventricular surface; 5th, Very large pseudo-membrane, which is ultimately fused with the ependyma. The first sort only is that which is here referred to. According to Bayle, it is chiefly met with in cases of chronic meningitis; most pathologists, however, hold that the granulations are a special character of progressive paralysis, but that they may exist in other maladies also. All agree that they represent an anatomical character of the last stages of paralysis of long duration, and depend upon a phlogistic process of the ependyma. On going through the records of his autopsies, 650 in number, Dr. Baroncini found that 62 were paralytics; 41 were males, and 21 were females. The true granulations, called by the French *chagrinèe*, were only observed in 32 cases. As to their seat, the granulations were found twice in the fourth ventricle only; in all the other cases they were seen clearly in all the ventricles. The forms of mental disease in which the granulations were found were: Alcoholic phrenosis, one man; consecutive dementia, one man, three women; paralytic phrenosis, nineteen men, eight women. Dr. Baroncini's experience led him to differ from the opinion generally held that granulous

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ependymitis is an essential character of psychoses of long duration. He noticed an important fact that requires to be confirmed by further observations, viz., that granulous ependymitis is almost always accompanied by opacities and thickenings of the cerebral membranes, and by sub-arachnoid and ventricular œdema.

The remainder of the "Alienist" is chiefly occupied by an account of the annual meeting of the Association of Medical Superintendents of the Insane, which has been already noticed.

The "Medico-Legal Journal" contains a paper on "Suicide and Legislation," by Clark Bell, Esq., President of the Medico-Legal Society of New York. He is of opinion that, whatever may have been thought of suicide in ancient times, it may now be safely stated that suicide in all civilized countries is regarded as a crime, "because it is an offence against the laws regulating and ordering the general welfare of society." He inquires, 1st, Is suicide, as a social evil, on the increase?; and, 2ndly, What best can be done by society to diminish its increase, either by legislation or otherwise? It appears from statistics that in France, since the year 1831, there has been a rapid and steady increase in the number of suicides, and experience proves that exceptional years and causes produce exceptional results. As a result of the examination of some tables compiled from the United States census of 1870, and of a table in the "Medico-Chirurgical Review," Dr. O'Dea concludes, 1st, that suicides increase in number until extreme old age; 2ndly, that the increase is in the direct ratio to population until the age of thirty, after which it continues in inverse ratio to population until the allotted time of life; 3rdly, that the number of suicides is very small, both relatively and absolutely, to population previous to the age of fifteen. The influence of sex, insanity, education, nation and race, domestic trouble and drunkenness on suicide is considered, and the author then inquires what can best be done by society to diminish the increase of suicide by legislation or otherwise. The most striking proposition of recent times is that submitted to the International Medico-Legal Congress of Paris, by Dr. Jeannel. He would provide by law that the corpses of all suicides should be furnished to the medical schools for dissection, except when the victims were insane or irresponsible. Dr. Jeannel demonstrates the right of the Legislature to pass such a law, and argues "that it would not only have a beneficial result as a restraint upon suicide, but sensibly aid the schools in their labours."

### *The Medical Jurisprudence of Inebriety.*

Dr. Joseph Parrish confines himself to "Inebriety, the Disease," as distinguished from other forms of alcoholic effects. The inebriate is born with a decided alcoholic diathesis, or with a positive tendency to form one. Such persons are moved at times by a passion for indulgence, which is beyond their control. "Tech-

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nically, it is a brain or nerve storm which dominates all other conditions, and leaves the patient for the time without any power to control his acts." This form of inebriation is often found in the professional classes, who vainly strive for liberty. An important symptom of inebriety is "loss or suspension of consciousness and memory, without sleep or stupor, during which the patient acts automatically, being without knowledge of his condition, at the same time appearing to be, and to act naturally." Two examples are given. The phenomenon of unconscious cerebration is seen also in somnambulism, and Dr. Parrish is of opinion that both disorders are due to a want of equilibrium in the same nerve-centres.

Three cases of somnambulism are then related.

*The Scientific Study of Inebriate Criminals.*

Dr. Crothers says that the sanity or insanity of an inebriate criminal has so far been decided on theory, law, and precedent, and consequently injustice and great wrong is done to prisoners. When an inebriate appears in court as a criminal, and the crime is admitted, certain questions are asked:—Did the prisoner at the time of committing the crime realize the nature and consequences of his acts and conduct? Had he the power of self-control to have done otherwise had he so willed? Were the inebriety and crime voluntary and with motive, or involuntary and without motive? The scientific expert should study the history of the crime and then the crime itself. He should inquire into the hereditary history of the prisoner, his early growth, culture, training, nutrition, and general surroundings, and the origin, duration, and character of the drink impulse. Then the nature and character of the crime and the associate circumstances should be studied. From a study of this kind it will appear that the crime and the inebriety are only symptoms of disease and degeneration, "whose foot-prints can be traced back from stage to stage." Certain general facts are already established to serve as a foundation for more minute study. 1, The inebriety of any person is in itself evidence of more or less unsoundness; 2, In a large proportion of cases inebriety is only a symptom of slow, insidious brain disease; 3, When crime is committed by inebriates, the probability of mental disease is very strong; 4, Spirits used to intoxication, for the purpose of committing crime, is evidence of a most dangerous form of reasoning mania. Some late trials are related, in which Dr. Crothers thinks great injustice has been done to the prisoners. He is of opinion that "the question of responsibility in any given case must be answered exclusively from its scientific side, apart from all legal conceptions and tests in such cases."

*Prohibition and Inebriety.*

This is a paper by Dr. Mary Weeks Burnett, President of the National Temperance Hospital, who is in favour of a law being passed to prohibit the manufacture and sale of intoxicating liquors

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for other than medical, scientific, and manufacturing purposes. She combats the objections, 1st, That prohibition is impracticable; 2nd, That other measures, such as moral suasion, local option, gaols, penitentiaries, and inebriate and insane asylums present a more satisfactory basis for the Medical Jurisprudence of Inebriety; 3rd, That prohibition is not necessary. There is no doubt that the "neurotic cases which so easily drift into disease and crime cannot be the subjects of the disease of inebriety until they have come under the influence of intoxicating liquors," but the fact that neurotic cases are so liable is no argument for stopping the sale of beer, wine, and spirits to the general community, and in England certainly such a prohibitory law is not likely to be passed.

The remainder of the "Medico-Legal Journal" is chiefly taken up with an account of the Transactions of the Medico-Legal Societies of New York and Massachusetts, from which we learn that twenty-seven superintendents of asylums in the States have lately joined the Medico-Legal Society. It is a great pity that there is no such society in England, at which medical and legal matters could be discussed between members of the medical and legal professions. From such discussions there is no doubt good would result.

### *On Gold as a Staining Agent for Nerve Tissues.*

This is a paper in the "Journal of Nervous and Mental Disease," by Dr. Henry Upson. He states that of the two methods of gold staining in use for hardened tissues, one by bringing the section to be stained into a solution of palladium chloride and afterwards into an acid solution of chloride of gold, the other by bringing the tissue, previously hardened by Muller's fluid, into a solution of chloride of gold, and then successively into solutions of caustic soda and potassic iodide, the latter is extremely unreliable. He recommends the following method:—The tissue is to be hardened in Müller's fluid for from two to five months; it is then washed for a few minutes in water, is brought for a day or two into fifty per cent. and then ninety-five per cent. of alcohol, where it should remain for two months or longer, until it has a greenish tinge. It is then imbedded and sections cut. The sections should remain in eighty per cent. of alcohol for a time, varying from a few days to several weeks before staining. The section to be stained is brought from water into a one per cent. aqueous solution of gold chloride, where it remains for from ten to thirty minutes. It is then washed superficially in water, brought for half a minute into a ten per cent. solution of sodium hydrate, washed again and brought into a reducing fluid, where in a few moments it takes a vivid red colour. The reducing fluid is composed of sulphurous acid five cubic centimetres, tincture of iodine (5 per cent.) five to ten drops, solution of ferric chloride (37 per cent.) one drop. The section is

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then washed in water and mounted in Canada balsam in the usual way. Sections stained by chloride of gold show the great preponderance of naked over medullated nerve fibres in the grey matter of the spinal cord.

*Transactions of the American Neurological Association.*

The following papers were read and discussed:—"On a Subcutaneous Connective Tissue Dystrophy of the Arms and Back, associated with Symptoms Resembling Myxœdema," by Dr. F. X. Dercum, of Philadelphia; "Subacute Progressive Polymyositis," by Dr. G. W. Jacoby; "Progressive Muscular Dystrophies, the Relation of the Primary Forms to one another and to Typical Progressive Muscular Atrophy," by Dr. B. Sachs. Dr. Dercum pointed out the difference between his case and typical instances of myxœdema. In the first place, the skin itself was not involved, and secondly, although slight slowing of movement existed, it was not marked. Speech disturbance was present for only a few days, the mind was clear, but the patient irritable. No depression of temperature was observed, except on one occasion, but subjective chilly symptoms were frequently complained of.

Dr. Jacoby remarks that the attention, necessary for the attainment of the knowledge we now have respecting various muscular affections, has been given chiefly to the chronic forms of muscular disorder, while the acute and subacute disorders, especially the inflammatory ones, have been markedly neglected. He relates a case "showing microscopically not only the characteristics of acute and subacute inflammation, but also many of those found in the chronic forms of primary dystrophies," and endeavours to trace a relationship between acute and chronic primary muscular affections. He sums up the results of his examination of the case as follows:—

1.—The process is an acute myositis and perimyositis, grafted on a chronic plastic or formative process.

2.—The plastic process has led to a new formation of connective tissue of the perimysium externum as well as of the perimysium internum.

3.—The result of the chronic process is fatty and waxy degeneration.

4.—Neuritis and perineuritis are secondary to myositis and perimyositis.

He then reviews the acute secondary imflammatory muscular disorders, and the acute primary, or so-called idiopathic disorders, and concludes that in his case there was "a form of primary myopathy, closely allied, if not identical with some forms of primary progressive muscular atrophy."

Dr. Sachs says that the term "Progressive Muscular Dystrophy" "is intended to designate those forms of disease in which a primary progressive wasting of some or all of the muscles of the body is the

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most characteristic feature, and in which this wasting (atrophy) may or may not be associated with true or pseudo-hypertrophy of some muscles." He has been led to the following conclusions:—

1.—Progressive muscular atrophy, of the type Aran-Duchenne, is due to spinal cord disease.

2.—Duchenne's type of progressive muscular atrophy might be termed the hand type, while the peroneal form would represent the leg type.

3.—Pseudo-hypertrophy is not of spinal origin.

4.—There is a close relationship between pseudo-hypertrophy and Erb's juvenile form of progressive muscular atrophy, but not an absolute identity.

5.—Hereditary muscular atrophy does not deserve the rank of a separate clinical entity, all kinds of primary myopathies being occasionally hereditary.

6.—The type Landouzy and Déjérine is closely related to Erb's form, the additional involvement of the face muscles not being a sufficient basis for a marked clinical differentiation.

7.—Pseudo-hypertrophy and Erb's form should be regarded as the two representative forms of primary progressive dystrophies.

8.—Primary progressive dystrophies are distinguished from spinal progressive dystrophies by their cardinal symptoms—the onset at an early age, the occurrence of true or false hypertrophy, the absence of the reaction of degeneration, and the absence of fibrillar contractions.

He proposes to classify muscular atrophies as follows:—

1.—Amyotrophia spinalis progressiva.
   *a.* Hand type.
   *b.* Leg type—peroneal form.

2.—Primary progressive dystrophies.
   *a.* Pseudo-hypertrophy.
   *b.* Erb's form.

*(To be continued.)*

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## 4. *Colonial Retrospect.*

By D. Hack Tuke, F.R.C.P.

The second Session of the Inter-Colonial Medical Congress of Australasia was held at Melbourne, Victoria, in January, 1888, from the 7th to the 12th inclusive. According to general arrangements, the Congress meets once in three years, but as the Centennial Exhibition was to be held in Melbourne in 1888, it was decided at the close of the first Session, held in Adelaide, South Australia, to hold the second Session somewhat earlier than usual. The third Session will be held in Sydney, in September, 1892, and Dr. H. Norman MacLaurin, Medical Adviser to the Government of New South Wales, and Vice-Chancellor of the University of Sydney, has been elected President.

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