settle the question. In the mean time, it is evident from the tables that the mortality of the sick who are treated in the large general hospitals of large towns is twice as great as the mortality of the sick who are treated in small hospitals in small towns. It remains to be seen whether the mortality in small hospitals is not twice as great as the mortality of the same diseases in patients who are treated in clean cottages. Should this turn out to be the case, the means of realising the advantages of the Hospital system, without its disadvantages, will then be sought and probably found, as the problem is not insoluble.

PART III.—QUARTERLY REPORT ON THE PROGRESS OF PSYCHOLOGICAL MEDICINE.

I.—*Foreign Psychological Literature.*

By J. T. Arlidge, A.B. and M.B. Lond., M.R.C.P. Lond., &c.

Archivio Italiano per le Malattie Nervose.—The first four parts of this Journal, which we introduced to our readers in our number for April last, are now before us. The original memoirs they contain are, "On Phrenopathy considered Pathologically in its Genera and Species," by Professor Carlo Livi; "On the Relations of the Sulphocyanide of Potassium in the Saliva to the Poisons of Hydrophobia and Curara," by Dr. Filippo Lussana; "On the Asylum of Ancona," by Dr. Filippo Cardona; "On the Influences of Soil, Climate, and Grade of Civilisation upon the Character of Insanity and on Idiocy, studied in relation with Sicily and the Department of the Loire in France," by Professor Pignocco; "On the Therapeutical Action of Arnica on certain Neuroses," by Dr. Brizio Cocchi; "On the Cerebellar System as the Organ of Physical and Moral Excitation, and on Certain Abnormal Varieties of Sensation causing Insanity," by Dr. G. Clerici; "An Introductory Lecture to a Course of Clinical Psychiatry at Venice," by Dr. Berti; "On the Statistics of the Asylum of San Servili at Venice," by Dr. Biffi; and "On the Remembrance by the Insane of the Circumstances befalling them, with especial Reference to Legal Medicine," by Dr. F. Bonucci.

The first essay named, by Professor Livi, appears as a serial in two numbers, and is to be continued. It is devoted to a theoretical inquiry respecting the pathology of insanity, well written, but replete with little practical matter, to be reproduced in an analysis such as we undertake to prepare. He recognises four primary faculties of the mind, viz., the sensational, emotional, perceptive, and volitional, and teaches that disorder may manifest itself in one or more of these, and that when restricted to one, it constitutes monomania. His second paper is chiefly occupied with a review of the modes in which the sensational faculty may be affected, and, consequently, is largely taken up with the consideration of hallucinations and illusions. Near the close of this essay the consequences of lesions of volition are undertaken, including impulsive or instinctive madness, dipsomania, &c.

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The paper by Dr. Lussana on sulphocyanide of potassium in the saliva is also a serial, and not yet completed. The writer confirms the statement of most physiologists, that the salt in question is a constant and peculiar ingredient of the saliva of man and of the mammalia in general; that at the same time it is not primarily formed in the salivary gland, but arises in the mouth by a sort of fermentative act, resembling the transformation of amygdalin into prussic acid by the contact of water. Although in itself a poisonous salt, and especially destructive of muscular irritability, it exists in too minute a quantity in the saliva to give this secretion actively poisonous qualities; hence the statements of Galen and some subsequent observers, that the human saliva poisons serpents and other reptiles immediately on its contact with an absorbing surface must be rejected.

Ancona Asylum.—The history, construction, and organization of the Ancona asylum are well detailed by Dr. Cardona. Until 1818 the insane of the province had been shut up in inconvenient houses, and little cared for or looked after; but in that year the brethren of St. Jean de Dieu took the poor lunatics under their patronage, obtained an annual grant from the municipality of the city for their maintenance, and subsequently established an asylum for them in a separate wing of the hospital. In 1840 the Prior of the order engaged Dr. Benedetto Monti to act as the chief physician of the asylum. On the annexation of Ancona to Savoy the government of the institution passed from the brethren of St. John to the Congregation of Charity.

As a building not constructed for the purposes of an asylum, but only an appendage to a general hospital, it presents no architectural features worth noting as suggestive of what an asylum should be. On the contrary, its situation and structural defects are such as render it an unfit habitation for the insane.

The present director, Dr. Cardona, is the first superintendent who has resided in the institution, and it has devolved upon him to almost completely reorganise it, and frame rules both for patients and attendants under the sanction of the society, with whom the chief control remains. The quiet and convalescent patients are taken out once a week for a walk, and a few belonging to the richer classes are allowed occasionally to take drives. Relatives and friends are permitted to visit twice a week, and oftener in certain cases where thought desirable. Restraint in bed and otherwise is still resorted to. Between the 1st of January, 1861, and the 31st October, 1863, there were under treatment 207 males and 140 females. Of the former, 141 were unmarried, 62 married, and 4 widowed; of the latter, 71 were single, 47 married, and 22 widowed. Again, 56 males and 29 females were classed as monomaniacs; 76 males and 61 females as suffering from mania, 14 of the former and 21 of the latter as imbecile, and 61 and 39 of the two sexes respectively as demented; 118 men and 82 women were considered curable, and 89 and 58 respectively incurable. There were, besides, 9 epileptic men and 5 epileptic women. Taking the annual admissions into the asylum as a guide, the writer calculates that there is only one lunatic in 2800 inhabitants, throughout the population of the entire province. We need hardly say that the data assumed are quite inadequate for calculation, and that the lapse of time, extension of knowledge, and of means for the treatment of the insane, will soon reveal the existence of lunatics within this Italian province in a tenfold higher ratio. The latest enumeration of the patients of the asylum showed 92 male and 79 female lunatics. The remaining statistics, being taken from the records of only two years, need not detain us.

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Arnica in Neuralgic Affections.—The paper by Dr. Cocchi on the therapeutical virtues of arnica is written to recommend the use of this drug in neuralgic or spasmodic pains of parts that have been bruised at a former and comparatively remote period. He administers the medicine prepared as an extract, both internally and, by inunction, mixed with some simple ointment, externally.

Dr. Clerici's essay on the cerebellar system, as the organ of physical and moral excitation, and on abnormal sensibility as the cause of insanity, is a theoretical physiological production, built upon inconclusive data. He contends for a duality in cerebral organization and in mental phenomena, treating the intellectual powers and their cerebral centres as intrinsically disassociated from the moral and emotional, both in nature and in localization. He represents anatomy as teaching that all the nerves of sensation converge towards and terminate in the cerebellar system, and that all the nerves of motion which are concerned in intellectual and volitional acts direct their course to the cerebral hemispheres. With the researches of Van der Kolk, Lockhart Clarke, Brown-Séquard, and others before us, we may fairly hesitate to accept this anatomical dictum of the Milan physician, and the deductions he would make from it. He denies the existence of intellectual insanity as a primary condition, regarding it as always secondary to sensory or moral disorder, which has its seat in the cerebellar system. He proposes the two problems for demonstration, viz. (1) that sensations may provoke mental affections or conditions of one sort and another, independently of any exercise of the reasoning faculty; and (2) that all emotions are the consequences of reactions taking place in the cerebellar centre which is furnished with its own proper nerve-fibrils, destined for peripheral innervation.

The Lecture by Dr. Berti, the chief physician of the Venice asylum, is introductory to a course of clinical instruction. In it he takes a general survey of the nature of the task he has undertaken, points out the difficulties in the study of mental disorder, and unfolds the plan he proposes to adopt in subsequent lectures. It is a well-written paper, but presents no points of special importance for abstract.

Statistics of the Asylum of St. Servilio at Venice.—Dr. Biffi contributes a short paper on the statistics of the asylum of St. Servilio from tables put into his possession by the superior, Father Salerio, who is also the director of the institution; for this asylum, devoted entirely to male lunatics (the one in the city of Venice, under the charge of Dr. Berti, being exclusively for female patients), is under the control of that most useful and Christian order, the Brethren of St. Jean de Dieu. In the period of seven years, ending December, 1863, 1727 patients, including 337 remaining on the 1st of January, 1857, were under treatment. Of these male lunatics, 109 were widowers, 575 married, and 1043 unmarried. The discharges amounted to 838, but in many cases patients were sent out who were not recovered entirely, or who were considered harmless, in order to make room for fresh applicants for admission, the accommodation of the establishment being very inadequate to the wants of the province. The deaths in the seven years amounted to 480, or 27·89 per cent. of the whole number under treatment. Relative to age, at the date of attack, 132 were under twenty years old, 435 between twenty and thirty, 463 between thirty and forty; 360 between forty and fifty, 226 between fifty and sixty, 94 between sixty and seventy, and 17 above the last-named age. Agricultural labourers constituted 690 of the whole number, 1727, and artisans 511. The next in number were servants and day labourers, who amounted to 217, whilst members of the

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liberal professions were 113 in number—a large proportion, we conceive, considering their ratio in the general population. Among the assigned causes pellagra is the most prominent, 503 of the 1727 cases being due to it. Epilepsy stands for 66, abuse of spirituous drinks for 129, and cerebro-spinal affections for 132. The cases of general paralysis are not distinguished. Of the deaths, 8 were due to apoplexy, 33 to epilepsy, 7 to anasarca, 2 to heart disease, 8 to broncho- and pleuro- pneumonia, 13 to hydrothorax, 54 to pulmonary tuberculosis, 19 to gastro-meningitis, 9 to gastro-hepatitis, 75 to chronic gastro-enteritis, 2 to cystitis; 181 to tabes, including a good proportion of the deaths from pellagra, and also from scrofula, 66 to paralysis, probably in most instances general paralysis, 2 to carbuncle, and 1 to erysipelas.

The remembrance by the insane, after recovery or during remissions, of events and actions that occurred in the course of the active stage of their malady, is illustrated by two or three cases by Dr. Bonucci, in a brief original memoir. This remembrance of the past may at times, when the delirium is ignored and actions attributed to various false motives, be productive of grave consequences, by rendering it uncertain whether the disordered actions are truly criminal or blameworthy, whilst the question also arises how far the testimony of the patient himself, as the agent, is worthy of regard with respect to them.

Percussion of the Head as a means of Diagnosis.—Dr. Berti asserts that in one case of apoplexy he was able to discover the position of the clot by percussion of the head. To use this means of diagnosis, the ear is lightly applied to the part of the head of the patient, and the head then smartly tapped by the middle and forefinger ends, especially over the temporal region. The two sides of the head should not be struck together, but alternately, so that the sound may proceed separately from each side. The situation of the clot is marked by a duller sound and a slighter degree of vibration.

Alienati ed alienisti,—i.e., lunatics and lunacy doctors—is the title of an admirable brochure, of ninety-six pages, from the pen of Dr. Augusto Tebaldi. This young Italian physician having visited most of the countries of Europe, with the special object of examining their asylums and noting their modes of practice, has put together in this essay the results of his observations with critical remarks, distinguished by perspicuity and good sense. He divides his work into four parts or memoirs: the first on the different forms of asylums and their relative advantages; the second on the internal arrangements and management of asylums; the third on the various existing medical schools of Europe in relation to mental pathology; and the fourth, on some questions in mental pathology, and on certain principles taught in the medical schools of the present day. A few notes from each of these memoirs is all we can attempt to produce.

Dr. Tebaldi speaks in praise of the new asylums of Holland, particularly of that at Meerenberg. This institution, as he remarks, carries out to the greatest extent yet attempted the plan of distributing the insane in detached buildings, as opposed to that of congregating them within one large edifice, as usually pursued. He visited also the celebrated industrial colony of Fitz-James, near Clermont, conducted by the brothers Labitte with so much success; but whilst admitting its many excellences he comes to the conclusion that this mode of provision for the insane is not generally applicable or desirable by itself, though most valuable as complementary to a "closed" asylum. He holds a similar opinion with respect to Gheel, remarking that the needful medical supervision and treatment are not attainable for its

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insane patients, and that their distribution in cottages among the general population is particularly unsuitable to many of their number, especially such, for instance, as the epileptic.

The reception of private and pauper patients within the same establishment, Dr. Tebaldi considers objectionable; as certainly not advantageous with respect to the internal management, and as unfavorable to treatment, particularly in the case of the poor. He advocates it, as the just due of the insane, that they should receive some recompense for the work they perform, and he also gives his hearty concurrence to the plan of making the medical officer the superintendent of an asylum, with paramount authority. On the subject of non-restraint, he expresses himself as fully impressed with the true practical value of the system, and ably disposes of the specious objections of many continental physicians. This he is well qualified to do, from having minutely examined for himself the details of some English institutions where that method of treatment is fully carried out. He concludes his observations on this subject thus, "Without doubt the day will come when non-restraint shall no longer be styled the English system, but be recognised as that of all civilised nations."

The third memoir is partly historical and partly critical. The author sketches in it the modifications in the principles and practice of psychological medicine which have of late years been brought about, and he presents a critical notice of the prevalent opinions in the principal countries of Europe on mental pathology, and of the literature, periodical and other, in which those opinions are illustrated. He pronounces the English school as the most practical, and as the least encumbered with verbal details and scientific theories. At the same time he considers English medical science to be in a transition stage, foreign teaching, especially the analytical doctrine of Germany, influencing and modifying the national habit of thought.

In his fourth and last memoir, several points in practice are briefly examined, such as bleeding, tonic treatment, the use of baths, the douche, &c. He is particularly severe upon the abuse of the douche common in France.

It is evident from the tenor of his whole book that the author was particularly impressed and pleased with what he saw and understood of English asylum practice and management, and we are sure his little work will tend to dissipate many doubts and misgivings prevailing among his countrymen as to the humane treatment of the insane, and, further, will encourage them in the great task they have recently undertaken of rendering Italian asylums worthy of their country in this nineteenth century.

Brevi Cenni sulla Classificazione e cura delle Pazzi, (pp. 95). Short notes on the Classification and Treatment of the Insane. By Dr. B. F. Amedeo. —The author of this brochure is an assistant-physician of the Turin asylum, the chief physician of which is the well-known and esteemed Dr. Bonacossa. The author's remarks are founded on his experience in the Turin Asylum since 1861, and particularly on the statistics of that institution for the year 1862. He commences with a description of the building, which, though superior to most in Europe at the date of its erection, will not now be valued as a model on account of any details in structure it may present. Its population amounts to nearly 500, and owing to the demands for more accommodation a portion of a convent, three miles outside the town, was taken possession of in 1852, and now contains 320 patients. The medical staff of the asylum consists of a physician inspector, two physicians in ordinary—one for each division, a consulting surgeon, and an assistant medical officer, neither of them resident, a phlebotomist, and an apothecary. It is odd to read of a phlebotomist as an ordinary member of the medical staff in these Italian asylums, for this officer is not peculiar to the Turin establish-

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ment, but is also met with in the Ancona and other public receptacles for the insane in Italy. His presence points to past usages and a nearly bygone practice, although, indeed, the functionary so named, having his occupation gone, is turned to a useful account in those institutions as an additional medical officer, charged, as at Ancona, with the functions of an ordinary assistant.

The usual medical visits to the wards are daily made between six and seven o'clock in the morning, and between three and four o'clock in the evening; supplementary visits also are made between eleven and twelve a.m. and at ten p.m. The whole of the duties of nurses on the female side are performed by the sisters of charity; on the male side there is a principal guardian, with five head attendants, and a staff of inferiors, so as to allow one attendant to every ten or twelve quiet, and to every seven or eight refractory patients. During the year 1861, 419 patients were admitted, 225 discharged, and 162 died; whilst in 1862, 394 were admitted, 208 discharged, and 202 died; consequently, in the former year the discharges were, relatively to the admissions, 43·69 per cent., and the deaths 38·66; and in the latter year they were respectively 52·79 and 51·26. These figures apply to the town and country institutions conjointly, and exhibit an excessive rate of mortality. Assuming, as the returns seem to justify, the average daily number under treatment to have been 800, the deaths equalled one fourth of this number in the year. The number of males admitted exceeded that of females. Of 210 men no less than 112 were unmarried, whilst 91 were married and 7 widowed. Of 184 women, 67 were single, 93 married, and 24 widowed. Of the 208 patients discharged in 1862, 18 were reported cured, 152 improved, 25 were removed from various causes, and 13 (men) escaped. Ten of the 18 cures effected were among patients admitted previously to the year 1862. The cures (18) to the admissions (394) equalled only 4·56 per cent. This, however, exhibits no absolute truth, for the fact of cure is arbitrarily fixed and the requisite standard of recovery will be variously estimated by different individuals. If the number of improved be added to that of the cured, we get a total of 170, which is equal, in proportion to the admissions in the year, to 43·15 per cent. This calculation is in all probability as much too favorable as the previous one is the contrary, regard being had, in the comparison of this asylum with other such institutions, to the usual plan of making returns. The ratio of recoveries among the male patients very much exceeded that among the females; the same held true of the relative mortality of the two sexes. Of the 202 deaths, 8 were assigned to apoplexy, 85 to gastric enteritis, 38 to pleuro-pulmonitis, 64 to cerebro-spinitis, and 8 to other causes. The excess in the mortality of men occurred from the two classes of causes, pleuro-pulmonitis and cerebro-spinitis.

In the matter of treatment, Dr. Amedeo informs us that venesection and debilitating drugs have been well-nigh laid aside of late years in the Turin Asylum. In the two years that he has held office in the establishment the medium number bled has not exceeded one a day, in a population of 500 insane people. This statement is honestly advanced to exhibit the remarkable disuse of bleeding as a remedial measure of late years, in an Italian asylum; however, to the mind of an English superintendent such a daily use of the lancet will be considered of marvellous frequency, recourse to that instrument, in all probability, not being had in his practice once a year. Again, at Turin, hydro-therapeutical measures are regarded as of the highest value as remedies, particularly where cerebro-spinal disease is diagnosed. Seclusion is employed to calm excitement, at times in a darkened, at others in a light room. The value of employment is fully understood, and its only very partial application, owing to surrounding impediments, much deplored.

In the earlier portion and at the close of his treatise Dr. Amedeo refers to the sad defects of the present asylum in Turin, particularly to the want of

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land for employment, of space for exercise, of means of amusement, and of structural conveniences for a proper classification of the inmates; and he regrets the long time that has been allowed to elapse since the production of an admirable asylum plan by Dr. Bonacassa, without any attempt being made to carry it out, and although an excellent site for its erection at Collegno has for several years been actually in the possession of the provincial authorities.

Della Colonizzazione dei Pazzi, Cenni del Dottor Serafino Biffi. 4to, pp. 59.—Notes on the Colonization of the Insane.—Dr. Biffi, the author of this essay, is one of the best known psychiatrists in Italy, and the physician of the private asylum of St. Celso, near Milan. He has visited Gheel, and witnessed its progressive improvement as a resort for the insane, and has become a warm advocate of the Gheel system, and of its introduction into Italy.

He commences his paper by an historical notice of Gheel, and then proceeds to call attention to the great question, what is to be done with our lunatics whom we find constantly growing in number around us, notwithstanding a perpetual expenditure in enlarging old, and building new asylums. In considering these matters, he remarks on the accumulation of chronic lunatics in asylums, of the consequent overcrowding with them, and of the ill effects of these conditions in creating impediments to the ready admission and successful treatment of recent cases. In the next place, he examines the relative advantages and disadvantages of the closed asylum, and of a "paternal" establishment, such as Gheel. In so doing he assumes the closed asylum to possess every advantage in structure and organization, not venturing to introduce into the comparison the asylums of his native land, which, for the most part, are so defective in their material conditions that the plan of colonization would without question be a great boon to their unfortunate inmates.

Dr. Biffi does not detect any great deficiencies in the classification at Gheel, but he admits the want of an infirmary or central hospital for particular cases, not conveniently or successfully manageable in the cottages of the peasants, as well as for cases newly received into the community. He apologises for the fetters used at Gheel to prevent patients escaping, being of opinion that it is better to have liberty outside an asylum with such inconvenient restrictions to movement, than to enjoy full freedom of motion with the limbs within the narrow and samely bounds of an asylum. Dr. Brierre de Boismont arrived at the conclusion that insanity was especially prevalent among the indigenous inhabitants of Gheel, but, as Dr. Biffi says, the careful inquiries of Drs. Parigot and Bulckens have shown that such is not the case, but, on the contrary, that insanity is less rife among them than among the people of other countries of Europe; and hence the inference vanishes, that their constant occupation with the insane is detrimental to their mental soundness.

He takes a wider view of the capabilities of a colony like that of Gheel than the Parisian Commission did, for he would not limit them only to chronic and harmless insane, but claim for them a proportion of recent and curable cases. In combating the objections of the French commissioners he employs the equivocal argument that the French asylums partake in a greater or less degree the defects discoverable in Gheel—a line of argument which fails to explain away those admitted defects. The difficulty of establishing a colony of insane in an untried country, anticipated from the want of experienced and intelligent cottagers, Dr. Biffi thinks may be surmounted, particularly by employing, as Dr. Roller, of Illenau, has suggested, attendants of good character who have left the service of asylums, to constitute the nucleus, so to speak, of the proposed community. Lastly, he points out a large area of waste land in the Milanese territory, as very suitable to the experiment of establishing in Italy a colony for the insane. Such a colony

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should have its infirmary, and be in general a complementary establishment to an asylum as usually constituted.

Lettera del Dottor Serafino Biffi al Dottore A. Verga.—This letter from Dr. Biffi to his friend Dr. Verga, Director of the Milan Hospital, is occupied with the medico-legal bearings of a case of murder, where the criminal named Berte had killed his wife and sister. The plea of insanity was set up, but medical opinions, were, as is too often the case, divided, and the man was condemned. Dr. Biffi was impressed with the conviction that the criminal was insane, and in the pamphlet under notice, has sufficiently shown good grounds for his opinion, which, as we learn from a note affixed at the end, was endorsed by the University of Pavia, and followed by the remission of the sentence and the transfer of the man to the public asylum. Space fails us to analyse this pamphlet; at the same time we look upon it as a well-written medico-legal disquisition on an interesting case.

Intorno ad Alcuni Prospetti Statistici del Manicomio di Alessandria.—This is an extended statistical account of the Piedmontese Asylum at Alessandria from the pen of Dr. Ponza, the chief physician. It consists mainly of a collection of tables, drawn up with the greatest precision and diligence, prefaced by a short notice of the history of the institution. From this it appears that the present structure was erected for its purpose as a hospital for the insane, and opened for their reception in 1785, under the control of a religious order, the "Confraternita della Trinità." At first all the patients were received gratuitously at the cost of the charity, but for some years past a small charge for maintenance has been made. As is usually the case with asylums constructed many years since, this one at Alessandria is within the city, with very little open space about it. Its general outline is that of a parallelogram, open on the east side, but it is, as a whole, a group of buildings of different dates, the original structure having been from time to time added to. The conclusion to be gathered from the description given in the essay, as it is indeed the one arrived at by Dr. Ponza himself, is, that the present asylum building is unsuitable for the treatment of the insane, and that it should be replaced by one on a proper site in the country. On the matter of mechanical coercion Dr. Ponza considers that this means of restriction cannot be laid aside, and least of all in an asylum such as he is called upon to superintend. He is evidently labouring under a misconception with regard to the asylums of this country, which he refers to as constructed on the cellular system—a mode of construction which he believes essential to the practice of non-restraint, as though the seclusion of the insane was its leading principle. We would recommend this physician to read Dr. Tebaldi's essay, 'Alienati ed Alienisti,' above noticed, and to make himself practically acquainted with what English asylums really are.

The statistical tables extend over a period of six years, from 1857 to 1862, during which 518 patients were admitted, 291 discharged recovered (?), and 194 died. At the commencement of the period there were 87 patients in the house, the residue of previous years, and at its close there remained 120. The whole decrease in the number of patients is shown under the two heads of cures and deaths; but there is no question that many patients discharged as recovered were in no strict sense cured, but merely were removed from some cause or other, and possibly in many instances improved. However this may be, the ratio of discharges to admissions equalled 56·17, and that of deaths 37·45 per cent. Unlike what we found prevail in the other Italian asylums noticed, the mortality among the female inmates was greater than among the male. At the same time the recoveries among males were, as elsewhere, in a higher ratio. Of 518 cases admitted, 238 were referred to

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mania, 177 to melancholia, and 103 to dementia. A table of the social state of these 518 lunatics shows, 239 were single; 251 married, and 28 widowed. The admissions of males exceeded those of females, viz., 316 of the former and 212 of the latter; but the proportion of married women was greater than that of married men.

Del Cretinismo in Lombardia, Relazione della Commissione nominata dal R. Istituto Lombardo di Scienze e Lettere (1864), 4to, pp. 70.—This is the report of a special commission appointed by the Royal Lombard Institute of Science and Literature to examine into the prevalence, the pathology, and the external conditions or causes of cretinism, and, so far as we have yet been able to examine it, it is a most valuable production. We have, moreover, just received a contribution on the same subject from one of our esteemed honorary members, Dr. Morel, the chief physician of the Rouen Asylum, entitled, 'Du Goître et du Crétinisme, Etiologie, Prophylaxie, Traitement: Programme Administratif,' &c., par M. le Dr. Morel (1864), 8vo, pp. 79.—In 1848, a report of a Sardinian Commission on the same subjects was published, and very recently a commission was appointed at Paris to investigate the cretinism in France, but has not, as far as we are aware, yet published its report. These several reports, and the treatises of M. Morel and others recently published, furnish ample and most valuable materials for a complete résumé of the present state of knowledge respecting that most singular endemic malady, whilst, by their copiousness, they are beyond the compass of an abstract such as the present paper can rightly serve for.

De la Formation du Type dans les Variétés Dégénerées, ou Nouveaux Eléments d'Anthropologie Morbide, &c. Premier Fascicule, 1864, 4to, pp. 40.—This is another production from the fertile pen of M. Morel, on a topic which he has made his own by the originality and extent of his investigations of the forms of human degenerescence. Many of our readers will have seen his admirable 'Traité des Dégénérescences Intellectuelles, Physiques et Morales de l'espèce humaine;' to this, the work under notice is a sort of supplement, intended to appear in several successive parts, the first of which only is at present published. It is accompanied by several highly illustrative plates, and cannot fail to be a work not only of the highest interest, but of great usefulness to those engaged in the treatment of the insane.

It has been Dr. Morel's aim to reduce the multiple varieties of human degenerescence to certain definite types, each standing in a particular relation to morbid causes, operating, as a rule, endemically. His observations were begun at the Maréville Asylum, near Nancy, and have been subsequently prosecuted at the large asylum of St. Yon, at Rouen. At the establishment first named patients were received from five departments, containing populations differing considerably in manners, occupation, and mode of life. So, again, in the department of the "Seine-Inférieure," he has come into contact with other races of people, with other and different characteristics as to habits and modes of existence, &c. Nevertheless, these differences of race and physical and moral characters do not abolish the relations existing between those allied by pathological conditions. Individuals who are the victims of congenital degeneration of mind and body bear no resemblance to their progenitors, though they distinctly do so to each other, and in this way are reducible to certain types, representing diseased varieties of the human race. "They reveal their common origin by identity of character and disposition," and these morbid types owe their formation to certain fixed and invariable laws, which the author zealously seeks to discover and elucidate. Among the productive causes of degenerescence are mentioned intemperance (alcöolism) of parents, endemic goître, cretinism, &c.

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The characters of degenerescence are displayed in the physiognomy, and in both external and internal parts. They are seen externally in the conformation of the head, in the form and position of the ears, the development of the jaws, the nose, lips, &c. Internally, they occur as want of symmetry and regularity of organs, and particularly in defects of the reproductive organs. The terms imbecility and idiocy are commonly applied to the unfortunate victims of degenerescence, but are useless for the purpose of distinguishing as well their origin as the characters of the type to which they belong. Moreover, the insane with hereditary tendency belong to a form of degenerescence, whose characteristics are marked, though faintly it may be, in most cases.

La Folie devant les Tribunaux, par Dr. Legrand du Saulle (1864), 8vo, pp. 624.—This is a very considerable work on the medical jurisprudence of insanity, by an author well known to the profession by several books of considerable merit published by him at various times, and particularly well qualified for the task he has now undertaken by diligent labour as a law student. Indeed, he has struck out for himself, as the special field for practice, the subject of medical jurisprudence, and describes himself in the title-page of his last work, as a physician-expert to the civil tribunals of the Seine. Moreover, we are informed in the preface that the Minister of Public Instruction has imposed upon him the task of giving a course of lectures at the school of the Paris Faculty, on the legal relations of insanity—a gratifying indication of the high opinion entertained of his knowledge and skill in that department of jurisprudence. He commences the volume by a résumé of the Roman law applying to mental disorder, and proceeds to divide and discuss his subject in a novel and instructive manner. His following chapter is entitled "L'aliéné devant la Justice," or the position of the insane under judicial examination, and briefly sketches the relative bearings of several mental conditions on the degrees of legal culpability and the question of responsibility for crimes committed by the insane. In his section "on the influence of the faculties upon acts committed," he distinguishes three degrees of culpability: 1st, where the act is accomplished under the complete domination of the feelings (sensibilité), without the intervention of the intellect and the will, when it is called "instinctive;" 2nd, where an overwhelming privation of feeling has not allowed time for a clear view of the act, when there is "spontaneous" activity or excitement; and 3rd, where the execution of the deed has followed examination and deliberation, when the "activity is reflected," or the course is knowingly taken. In "instinctive activity" there is no imputability; in "spontaneous activity" there is imputability with slight culpability; whilst in the last-named form there is both imputability and complete culpability. Three expressions, indicative of deranged mental condition, are used in French law, viz., dementia, imbecility, and furor; and each condition so designated has no imputability in law attaching to it. The insufficiency of these terms for the objects they have to serve is evident enough. Drunkenness not complicated with actual delirium claims no exemption from responsibility on account of acts committed in that state.

The third chapter considers "L'aliéné devant le Médecin Expert," reviewing the relations between physician and patient, where the latter is the subject of examination. The differential characters between an ordinary criminal and a lunatic, the interrogation of the insane, the characters of their writings, &c., are among the matters treated of in this chapter. The important subject of lucid intervals in their judicial bearings is next taken in hand, but is too summarily disposed of. He strongly denounces Justice Hale's criterion of the degree of mental capacity to which culpability attaches, but himself offers no rule for guidance in the difficulty, and leaves the matter *in statu*

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quo. The several following chapters on various mental conditions in relation to testamentary capacity are much more complete and satisfactory; and it is but justice to add that lucid intervals again come under discussion relatively to the validity of wills made during their existence. The illustrations to these chapters from cases on record in French and other authors, are much more numerous than elsewhere. He examines the mental state of the aged and of the dying; the intellectual disturbances attendant upon dissolution, the influence of apoplectic attacks on the mental powers, &c., &c. Drunkenness and crime accomplished under its influence in their legal relations constitute the subject of the sixth chapter. Dr. du Saulle recognises three stages of intoxication, of which the second or intermediate one alone is liable to be attended with acts of violence. But besides these three degrees, he admits a distinct variety, viz., convulsive drunkenness, as described by Percy and Laurent. In this form the victims resemble ferocious animals animated with cruelty and violence. Delirium tremens is dismissed with very few observations, and is spoken of as a simple morbid state without attempt to distinguish the two forms now generally described. Somnambulism in connection with crime and suicide perpetrated during its existence, the delirium of pellagrous patients, and anthropophagy, are the topics discussed in the three following chapters. Hysteria and epilepsy next come under consideration, the former, however, obtaining less than its importance deserves. On the other hand, the essay on the medico-legal relations of epilepsy is very elaborate, being the longest in the book, occupying 100 pages. On the question of the marriage of epileptics, the conclusion is that it is prejudicial in its influence upon them. As to their responsibility, it is argued that, for an act committed under the undoubted influence of an epileptic seizure (crisis), they are not to be held responsible, but that for one not committed under such direct nervous influence, they are partially responsible; and that, in general, after their mental state is investigated, the penalty of crime should be mitigated in proportion to the diminished degree of moral resistance capable of being exercised. Evidence, however, of cool deliberation and of direct motive, particularly when fits are infrequent and the intellect is unimpaired, establishes their responsibility before the law. Again, an inexplicable crime, at complete variance with the antecedents of the accused individual, who is not reputed to be epileptic or insane, and which has been accomplished in an unusually instantaneous manner, rightly suggests the inquiry whether epileptic seizures have not occurred by night and been misunderstood or overlooked.

Chapters on incendiary mania and erotomania follow, and we naturally look for others on other generally admitted varieties, such as homicidal mania and kleptomania, but are disappointed in not finding them. Undoubtedly such forms are incidentally mentioned elsewhere in the work, but, in our opinion, they had an equal claim to a place in the book as those selected for consideration. The author, however, passes on to more general topics, inquiring into the operation of certain influences liable to compromise the liberty of the subject, such as irritation, nostalgia, the use of opium and of absinthe, and pregnancy. Some general considerations on the nullity of marriage, on the value of the evidence of the insane in legal matters, and on the application of photography to the study of mental disorders, follow, and constitute the subjects of the next three chapters. The treatise is terminated by a copy of the French laws and ministerial ordinances relative to lunacy, lunatics, and asylums.

With so copious a work before us as the one now commented upon, no other course is feasible than to indicate its contents, its particular scope, and, in general, its mode of execution. This we have endeavoured to do in the foregoing observations, but would, before closing our notice of the treatise,

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assign to it a high value, as a whole. Nevertheless, there are marked inequalities in the completeness of the different chapters and their subdivisions; in many parts the examination of points of importance is too synoptical, whilst in some few instances unnecessary details are introduced, considering the prime purpose of the work; such for instance as the differential diagnosis between hysteria and epilepsy, which would be proper enough in a pathological treatise. These imperfections, and others that might be noticed, will doubtless be remedied in a future edition of the volume; for as it is a work of great utility, it will, we doubt not, soon reach a second edition.

Commentaires médico-administratifs sur le Service des Aliénés: par L. F. E. Renaudin, M.D. Paris, 1863, 8vo, pp. 344.—The scope of this treatise specially recommends it to the study of the medical superintendents of asylums. It is concerned with all that appertains to the general administration and the internal economy of such institutions. The work indeed may not add much to the general stock of information of our English asylum physicians on the subject of management, but it will prove very serviceable to them by the exposition it affords of the general mode of government and of the interior arrangements, economical and other, of French institutions, and by the lessons deducible therefrom.

The French law of 1838 requires every department in the country either to provide an asylum for its own lunatics, or to contract with such an establishment, public or private, situated within its borders or in another department, for their care and maintenance. The departmental asylums, so established, are only in small measure under the actual control of the local authorities, the central government reserving to itself the chief power, both by appointing the resident officers, by making and sanctioning regulations, by directing the expenditure, and ordering alterations. Notwithstanding, however, this centralisation of power, the communal and other local authorities contrive, in many places, to thwart the intentions of the law, by withholding the means,—as raised by local taxation, to erect new asylums, and carry out their notions of economy by retaining old and unfit establishments, or by indifferently farming out their lunatics.

Dr. Renaudin very rightly requires, when a new asylum is to be erected, the provision of accommodation in it for a considerably larger number of inmates than that actually enumerated in the district it is intended to serve. He insists on the advantages of a large population to an asylum, particularly in an economical point of view; but fails to recognise the fact that, over and above a certain number, these advantages are lost, and are, in fact, replaced by numerous evils. His remarks on the principles of asylum construction and of the distribution and size of its sections are well enough, so far as they go; but for the purpose of serving as a guide in such matters they are too superficial to be of value. He is especially inimical to single rooms for patients, even for the refractory or excited, and evidently has some fanciful notions of the extent and mode of use of cells in asylums generally where they are found. For instance, he denounces them as aggravating excitement and delusions, and as even developing the latter. He also talks of their injurious effects on health, of inducing a sort of "cretinisation and marasmus," and of blanching the frame, just as though patients were subjected to perpetual cellular imprisonment. He would divide the male and female departments, each into eight sections, for as many classes of patients, exclusively of a section for convalescents, and one for the newly admitted (quartier d'épreuve); and rightly advocates the separation and distinction of the night from the day accommodation.

The regulations for the admission of patients into asylums appear based

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upon those in force in this country. To the plan of boarding chargeable patients in the cottages of the poorer classes, and, in general, to the system of Gheel, Renaudin exhibits decided opposition. Just as in England, so in France, there is a great tendency to delay the removal of lunatics to asylums. The communal and other local officers will send insane patients, as well in the acute stage of their disease as in the chronic, to the wards of "Hospices" and to "Depôts de Mendicité," from motives of economy, in opposition to the law and to the detriment of the sufferers. This practice the author most properly exposes and condemns, as he does also that of forwarding lunatics to asylums under the charge of gendarmes.

The heads of establishments are required to draw up a half-yearly report, exhibiting the condition of every patient, the nature of his malady, and the results of treatment. This report is transmitted to the "préfet," who is authorised to determine on the discharge or the continuance in the asylum of each patient.

The course to be taken, and the conditions to be observed in pronouncing an individual insane and in placing him under restraint, are deserving attention, as suggestive of improvements in our English law and practice. The same may be said of the rules relating to the discharge and removal of patients from asylums, and kindred matters.

The maintenance of the insane in asylums is the subject-matter of the fourth chapter; and under this head are considered the estimate of the expenditure, that of the daily cost of the inmates, the management of the resources of the establishment, &c. The administration of asylums next comes under discussion, including the part assigned in it to the central authority and its local representatives, and to the Commission of Surveillance, or, as we say in England, the Committee of Management. This Commission consists of five members named by the prefect; one member going out of office annually. Though so appointed they, however, cannot be deposed except by the Minister of the Interior, upon a report from the prefect. The meetings are monthly, and these must be held within the asylum; extraordinary meetings may be convened elsewhere by the prefect. The director and the chief-physician may be present at the meetings, with a deliberative voice only; and when the Commission discusses the expenditure or such reports as are to be directly addressed to the prefect, those officers are required to retire.

We have heretofore had to express our disagreement with M. Renaudin's views respecting mechanical restraint; we are now therefore happy to congratulate him on the sound views he entertains of the position and functions of the medical officer of an asylum. For he has very well placed before his readers the arguments for constituting the physician the sole superintendent, with full and paramount powers within the asylum. The French law recognises two officers, a director, and a physician-in-chief, the latter restricted to ill-defined medical duties, and the former virtually his superior, whether a medical man or not. At the same time the law permits the whole duties of the two offices to be united in the same officer, as physician-superintendent, and Dr. Renaudin advocates making this plan universal.

In the author's account of the internal administration of asylums he sets forth the budget, the receipts and expenditure, with their ordinary items, the nature and purpose of the medical report, the nature of contracts, and other cognate matters. He next reviews the personal cost of the different employés, always adducing the rules laid down by the Government authorities, and naming and estimating the persons to be employed in relation to the number of patients under treatment. Moreover, in doing this he introduces valuable and instructive comments upon the duties to be performed by the different officials. With respect to the nursing of asylums, he gives the preference to members of religious orders, at least as nurses for the

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female inmates, and appends some general rules for guidance in regulating their duties.

The remaining four chapters are likewise devoted to details of management in all that relates to the material requirements of the insane, their food, their clothing, and their furniture. The moral management of the insane he has not gone into, and has thereby avoided the bugbear of non-restraint, and so saved his readers—his British ones at least—the annoyance of encountering the worn-out arguments against the practice which are ever ready at hand to those continental physicians who have never sought to learn in an English asylum what non-restraint is.

By way of appendix Dr. Renaudin has added at the close of his treatise his report of the Dijon Asylum for 1862. On the present occasion we cannot attempt its analysis.

His remarks on the laws and regulations of the central authority are characterised by that deference that is to be looked for from those dependent upon it for their position and prospects. Here and there indeed the author has suggested some slight modifications of the law, but in general has accepted its motives. Nevertheless, it must be confessed that the French laws of lunacy constitute a very excellent code, chiefly trenching upon English notions by the large powers assigned to the central government.

II. *English Psychological Literature.* By J. T. Arlidge, M.B., Lond.

Eighteenth Report of the Commissioners in Lunacy to the Lord Chancellor, 1864.

Thirteenth Report of the District, Criminal, and Private Lunatic Asylums in Ireland, 1864.

Sixth Annual Report of the General Board of Commissioners in Lunacy for Scotland, 1864.

In these three official reports we should naturally look for a complete history of the state of lunacy, of the number of the insane, and of their condition and distribution in the three kingdoms. However, on examining them attentively, we discover that the actual number of the insane existing cannot be accurately estimated by means of the returns supplied, and that, owing to the different system pursued in framing the several reports, a satisfactory account of the condition and distribution of lunatics is not attainable. It appears to us, indeed, very desirable that these parliamentary reports should be constructed on a similar model, with statistical and other tables on a like pattern. At present they agree generally only in one matter, viz., in the blue colour of their paper covers. The reports of the English commissioners claim precedence by their longer issue, but to those of the Scotch lunacy board we give the preference for the arrangement pursued, and the fulness of information supplied. However, we shall on the present occasion give the English report the first place in our analysis.

I. England.—It is very gratifying to learn that "the general condition of county asylums throughout the country is highly creditable, and that progressive improvements in their management continue to be made." The

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