this year was any inflammatory condition excited in the lungs or pleuræ, and the jury found that death had resulted from the organic disease from which they were suffering.

At the York Asylum, "an old, feeble man slipped down in the gallery, and fractured his leg just above the knee; having previously sustained a fracture of the thigh in the same manner. It was purely accidental, and was evidently dependent upon an unusually brittle condition of the bones. The patient progressed favourably for some time, and then sank from exhaustion and shock."

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *French Retrospect.*

By T. W. McDowall, M.D., Assistant Physician, Inverness District Asylum.

Smallpox and Mental Diseases.

As this short paper by Dr. Chatelain treats of a subject which has always excited much interest in this country, viz., the effect of acute diseases on the mental condition of lunatics, we reproduce it as it appears in the "Annales Médico-Psychologiques" for March, 1872.

It has long since been remarked that ordinary diseases are in general rare among lunatics; those of them who do not perish from the affection of the nervous centres during the acute stage of the disease, but become peaceful dements, generally enjoy excellent bodily health, and in asylums often attain an advanced age; moreover, Esquirol has already observed that the mortality among lunatics is especially high during the first two years of the disease. Is this immunity from bodily diseases in general enjoyed by lunatics due to a special tendency of innervation, or simply to the regularity of living and the *régime* of asylums, to the absence of so many causes of disease which we meet at every step in ordinary life? This is a problem which it is impossible to solve in the actual state of science, for many of the data necessary for such an inquiry are still wanting. However that may be, the question of the influence of intercurrent diseases upon the progress of mental disease is certainly one of the most interesting to be met with in practice, and it is on this account that the following observations appear worthy of record.

https://doi.org/10.1192/bjp.18.82.276 Published online by Cambridge University Press

In the month of January, 1871, an epidemic of smallpox broke out suddenly at Préfargier in the female department. The first patient affected was an old boarder aged 57, who, excepting a walk some days before in the company of other patients, had had no communication with outside, or with persons suspected to be able to convey contagion. There were, indeed, at this time cases of variola in a locality two leagues from Préfargier, but, so far as could be ascertained, no one belonging to the institution had been in that neighbourhood for a considerable time. Five days after the appearance of this first case, another patient was affected, then a kitchen-maid, then a third patient, and in a short time we had, entirely in the female department, thirteen well-marked cases. The amusement-hall, which had been transformed into an hospital to receive the wounded and sick of Bourbaki's army, was emptied of the soldiers which it still contained, and appropriated to the use of the smallpox patients, of whom the following is a detailed account:—

1. C. G., unmarried, æt. 57, in the asylum since 1850. Moral and affective insanity, with attacks of excitement. Intellectual enfeeblement already well-marked. Long-standing lupus of the face and hands. Smallpox of medium violence; no influence upon the mental condition.

2. A. H., æt. 55, unmarried; in the asylum since 1849. Placid dementia; employed at needlework. Attack of smallpox slight; no influence on mental symptoms.

3. H. J., æt. 47, married; in the asylum since 1855. Moral and affective insanity; the intellectual faculties properly so called but little affected; assisted the nurses in their work. Smallpox very severe; œdema of the extremities, considerable difficulty in deglutition; no influence upon the mental state, except that the patient, usually violent and difficult to manage, was quite gentle and docile during her illness.

4. F. R., æt. 57, widow; in the asylum since 1856. Peaceful dementia; complete incoherence in ideas and speech, but still associated with patients of the first class; disposition always merry and happy. The smallpox eruption very severe, but the general symptoms relatively slight. No change in the mental condition; the patient still tried to laugh even with the eruption on the face.

5. M. M., æt. 69, unmarried, under treatment in Préfargier since 1860. Lypemania, delusions as to persecution; general intellectual enfeeblement; disposition suspicious, unmanageable, violent. Smallpox mild; no change in the mental condition, if we except the fact that the patient's humour became much worse than formerly, so that she would not allow anyone to attend on her; when she saw the doctor coming near her bed, she told him to be off.

6. R. L., æt. 36, married, at Préfargier since 1868. Affective insanity with hallucinations of hearing; of a solitary disposition,

https://doi.org/10.1192/bjp.18.82.276 Published online by Cambridge University Press

obstinate as iron, always absorbed in herself, and absolutely indifferent to everything about her; always opposes everything that is asked of her; constantly refuses to explain to the doctor what she sees and feels. Attack of small pox light; no influence upon the psychical state, if we except some days during convalescence, when the patient was more open and communicative; she exhibited more confidence, and even asked why she always heard "these voices." Unfortunately this good disposition did not last; ere long the patient relapsed into her old state.

7. E. H., æt. 42, widow, in the institution since 1868, but insane for a long time. General intellectual enfeeblement, with periodic attacks of excitement. Eruption pretty copious, but without any influence on the mental state.

8. D. M., æt. 33, unmarried, in the asylum since 1869. Primary dementia; advanced intellectual enfeeblement. Variola slight. No influence upon the mental symptoms.

9. F. P., æt. 29, unmarried, resident at Préfargier for a year. Melancholia, with delusions as to persecution, affective disorders, periodic attacks of excitement; character impressionable, touchy and irritable. Variola mild; no influence upon the mental condition. The patient was, nevertheless, more agreeable and docile than usual, and appeared very grateful for the attentions bestowed upon her.

10. M. R., æt. 51, widow, resident at Préfargier for a year. General intellectual enfeeblement; patient gentle and tractable. Variola mild; no influence upon the mental condition.

11. L. L., æt. 60, widow, under treatment for a year. Lypemania (anxious), passed into a chronic condition. Variola very mild; no modification of the psychical symptoms; nevertheless, during some days, the patient was obviously less distressed.

12. M. J., æt. 23, unmarried, daughter of No. 3, under treatment for six months. Acute melancholia. Variola mild. No change in the mental condition. (The patient was discharged recovered in January, 1872.)

Lastly, 13, the kitchenmaid mentioned above, and whom we mention only for the sake of correctness in the numbers.

As to treatment, it was the same in all the cases—that is to say, there was absolutely none—it being simply expectant; for we do not reckon as such infusion of lime-tree and the effervescing solution of tartarate of soda given as drink.

Here, then, are twelve cases of variola occurring in lunatics, and exercising absolutely no influence upon their mental state; for we must not consider as such the trifling variations in temper which occurred in three or four patients during the course of the disease, for such changes are met with every day in practice among persons of sound mind. It is true that, on the one hand, in many cases the eruption was very slight, and that, on the other, all the lunatics af-

https://doi.org/10.1192/bjp.18.82.276 Published online by Cambridge University Press

fected save one—No. 12, since recovered—were already, at the date of the invasion of the exanthematous affection, absolutely incurable, and the others in a state of chronicity almost completely excluding all hope of recovery. A year has now passed since the epidemic, and the mental condition of none of the eleven patients has undergone change, all are in *statu quo ante*. Let us add that this is the first time that any epidemic has appeared at Préfargier during the 24 years which it has been in existence; specially, we have never seen typhoid fever in the place (in a total of 1,900 patients), although the neighbouring villages have been repeatedly visited by very serious epidemics of this disease, and this completely supports the remark made by Thore in his examination of diseases occurring in lunatics,[1] that typhoid fever is very rare in this class of patients. "For ourselves," he says, "we can assert that we have not observed during a whole year passed in the Bicêtre a case of typhoid fever, and many of our colleagues who have preceded us in the same duties have made the same remark.[2]

In presence of results so negative as those we have just indicated, and which are in opposition to some rare cases related by various authors, in which the mental symptoms were completely modified by variola, we have looked up what related to this question in psychological literature, but we have found almost nothing. Thore in particular, in the conscientious examination which we have just mentioned, does not even mention small pox, as he only discusses, in his chapter on general diseases, typhoid fever, intermittent fever, articular rheumatism, and scurvy; he ably examines, in an article which appeared in 1856 (p. 162), the hallucinations in variola, but here the patients were not lunatics.

This physician observes that hallucinations in variola appear in about 5 per cent. of the cases, or nearly so; but let us remark in connection with this matter that no febrile delirium occurred in any of our twelve lunatics, and yet Dr. Berthier[3] affirms that fever, whatever its form, "exercises a manifest influence upon insanity," and still farther he says, "that the eruptive fevers are not without influence upon the progress of insanity: this winter there left the Madeleine, a woman who owed her recovery to a convenient (bonne) attack of small pox."

Nasse[4] mentions, also, but without giving any details, a case of general paralysis cured by the invasion of small pox, and Marcé[5] says that Chiarugi had seen variola beneficial in an attack of mania; finally Schlager[6] observed some cases in which the invasion of variola was followed by a complete cessation of psychical disorders of long stand-

[1] "Annales Med.-Psych.," 1846, i., 375. [2] Nevertheless Gaye saw in 1845 an epidemic of typhoid fever attack 62 patients (in 500) at the Asylum at Schleswig. [3] "Annales Médico-psychol.," 1861, p. 14. [4] "Irrenfreund," 1870, p. 113. [5] "Maladies mentales," p. 91. [6] "Wiener medizinische Zeitschrift," 1868, p. 151.

https://doi.org/10.1192/bjp.18.82.276 Published online by Cambridge University Press

ing. In two of these cases the recovery was complete and permanent, in the others, which had already presented slight symptoms of paralysis, the improvement due to the eruptive fever was really but a remission which did not save the patients from perishing later from general paralysis.

In short, the intercurrent disease which appears to have most frequently a favourable influence upon the course of mental diseases is, according to the works of Berthier,[7] Nasse,[8] Girard,[9] typhoid fever, since, according to Nasse, Bach has seen ten cases of recovery in eleven; Schlager six in eleven; and Gaye,[10] in sixty-two recoveries from mental diseases, considered four as due to this affection.[11]

We therefore see that in what concerns the influence of variola upon mental disease, the problem is far from being solved, and we forbear to attempt the solution at present, for the number of our observations is much too limited for us to pretend to draw any positive conclusions therefrom; besides, we have already drawn attention to the fact that all our cases but one were already chronic, and consequently were much less likely to be modified by the febrile disease. Questions such as the present subject of this paper can never be completely solved until science has collected a large number of authentic observations, and it is simply on this account that we have wished that our cases should not be allowed to be forgotten.

On Moral Contagion. By Dr. Despine.

In his short pamphlet of twenty-four pages, the writer treats of a matter observed by all who read the newspaper—we mean the fact that crimes, particularly those of a graver description, generally occur in epidemics. To prove this point, Dr. Despine, in the first division of his paper, records a large number of murders, suicides, robberies, &c.; on these it is not necessary to dwell, but we shall pass on to his second division—the law which regulates Moral Contagion. The following is what is said on this matter:—

Moral contagion being a natural phenomenon, is consequently one of the laws to which God has subjected all created things. We succeed in the discovery of this law by analysing moral facts and by studying the circumstances in which they occur, in the same manner as we succeed in discovering the laws which preside over the phenomena of the physical and organic worlds, by studying perseveringly the facts appertaining thereto as well as the conditions in which they are

[7] "Loc. cit." [8] "Allgem. Zeitschrift für Psychiatrie," 1864. [9] "Annales Méd.-psych.," 1846, ii., p. 83. [10] "Allgem. Zeitschrift für Psychiatrie," 1862, ix., p. 1963. [11] See also, on the connection between typhoid fever and mental diseases, the works of Wille "Allgem. Zeitsch. für Psychiat.," the vols. for 1865 and 1870, and of Nasse, the same journal, 1870.

https://doi.org/10.1192/bjp.18.82.276 Published online by Cambridge University Press