prepared to believe that there has been no diminution in warlike tendency and predatory activities since the time of the Egyptian empire, if Dr. Mitchell could prove to us the existence of a Peace Society in Thebes, while Ramses the Great was marauding in the territories of his Asiatic neighbours. We are not among those who take a very exalted view of the intelligence and moral sentiments, even of our educated classes, but we cannot help thinking that there is some improvement in the public moral sense, when we compare modern England with ancient Egypt. It is true that in moments of excitement or panic, horrible deeds are still perpetrated in the name of England, but surely our public conscience would be somewhat shocked were we to set up in one of our Cathedral windows a symbolic representation of the Queen hanging Afghan prisoners, or flogging negro women in Jamaica. Yet a similar symbolic representation of the Egyptian King is one of the commonest sculptures on Egyptian temples.

We have dwelt rather upon what we consider the vulnerable points in Dr. Mitchell's lectures, but we must say in conclusion that we welcome the book as full of ingenious suggestions, and as re-calling those aspects of the question, which are rather apt to be lost sight of now-a-days in the rush of evolutionary thought. The Association has reason to be proud of a member who, to his wide knowledge of the subjects falling under his special branch of medicine, adds those of the ethnologist and antiquary.

W. S. T.

Congrès International de Médécine Mentale. Comptes Rendus Sténographiques. Paris, 1880.

(Concluded from page 597).

Mental and Nervous Pathology

1. Clinical varieties of General Paralysis, by Dr. Falret.
2. General Paralysis, with symptoms of circular insanity *(à double forme)*, by Dr. E. de Lemaëstre.
3. Clinical varieties of General Paralysis, Dr. Daniel Brunet.
4. On the frequency and effects of cerebral congestion among the insane, by Dr. Mordret.
5. Statistical researches on the modifications of the pupilary orifice in General Paralysis, by Dr. Doutrebente.

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6. Study on the temperature of the surface of the head in the insane, by Dr. A. Voisin.
7. Researches on the pathological anatomy of the blood in insanity, by Dr. Gallopain.
8. Considerations on paralytic dementia as one of the terminations of insanity, by Dr. Girard de Cailleux.
9. Anatomo-pathological researches on Idiocy, by Professor Mierzejewski.

Legal Medecine.

10. On instantaneous transitory insanity *(Délire par accès)* in its relation to the medical jurisprudence of the insane, by Professor Lasègue.
11. On Larvated Epilepsy, by Dr. Christian.
12. Clinical considerations on Epileptic Insanity, by Dr. M. G. Echeverria.
13. On Partial Responsibility of the Insane, by Dr. Lagardelle.
14. On the Patronage of the Insane, by Dr. Brosius.
15. On Article 29 of the Law of June 30, 1838, by Dr. Rouby.
16. Essay on Normal and Pathological Physiology of the emephalon, by Dr. Ed. Fournié.
17. On Psychical or moral Heredity, by Dr. Fournet.

We cannot dwell at length on the interesting communications on General Paralysis made at the Congress, and which did not point out any new facts concerning the disease. Dr. Falret, after establishing that general paralysis usually exhibits a longer duration, when allied to hereditary influences, admits the following division:—1. Progressive general paralysis without insanity. 2. Congestive variety. 3. Epileptic variety. 4. Melancholic variety. 5. Congestive mania. Notwithstanding our agreement as to the unity of general paralysis, we are led to recognise in it, according to Dr. Falret, if not a large group of cerebral affections composed of several morbid species, at any rate a disease displaying important clinical distinctions or varieties of the same kind, unless we rather admit new morbid species belonging to a more extensive genus. Dr. Brunet, viewing general paralysis as chronic pericerebritis, divides it into four forms. 1. *Maniacal* form with general excitement and incoherence. 2. The *ambitious* form with partial exaltation. 3. The melancholic form with partial melancholy alienation, and 4, the *demented* form, in which the intelligence is lessened without any excitement.

The variety of general paralysis described by Dr. Lemaëstre, corresponds to that form which has been long ago pointed out by Renandin, Lunier, and others.

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Dr. Doutrebente holds that the inequality of the pupils in general paralysis originates in the action of the sympathetic upon a state of congestion or sclerosis of the brain. Chronic irritation at the origin of the third nerve (irido-constrictor) superinduces a functional increased activity, beyond control of the sympathetic (irido-dilator), with consequent exaggerated contraction of the pupils; and, under such circumstances, the effects of belladonna are considerably lessened.

Out of 95 paretics only 9, or 9·47 per cent., appeared always free from any abnormal change in their pupils, the following being the definite results arrived at by Dr. Doutrebente's repeated researches :—

70 inequalities of the pupils	more dilated on the left side	46
	,, ,, on the right	17
	unequal at the beginning in patients now in a state of remission	7
12 with exaggerated contraction of 0^m001, or less.		12
4 abnormal dilatation from 0^m005 to 0^m0093.		4
9 Normal State.....	Apoplectic dementia	3
	Locomotor ataxy	1
	General chorea	1
	General Paralysis	4
95	Total,	95

Leaving out five cases improperly included as paretics in the last series, we find that only four out of 90 paretics remained free from abnormal changes in the pupils, which proves the diagnostic value attached to this symptom.

Dr. Voisin asserts that the temperature of the head fluctuates according to the morbid processes developed in the brain, the knowledge of such a cerebral hyperthermia leading us to the successful treatment of mental disorders by the timely application of powerful revulsives (blisters, cauteries) to the head. To facilitate the application of this method without error, Dr. Voisin has had a very sensitive small thermometer constructed, which can be easily applied to the scalp, and the points of the skull on which he makes his investigations are the following :—The middle of the forehead, behind the ears, over the bregma, over the iniac point (superior occipital process), and over the temples.

The recent researches of F. Franck, however, seem to confirm, as already concluded by Lombard, that the temperature

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in the outer surface of the head does not represent in kind or in degree the relative temperature of the underlying parts of the cerebral tissue. Consequently, we must see this important subject more elucidated before we can admit, without reserve, the real value of cerebral thermometry, of which Dr. Voisin speaks with great faith.

The interesting investigations of Dr. Gallopain are chiefly directed to ascertain the amount of red and white corpuscles, and of hæmoglobine in the blood, in acute and chronic mania, hypemania, general paralysis, dementia, epilepsy and idiocy. A series of comparative estimates by the hæmatimetric and chromometric method employed by Hayem has led Dr. Gallopain to the following conclusions:—

"In the insane: 1. The number of red blood corpuscles is diminished. 2. The number of white blood corpuscles is increased. Anæmia of moderate intensity exists in almost every case. From these facts the following therapeutic consequences are deducted. Danger with consequent absolute banishment of *general* bleeding in insanity. We italicise *general* as we do not cease to resort to local bleeding, which answers, in certain instances, to pressing indications."

"Banishment of artificial suppuration (seton, cauteries, &c.), since the most clear immediate effect of suppuration is to determine a more or less abundant leucocytosis, it being, therefore, at least, useless to augment the already increased amount of white blood corpuscles in the insane."

"Never to overlook the fact that the insane being at the same time always anæmic, tonics should rank foremost in the treatment of insanity."

We pass over the important researches of Professor Mierzejewski on idiocy, which have appeared in this Journal before.

The communication of Professor Lesègue on Sudden Transitory Insanity has been the subject of an interesting analysis by Dr. A. Motet. We would only remark that the practice of English alienists has been generally guided by the fundamental principles laid down by Professor Lasègue, whose assertions are advanced in a most trenchant manner. His views on the malformation of the face and head in reference to epilepsy have been, long ago, more systematically and fully set forth in the ethnic classification of idiots, by Dr. Langdon Down, which seems to have escaped the notice of Dr. Lasègue.

Dr. Christian in his communication on larvated epilepsy

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arrived at the following conclusions:—"It has not as yet been demonstrated that there is a mental epilepsy capable of replacing the convulsive. Epilepsy, under its different manifestations, is always one and identical to itself, it ever needing to be characterized by the existence of the *epileptic fit* or *ictus*, either complete or incomplete. No insanity could be regarded as epileptic unless it had exploded as an epiphenomenon of the fit. Larvated epilepsy does not exist, it always being *mistaken* epilepsy. Although it is legitimate to acknowledge that several cases of instantaneous transitory insanity ought to be referred to epilepsy, the proposition could not be, however, accepted as general. At all events, prior to it, the existence of the convulsive fit should be established."

The principal conclusions arrived at by Dr. Christian confirm those distinctly established by Dr. Echeverria in his communication on Epileptic Insanity, read in 1873 before the Association of Superintendents of American Lunatic Asylums, and which has been, with slight additions, also presented to the Congress in Paris.

Dr. Echeverria does not, however, deny the existence of mental epilepsy, but, on the contrary, demonstrates its reality as one of the manifestations of the epileptic malady. The main elements for the existence of epilepsy are unconsciousness, convulsions, and mental disturbance. These fundamental phenomena do not appear with invariable distinctness, inasmuch as one or more of them may acquire such a prominence as to impart its specific character to the paroxysm. In every case, however, unconsciousness displays itself more or less conspicuously, and is, therefore, according to Dr. Echeverria, the principal exponent of the epileptic malady.

Epileptic insanity is classified under intermittent, remittent, and continuous, the first variety being characterised by fits exploding after intervals of more or less regular periods of sanity; the second by imperfect restoration of mental health between the paroxysms; and the third by persistent mental disorder not changed by the fits. It is not rare for intermittent epilepsy to reach its last stages without any conspicuous spasmodic symptoms. This form corresponds to the larvated epilepsy of Morel and Falret, but does not end always in ordinary convulsive fits as held by the former, for many often die of cerebral congestion with profound coma. But, in every instance, it will be possible to detect, in addition to the

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epileptic pupil, slight twitchings and local convulsions, or sudden jerks of the limbs in proof of the convulsive element of the mental attack.

Dr. Echeverria enters into a careful and original study of unconsciousness illustrated by examples of great practical medico-legal importance. The limits of this review do not allow us to refer to them, nor to the description of the symptoms of the epileptic insane, the most striking of which is the *epileptic echo*, or repetition of words and phrases by the patient. Finally, Dr. Echeverria does not acknowledge the medico-legal value ascribed to the bromide of potassium by Legrand du Saulle, who proclaims it the "touchstone" of epilepsy, for the exhibition of the salt has induced, in various epileptics under Dr. Echeverria's care, maniacal or melancholic derangement sometimes of a homicidal or suicidal nature, instead of the diminution of their fits.

Dr. Lagardelle declares himself a partisan of a mixed doctrine between that of absolute irresponsibility and that of partial responsibility, and which may be thus *résumed*: 1. Irresponsibility in the majority of cases with a state of mental alienation at the moment of the act. 2. Complete responsibility for acts perpetrated under determined circumstances of completely lucid intervals; epileptics, alcoholism, impulsive insanity, intermittent insanity. 3. Attenuated responsibility in cases in which there is a simple weakening of the free-will: weak-minded, imbeciles, alcoholics, intermittent insane.

The great difficulty and consequent danger attached to the mixed theory advocated by Dr. Lagardelle is the impossibility to determine positively the influence which the malady might have had in the production of the criminal deed, in cases falling under the second and third categories.

Dr. Brosius asked, in warm terms, the encouragement of the Congress for the Societies of patronage for the Insane.

Dr. Rouby, in order to demonstrate the shortcomings of the Article 29 of the Law of June, 1839, relates four cases, in which the Judges were mistaken in their decision, attended with the most serious consequences. To avoid this evil, Dr. Rouby suggests that such decisions should be rendered by the President of the Court and two alienist physicians not connected with the establishment where the lunatic is placed, instead of by the President and two Judges of the Court.

Dr. Fournié regards the brain as composed of three essential

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parts reciprocally acting on one another and individually contributing to the same end. These parts are: 1. The optic lobes, which give rise to sensations, either actual or remembered, of every kind. 2. The cells in the superficial layer of the cortex which retain, under the form of possible movements, the property of awakening determined sensations in the optic lobes, and thus represent the organic conditions for memory and knowledge. 3. The cells in the deep layers of the cortex, which excite the motor fibres converging towards the cells in the corpora striata. The simplest functional operation of the brain requires the concurrence of these three parts, and whenever one is at fault the mechanism becomes deeply deranged or suspended.

The abnormal operation of these parts is characterised by either an increase, a lessening, or a loss of the physiological properties of the elements, superinduced by either a derangement of circulation, or the injurious presence of homeomorphous or heteromorphous products, or a traumatic action, or, lastly, by some specific modification in the life of the elements.

No cerebral act being possible without the participation of the three fundamental phenomena of sensation, memory, and motory excitement, it follows that the disturbance of any of these phenomena determines that of the others and of the whole cerebral mechanism. Since no fundamental phenomenon constitutes separately a complete function, its isolated derangement cannot constitute a distinct malady; consequently, hallucinations, amnesia, paresis, paralysis, are met, in different degrees, with every disease described by alienists. And hence the neurological principle admissible in mental pathology is to establish morbid species according to the absence or presence, or to the association, successive order, or predominance of the fundamental phenomena constituting the function of intelligence.

Without entering into all the philosophical views of Dr. Fournet on Moral Heredity, we may briefly point out that he ascribes to organic heredity the transmission of the animal feelings and impulsive tendencies; and to moral heredity the power to judge, to control, and to direct them.

Finally the proceedings of the International Congress close with an appendix of the translation, by M. Michel Möring, of that part in the valuable report of Dr. Manning referring to special asylums for insane criminals.

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