relation to the paper by Dr. Pontoppidan mentioned in a former number of the JOURNAL (1902). Dr. Thalbitzer has written on the "Manu-depressive Psychoses," and Dr. Wimmer on "Evolutive Paranoia."

## FRANCE.

By Dr. RENÉ SEMELAIGNE.

*Constitutional Psychoses.*—Dr. Arnaud, of Paris, contributed to the *Traité de Pathologie mentale*, recently edited by Dr. Gilbert Ballet, a study of constitutional psychoses, which he successively considers among patients with a latent and an apparent predisposition to insanity.

In the first group there may appear primary systematised delusions, acute or chronic, and periodic or circular insanity. The second group produces obsessions and impulses, moral and reasoning insanity, and various delusions, *e. g.*, reasoning mania, melancholia, and persecutory delusions.

In the first group are found—

1. Acute systematised delusions presenting various forms.
   (*a*) Simple and single attacks, sudden and unforeseen, which soon disappear.
   (*b*) Successive attacks of delusions with essentially polymorphous manifestations.
   (*c*) Attacks similar or dissimilar to one another in character, and separated by intervals of complete calmness.
   (*d*) Accidental attacks during the evolution of a chronic delusion.
2. Chronic systematised delusions due to depression. This variety includes—
   (*a*) Delusions of persecution with a systematised evolution.
   (*b*) Delusions of persecution with self-accusation.
   (*c*) Hypochondriacal systematised delusions or nosomania.
3. The expansive variety. This includes—
   (*a*) Systematised delusions of ambition, or megalomania.
   (*b*) Systematised religious delusions.
   (*c*) Systematised erotic delusions, or erotomania.
   (*d*) Systematised senile delusions.
4. Periodic or intermittent psychoses. These show, as a characteristic, more or less frequent and regular attacks of mania or melancholia, separated by intervals of normal or nearly normal mental health. Such psychoses include two quite opposite varieties:
   (*a*) A genuine intermittent variety with attacks of a similar nature to one another, *i. e.* mania or melancholia.
   (*b*) A circular variety without any lucid interval.

The psychoses among those with an apparent predisposition to insanity are characterised by disorders of the feelings, will, and power of self-control, more than by true intellectual disorders. Such patients often present physical stigmata, and generally have shown from childhood or puberty psychic signs of morbid heredity or degeneration. One

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might observe reasoning mania, moral insanity, delusions of persecution without hallucinations, paranoia originaria.

Dr. Arnaud divides obsessions into two classes, *viz.*, inhibitory and impulsive, but a common basis is aboulia. In the first class are interrogative obsessions and phobias.

Insanity of doubt is a mental state characterised by special obsessions, such as incessant interrogations, an anxiousness for repeated verifications, and by an unconsciousness of the absurdity of such a state.

The *délire du toucher* does not consist of a disorder of the sense of touch, but is an excessive motivity. It is a genuine phobia where one is obliged to touch some object, but the emotion does not succeed the touch but precedes it, and often is caused by sight or thought. Every sensation, feeling, or idea may produce a morbid fear or phobia. There are three principal varieties :

1. Fear of object, place, or element, *e. g.*, fear of open spaces, or agoraphobia ; fear of closed spaces, or claustrophobia ; fear of height, or acrophobia ; fear of precipices, or cremophobia ; fear of fire, or pyrophobia ; fear of cosmic phenomena, or astrophobia ; fear of darkness, or nyctophobia ; fear of wind, or anemophobia ; fear of railway travelling, or siderodromophobia, etc.
2. Fear of pain, disease, death, or functional impotence.
3. Fear of living beings (anthrophobia and zoophobia).

Impulsive obsessions may be classified as follows :

1. Dipsomania, or irresistible proclivity for drinking ; and sitiomania, or impulse to eat.
2. Kleptomania, or irresistible impulse to steal ; pyromania, or impulse to burn.
3. Homicidal obsessions.
4. Impulse to suicide.
5. Onomatomania, or obsession of one or more words.
6. Coprolalia, or impulse to repeat some obscene words ; and echolalia, or impulse to repeat like an echo—words, or sometimes one's own thoughts.

Sexual anomalies and perversions may be divided into the following classes :

1. Exaltation of the sexual functions (nymphomania and satyriasis).
2. Genesic weakness (erotomania, which is quite psychical).
3. Genesic perversions, which are numerous, and having a character which is common to all varieties of this class, *viz.*, sexual satisfaction could not be obtained without interference with conditions which have no connection with the genital power.

*Neurose d'Angoisse.*—Dr. Capgras, Assistant Medical Officer, Lafond Asylum, reported observations taken from two cases of neurosis, especially characterised by anxiety, anguish, vertigos, and phobias.

The first patient, æt. 56, had been compelled to restrain himself during thirty years of his life, notwithstanding his violent desires. The anxious state induced a suicidal tendency. After several attempts at self-destruction the anxiety diminished, and the patient became sunk in melancholia,—without delusions, however, but with tædium vitæ and some hallucinations of hearing. The subjects of the second set of

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observations were a man and his wife, who presented phobias, anguish, and attempts at suicide. The wife became insane and died in the asylum; the husband, after having severed the conjugal ties, did not present any new attacks of anguish.

According to the author, the neurose d'angoisse is an intermediate stage between neuroses and anxious psychoses.

*Migratory Insanity.*—Dr. Wahl reported three cases of migratory insanity.

The first patient, æt. 22 when admitted to the asylum, had been a wanderer since his infancy, having left his home and rambled over part of Europe. During his peregrinations he followed various callings, and from necessity was at different times rag-picker, street porter, dock labourer, mariner, etc. He was often arrested in the various countries through which he passed, and had been expelled from Belgium (thirty-three times) and from Germany.

The second patient, æt. 43, presented physical stigmata of degeneration. He was a lubric, exhibitionist, and pederast, and had been twenty-three times sentenced to confinement. He travelled in many countries to escape prosecution. Admitted to an asylum, he pretended to be injured and electrified. Contrary to those suffering from chronic persecutory delusions, whose persecutors, at first numerous and unknown, are by degrees embodied in a single individual, this patient began with one persecutor, who eventually multiplied to an enormous number. Hallucinations were chiefly sexual.

The third patient, æt. 33, showed mental degeneration, with systematised delusions of persecution, hallucinations of hearing, and ideas of grandeur. When he was a soldier he deserted and wandered from one town to another throughout a great part of Europe and Asia.

According to Dr. Gilbert Ballet, the most common type of *migrateur* is the wanderer going from one country to another; one also may observe *migrateurs* suffering from persecutory delusions, epilepsy, hysteria, and dementia. Some, however, are for the most part calm and quite normal, but suddenly, at times, feel the imperious necessity of going away, travelling for days, weeks, and sometimes months without ever looking at anything, and only go because they want to do so.

Dr. Briand knew a man who was troubled with an obsession for travelling. He worked during the week, and each Saturday evening he would go away, returning at midday on Sunday and resuming his habitual duty, having been without sleep for twenty-four hours. Another man used, every Saturday evening, to take the train from Paris to Brest, spend a few hours in the latter town, and return to Paris. His own son showed the same tendency to travel, but he preferred walking.

Dr. Chivet observed that some cases of circular insanity presented migratory symptoms.

*Histology of General Paralysis.*—According to Dr. Kleiffel, of Paris, general paralysis is a syndrome, and may be divided into three groups:

1. Inflammatory general paralysis having inflammatory disorders, sometimes going on to diapedesis.

2. Inflammatory encephalitis appears as a secondary infection.

3. Degenerative general paralysis, consisting merely of degenerative changes.



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The author studied the histological changes in every group.

Dr. Anglade does not entirely agree with Dr. Kleiffel, but believes that inflammation of the brain substance is not primary, but secondary to lesions of the meninges.

Prof. Joffroy and Dr. Bombault report the *post-mortem* appearances seen in a case of general paralysis, which showed genuine syringomyelitis. According to them, the causes which produce the anatomical basis of general paralysis (*i. e.*, the inflammation of the brain) are unable to act efficiently when the nervous system has not a special predisposition. General paralysis is a degenerative disease.

Prof. Joffroy observed a genuine tabetic, who, after some months, showed all the mental symptoms of general paralysis. At the autopsy the histological examination confirmed the diagnosis, and showed the pathological lesions of both diseases, tabes and general paralysis.

*Hallucinations in General Paralysis.*—Drs. Gilbert Ballet and Vallon observed a general paralytic, who presented ideas of persecution with auditory hallucinations. He was hearing both good and bad "voices." With the progress of the disease the ideas of persecution grew rather childish. He pretended to be injured by the voices associated with sound of the springs of the tramways, but was comforted by those of the springs of the arm-chairs.

Dr. René Semelaigne had the care of a general paralytic, æt. 42, who presented unilateral hallucinations of hearing. The patient successively heard buzzing noises, and then voices. He heard a man and woman singing, sometimes separately and sometimes together. The woman occasionally addressed the patient, the man did not. Two months after his admission to the Maison de Santé he complained of having a young lady in his head, just between the eyes, who conversed with him in a friendly way, was visited by her uncle, by a priest, and by a lady friend, who spent some days with her in the head of the patient. They went away, and the girl began to grow. While her head remained between his eyes, her feet came down to his stomach. Then she became quarrelsome, kicked, and threatened to eat his brain. Notwithstanding, the auditory hallucinations were as active as before, but more especially concerned the young lady. The patient heard voices of some of her relatives, and others who were desirous of seducing her. One night he heard the voice of his mother-in-law, who took him to task for neglecting her daughter and flirting with that unknown woman. He swore that he was innocent, but two new girls came to visit their friend, and all then suddenly disappeared. The patient for some days was calm and quiet, but there followed a violent agitation succeeded by grandiose ideas; he believed himself to be a king, the Pope, and gave millions to everybody, etc. etc. The grandiose ideas then vanished, and auditory hallucinations reappeared. Now he pretends to have a man and a woman in his stomach.

Hallucinations in general paralysis are not so uncommon as some authors believe; in this case they preceded all the characteristic signs, and now, when the patient is approaching dementia, they are always active, but have resumed a rather childish type.

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