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

I.—*Foreign Psychological Literature.* By J. T. Arlidge, A.B. & M.B. Lond., M.R.C.P. Lond.

To make our retrospect more complete, we propose to give the titles of such essays and papers on insanity and cerebral disease as appear in the foreign journals exchanged with us or purchased, but which, from want of space and other reasons, we are unable to present to our readers in summary. By so doing we shall increase the value of these quarterly reports on the progress of psychological medicine, particularly to those who desire to make reference to the opinions and practice of Continental and American physicians. In other words, our retrospect will serve as a more complete index to the labours of our contemporaries in other countries.

'*Schmidt's Jahrbuch der Gesammten Medicin,*' Nos. 1 and 2, 1863, contains in its section devoted to psychiatry a notice from the 'Medical Times' of Dr. Mitchell's paper on "Illegitimate Birth as a Cause of Idiocy," and an analytical sketch of the various opinions enunciated respecting the nature and origin of the "swollen ear" (othæmatom) of the insane. Having in previous numbers of this Journal given a review of the state of opinion on this lesion of the external ear, we shall not analyse the present essay, but content ourselves with commending it to those of our readers who may wish to pursue the subject, as a very complete *résumé* of what has been written lately upon it.

Professor Heschl recounts a case of "*Ossification of the Nerve-cells in the Brain of a Lunatic.*" The patient suffered with melancholia, and was twenty-six years of age. After death a (hæmorrhagic) cavity was found in the cortical portion of the right cerebral hemisphere, of the size of a bean, occupied by fine fibres and a reddish serum, consisting of blood-vessels in a state of fatty degeneration, areolar tissue, and the colouring matter of the blood. The substance immediately surrounding this cavity was firmer than the cerebral matter, and of a pale-gray colour, but there was a gradual transition from this denser tissue to the ordinary brain-tissue external to it. In the firm lamina was a compact, finely granular substance, enclosing numerous reddish pigment specks, the débris of blood-vessels, together with some clearly defined groups of nerve-cells and fibres which had undergone ossification, or were in process

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of ossification. These cells presented three or four processes; in several, dark, finely granular pigment matter was found; others were of a more homogeneous and less granular appearance, and contained a round or oval nucleus, whilst others were firmer, and rendered opaque by the accumulation of granular matter. The more closely packed cells were connected together by their processes. Hydrochloric acid dissolved the granular contents without the disengagement of gas, and left in view the cells with a pale outline. Liquor potassæ produced no change on the cells. Förster, in his 'Atlas of Pathology,' describes similar ossified nerve-cells in the gray matter of the lumbar enlargement of the spinal cord in a youth who had suffered with paraplegia.*

"*On Abnormal Sensations of Hunger and Thirst in the Insane, and on their Influence on Symptoms and Treatment.*"—A paper on this subject, by M. Michéa appeared in the 'Gazette des Hôpitaux,' 1862, and is analysed in Schmidt's 'Jahrbücher' by Koeppe.

Among disorders of organs external to the cranium, those of the intestinal tract are most commonly associated with the phenomena of the so-called sympathetic insanity in the relation of causes. Hypochondriacal delirium is for the most part connected with depraved sensation of the stomach and dyspepsia; the victims of pellagra suffer with melancholia and a proclivity to suicide by drowning, owing to the feeling of consuming fire in the stomach and pyrosis; and a propensity to kill, to strike, to bite, or even to suicide, is found in connection with the process of digestion. The desire for movement, or for repose, is likewise influenced by the state of hunger and thirst, their presence leading to restlessness, and their removal by a good meal to quietude. Sitophobia in melancholia is frequently owing to psychical causes, as hallucinations and illusions, but is still oftener due to the absence of hunger and thirst, and such anorexia may last for months or years. An exaltation of the sense of hunger is met with in cases of psychical excitement, in mania and dementia, and above all, in paralytic dementia. In this last, both excessive hunger and thirst are frequent, and the agitation of its early stage is probably attributable to these exaggerated sensations. Iodide of potassium, and also opium, will be found serviceable in melancholics who cannot eat and drink. The last drug named is also of much value where hunger and thirst are exaggerated, as in mania and general paralysis.

Dr. H. Meissner, of Leipzig, has contributed to the second part of Schmidt's 'Jahrbucher,' 1863, a most valuable essay on "*Thrombosis and Embolia,*" in which he has collected and reviewed the cases and opinions published by most writers on the subject, and treated

* See case of "Ossific Deposit in the Brain," hereafter reported by Dr. Erlenmeyer, p. 238.

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in more detail, the occurrence and consequence of those lesions when they involve the blood-vessels of the brain.

'*Archiv der Deutschen Gesellschaft für Psychiatrie und gerichtliche Psychologie.*' 'Archives of the German Association for Psychiatry and Judicial Psychology,' edited by Dr. Erlenmeyer, superintendent of the private asylum of Bendorf, near Coblenz.—This journal has reached its fifth volume, and has apparently a similar scope with our own, presenting to its readers original articles from members of the association, and reviews and abstracts of psychological treatises appearing in Germany and elsewhere. The part now before us contains four original articles—on the occurrence and prevalence of idiocy in the kingdom of Hanover, by Dr. Brandes; on tetanus with delirium, by Dr. Santlus; on the state of the urine among the insane, by Dr. Voppel; and a summary of the history of cases of nervous disease occurring in his practice, by Dr. Franque.

The first essay, "*On the Prevalence of Insanity in the Kingdom of Hanover,*" is entirely statistical, and does not readily admit of analysis. The principal facts arrived at are, that there are 1259 idiots in the kingdom, or 1 in every 1445 of the population. Of insane, including those suffering from mania, melancholia, monomania, and secondary dementia, there are 1825, or 1 in 997 of the population; whilst there are 1302 deaf and dumb, or 1 in 1398; and 1196 blind, or 1 in 1522. Hence insanity in its various forms affects more people than does idiocy, and for every two idiots there are three lunatics. In one province, Clausthal, this relation is reversed, there being more idiots than lunatics, the former being 1 in 800 and the latter 1 in 1025, and this same locality also presents a higher proportionate number of the deaf and dumb and of the blind. There are subdivisions of the provinces enumerated, in which the mentally degraded population stands in a still higher ratio; one, for instance, in which it is as 1 in 245; and taking small villages, we find one with 4 idiots among 140 people; another with 3 among 153, and so forth, in a decreasing proportion for the other villages and towns cited. This manner of calculating the proportion would lead to unfair inferences if applied to the whole kingdom; villages may in every country be found, among the scanty population of which a family of idiots may be met with, and where idiocy will therefore appear alarmingly prevalent.

Dr. Voppel's paper on the "*State of the Urine among the Insane,*" is by its title calculated to mislead. He has indeed carefully examined, chemically and otherwise, the urine of a large number of insane, and has well tabulated the results, but he has chosen for examination those insane who were labouring under Bright's disease and other renal affections, or tuberculosis, heart disease, and other maladies. We cannot tell, indeed, whether any diligent student, who

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might compare the results of his examination of the urine in insane patients suffering from such diseases with those of other observers of the state of that secretion in patients suffering from them, but not afflicted with insanity, could trace any modifying influence to the existence of mental aberration, for otherwise we cannot perceive in what way his painstaking researches can throw any light on the question whether the urine undergoes any necessary and constant change in its composition in those affected by insanity in any one of its forms.

'*Correspondenz-Blatt der Deutschen Gesellschaft für Psychiatrie und Gerichtliche Psychologie*,' January to April, 1863.—This is a small fortnightly journal, issued, like the foregoing, under the auspices of the German Association for Psychiatry, containing original articles, reports of asylums, reviews, and notes of events transpiring in asylums. It is edited jointly by Drs. Kelp, Eulenberg, Erlenmeyer, and Otto.

In the January number, Dr. Ponza, of Alessandria, Italy, has contributed a brief report of a commission of inquiry relative to the large asylum of the Senavra, in Milan. This institution took its rise in 1781, when the old monastery of Senavra was set apart, and converted into an asylum for the insane. In 1792 a large addition was made to the building for the reception of female lunatics. It is situated at the eastern extremity of the city, surrounded by a marsh and canals, and in immediate contiguity with a burial ground and the fortifications. Its construction is irregular; it contains in its two divisions 584 patients, of whom 277 are males and 307 females. It has an annual endowment of 70,000 francs, and receives both pensioners and pauper inmates. It is a three-storied building, and together with the usual offices contains a concert-room, a theatre, and workshops for shoemakers, tailors, and straw-plaiters, with schoolrooms for music, painting, and reading and writing. The cleanliness of the establishment is highly spoken of; there is a want of separate day or dining-rooms, and, with few exceptions, the dormitories and single rooms are very defective, being damp and gloomy, from the absence of proper lighting and ventilation.

The asylum is much overcrowded, chiefly with chronic and incurable cases, owing to the circumstance that those recently attacked with insanity are first taken to the large general hospital of the city, and retained there for a longer or shorter time, under conditions calculated to aggravate and render their malady chronic.

It is under the management of a physician-director and four assistants; and there are sixty-one attendants, or one to nearly every nine patients. Notwithstanding the many praiseworthy attempts to render this asylum as useful to its inmates as its construction and position will admit, the commissioners are compelled to press for its

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removal to another locality away from the city, and for its reconstruction according to the enlightened and matured principles of the present time. The report is signed by Drs. Massone, Borroni, and Ponza.

The February number of the journal contains a notice of a case of "*Ossific Deposit in the Brain*," by Dr. Erlenmeyer. The patient, who was blind with amaurosis of both eyes, subsequently became a victim of monomania, and at length was seized with epileptiform convulsions. A tumour about the commissure of the optic nerves was diagnosed, and on a post-mortem examination this portion of the brain was found indurated and much enlarged by a deposit of ossific-looking matter in its substance. Moreover, similar particles, of the size of millet-seeds and under, were scattered throughout the substance of the brain, giving it a gritty feeling on pressure.

These sandy particles, when treated with acid, were reduced to a soft mass by the dissolution of the inorganic material, which proved to be of a calcareous nature. This calcareous matter had first been deposited about the minute arteries and the connective tissue, and the cells of the cerebral substance had afterwards become occupied and rendered opaque by fine granules. Some of these cells also presented a distinct nucleus like those of bone. The calcareous substance penetrated also into the processes of the cells, but on its removal by acid the structure of the cells appeared unchanged. From the reaction of this inorganic material the conclusion arrived at was that it consisted of phosphate of lime.

"*Insanity in Children*" is the subject of an article in the March number, by Dr. Berkhan, of the Brunswick Asylum. The author has given a brief history of two cases in children, respectively aged 3½ and 12, and from various sources has collected particulars of forty-five others, which he has carefully analysed.

His table of the ages of these forty-seven cases shows that—

1	child was	9 months old.
1	„	2½ years.
2	„	3½ „
3	„	5 „
3	„	6 „
5	„	7 to 7½ years.
4	„	8 „
4	„	9 „
10	„	10 to 10½ „
10	„	11 „
4	„	12 „

From this it appears that the proclivity to insanity increases with the age of children.

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With reference to sex, 20 of the 47 children were boys and 14 girls; of the remainder, the sex is not stated. The character of mental disorder was that of—

Depression in 13, viz., in 8 boys, 4 girls, and 1 "child."

Excitement in 23, viz., in 6 boys, 7 girls, and 10 "children."

Hallucinations in 2, viz., in 1 boy and 1 girl.

Insanity (as generally spoken of) in 9, viz., in 5 boys, 2 girls, and 2 "children."

Excitement, or mental exaltation, is therefore most frequent, particularly in those of the tenderest age, for when they reach the eleventh year, depression becomes the most common; thus, of 10 instances in those of eleven years old, 7 suffered from melancholia.

The assigned causes are very various; in 3 hereditary predisposition is stated, in 3 chorea, and in 5 fright, this last having also been in two instances followed by convulsions. Omitting the three narrated by the author, recovery is mentioned in 18 of the 44 other cases, and the duration of the malady varied from eight days to two years. The largest proportion of cures occurred among those who were eleven years old; thus, of 10 such, 8 recovered. A relapse is recorded of one case only, and in this one recovery ensued. Five children died. In one of these the anterior cerebral lobes were found degenerated; in another, who perished by suicide, no lesion of the brain was discoverable; in a third some fluid in excess was met with in the ventricles, and some congestion in the blood-vessels.

The author remarks, in conclusion, that mental aberration is a more common occurrence in children than is generally supposed; and he particularly desires to direct the observation of physicians to the subject, and to prevail on them to note any instances they may encounter with care and precision, as he has to deplore the defective history of most of those heretofore placed on record.

Among the notices of the reports of various asylums, the editor has given one of the Sussex Asylum Reports for 1860 and 1861, confining himself to a quotation of the history of the cost of the land and building, and other particulars relating to the number of patients, and the movements which had taken place among them.

'*Die Seelenheilkunde in der Gegenwart*' ('Therapeutics of Insanity at the Present Day') was the subject of an address delivered before a learned society at Berlin, by Dr. H. Laehr, and since published as a brochure. In his preliminary remarks the author treats of the brain as the organ of the mind, and of the mutual interdependence of the two; and he goes on to show that insanity depends on altered brain function, manifested by few or many psychical symptoms. The causes of mental disorder are considered as predisposing and

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exciting, or remote and immediate; and hereditary predisposition is stated to occur in 30 per cent. of the insane. This general disquisition on insanity needs no further notice. The author's opinions respecting asylums may be briefly stated to be, that the physician of an asylum should also be the superintendent and be pre-eminent—the one guiding mind; that the institution should not be so large as to prevent each patient being individually known and treated; that there should be a careful classification of its inmates; and that kindness should be the leading principle in the management; physicians and attendants aiming to be the friends and consolers of their patients.

Dr. Laehr remarks that in England the asylums are colossal in dimensions, and served by a too small medical staff; and that their physicians therefore have daily to perambulate some miles of wards and outlying courts, shops, and offices, in order to visit the entire establishment, and to meet with most of its inmates. With the best intentions, therefore, it becomes impossible for the medical man to treat the patients individually, and professional superintendence (direction) cannot be attempted. Indeed, the physician is under the control of a board of non-professional men, and deposed from his independent and true position. He contrasts this state of things with the arrangements of German asylums, which he puts forward as examples of what such institutions should be as to dimensions and the extent of the medical staff for administration and treatment; and he advances the correct principle, that the true and primary purpose of asylums is not to safely house and feed insane people, but to cure them.

'*Ueber die Physiologische Bedeutung der Religion*' ('On the Physiological Purpose of Religion') is the title of a brochure by Dr. Geerds, assistant-physician of Schweizerhof. It is rather a theological than a medical essay; it insists on the compound nature of man, of soul and body, and of the separate and independent existence and nature of the former, and it points to religion as the *pabulum vitæ* of the soul, as food is the means of support to the body. There is much to commend in the spirit of this brief essay, the nature of which forbids a more lengthy notice of it in this Journal.

'*Allgemeine Zeitschrift für Psychiatrie.*'—This old-established journal is well known to our readers by previous extracts from its pages. The fourth, fifth, and sixth parts of the nineteenth volume, for 1862, are now before us. The original articles contained in these parts are on "The Classification of the Insane at Siegburg," on "The Examination of the Eye in Mental Disorder," "A Synoptical Sketch of the newest Works on Epilepsy," "Reports of the Meeting

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of Asylum Physicians in Dresden in 1862," and of "The Thirty-seventh Meeting of German Naturalists and Physicians in Carlsbad, in 1862." In addition to these articles there are a description and engraved plan of the new asylum at Heppenheim, in Hesse, by Dr. Ludwig, and various bibliographical notices and reviews.

The description of the Heppenheim Asylum is preceded by a discussion respecting the proper position of the section for the refractory and noisy, called forth by the recently published essay of Frank and Rasch on the new asylum for Göttingen and Osnabruck, a production which gets severely criticised. It would appear that these architects arranged in their plan for the complete isolation of the wards for maniacal patients, in the rear of all the other sections, and at a considerable distance from the offices of the superintendent and principal assistants. Against this arrangement Dr. Ludwig advances several arguments of much weight, and deserving the best consideration; one of the principal of these is the necessity of having acute cases and the most troublesome within the easiest supervision of the medical officers. As Dr. Ludwig's opinions generally correspond with those that obtain in this country, it is unnecessary to present them in detail.

The new asylum of Heppenheim is constructed for the reception of 250 patients, and primarily for those considered curable; the chronic cases being provided for in the hospital at Hofheim. The general disposition of the buildings is in an extended line, having the offices of the administration situated in an almost detached block in advance of its centre, and a wing at each end projecting forwards from it at right angles. The central administrative section has, immediately in its rear, store and other rooms, and behind these the kitchen and offices in connection with the laundry and the workshops. From this central block of buildings there is a narrow interval on each side, separating it from the sections occupied by patients, and each of which forms two sides of a square. The quiet inmates and the occupants of the infirmary are disposed in the principal part of the building, and the acute and noisy cases in the wing joining this at right angles. The central administrative building is of three stories, but the sections devoted to patients are only of two. The pensioners are accommodated on the first floor (second story), and the pauper patients on the ground floor. Each section occupied by patients consists of a corridor, with rooms arranged along on one side, and both sleeping and sitting or day rooms are provided on each floor. In short, the entire plan of this new German asylum is, as a whole, a very close copy of several of our English institutions for the insane, but it revives in some of its details arrangements which have been set aside in this country in the most recently constructed asylums. For instance, it provides for cells for all the occupants of its refractory wards, and in its other sections such

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single rooms are proportionately numerous. The wards are very small, and the space for out-door exercise cut up into small airing-courts.

Accommodation is provided for three physicians, including the superintendent, and an apothecary. In this provision due recognition is given of the need and value of proper medical supervision and treatment, and of the principle that insanity is a curable disease, and that the insane require to be not only lodged, fed, and clothed, but also treated, as sufferers from a terrible malady, by all the appliances, skill, and observation of the physician. Though in some respects we may in this country have taken the lead in asylum construction and management, we need in other points to put ourselves in the position of disciples, and learn from our continental colleagues the advantages to be gained by making special provision for the treatment of recent cases, both in the way of distinct asylums or sections for their occupancy, and in the matter of the numerical efficiency of the medical staff to undertake their individual treatment.

Meeting of Asylum Physicians at Dresden in September, 1862.—From the report of this meeting it appears that twenty-nine physicians were present, chiefly from northern Germany, but including three from St. Petersburg. Dr. Flemming acted as chairman. One proposition discussed was the formation of a union of all those engaged in the treatment of the insane throughout Germany, but in the end this scheme was considered impracticable, and in lieu of it it was resolved, on the motion of Dr. Lessing, to revise the rules of the association, and to appoint a sort of committee of reference, from among their most distinguished members, for the purpose of deciding on disputed questions, of giving advice in difficult and contested cases of insanity, and generally of promoting the progress of psychological medicine. Another important matter before the association was the desirability of obtaining uniformity of legislation with regard to the insane. With this object the laws of the different states of Germany had been collected and printed, and Dr. Jessen promised, with the help of his son, to prepare a scheme of lunacy legislation, to be laid before the next meeting. At the conclusion of their meeting most of the members accepted the invitation of Dr. Lessing to visit the asylum of Sonnenstein, in Saxony.

The Thirty-seventh Meeting of the Association of German Naturalists and Physicians took place at Carlsbad a few days subsequently to that at Dresden, and was attended by some of the same physicians, who were there present, as well as by many others. Dr. Moritz Smoler acted as secretary of the psychiatric section, and Dr. Riedel, of Vienna, as its president. The meeting was opened by a report on the progress made in Austria in the treatment and

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management of the insane. New asylums have been erected at Prague, Brünn, Ybbs, and Herrmannsstadt; the asylum at Salzburg enlarged, those at Gratz and Linz almost rebuilt, and the notorious "Narrenthurm" in Vienna converted into a receptacle for chronic cases. Clinical instruction in the treatment of the insane was first attempted in Prague, and afterwards undertaken at Vienna, where, at the present time, there are three private teachers—Leidesdorf, Viszanik, and Schlager, besides Dr. Riedel, the director of the asylum, and his two assistants.

Dr. Engelken read a paper on the employment of opium in puerperal insanity, and as a preservative against relapses. He referred to the use of opium in insanity in France and Holland at a comparatively remote period, and to its being subsequently laid aside; but he claimed for his family the merit of not having shared in this general neglect of the drug, asserting that his grandfather, an inhabitant of Bremen in 1740, constantly resorted to it in the treatment of the insane. Opium he pronounces useful in acute mental disorder, in mania, and melancholia, though not generally applicable until the system has been prepared for its action, a preparation accomplished by giving tartar emetic in full and repeated doses. Opium is particularly indicated in melancholia agitans, which represents the melancholic and usually the preliminary stage of mania. In the puerperal forms of insanity its administration is equally beneficial. These forms make their appearance generally from eight to fourteen days after, though, at times, simultaneously with, delivery; but opium should be given when they are only threatening, and this notwithstanding any fears of inflammation or of interference with the mammary secretion. Two or three grains are given for a dose, and repeated until its effects are observed; but after its continued use for eight days the system gets so accustomed to it, that one or two grains may be added to each dose without ill effects, and Engelken has given as much as sixteen grains for a dose without inducing narcosis. Cerebral congestion is not so frequent a consequence of opium as supposed, and even should it appear it does not render it necessary to discontinue the drug *in toto*, but only to give it in small doses, and at the same time to apply cold to the head. Castor oil will remove the constipation produced, for this effect is almost entirely due to the retention and consolidation of the fæces in the rectum.

By persevering with the medicine for about fourteen days, improvement, often the prelude to recovery, supervenes. Nor must the opium be at once laid aside when such improvement is evident, for there is a great tendency to relapse, even for two or three months, as the nervous system does not regain its vigour except very slowly.

Engelken has treated 137 cases of puerperal insanity, and been

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successful with the majority. The fact that a woman who has once suffered this malady is liable in future confinements to do so again, induced Engelken to employ opium as a prophylactic. With this object he begins to administer opium some fourteen days before delivery, and continues it in small doses for a considerable time afterwards, until the nervous system has acquired strength. This plan, instead of interfering with labour, actually favours it.

In the discussion which followed the reading of this paper there was a general concurrence as to the merits of opium in insanity, particularly in its puerperal forms. Several recommended the endermic use of morphia in conjunction with or without its administration by the mouth. Erlenmeyer insisted on an intrinsic difference between mania and melancholia in the matter of therapeutical agents; and whilst recognising the value of opium in the former as a remedy, denied the occurrence of recovery in cases of mania from the use of opium, except in connection with removal from home and regulated diet. Hoppe affirmed that opium either does not act at all or operates prejudicially upon the nerves, but that its action is on the muscles, and especially on the muscular fibres of the blood-vessels, which become vigorously contracted by its use. Roeser, Jaksch, and others, insisted on puerperal insanity not being, at least in many cases, a true neurosis, but a result of embolia or thrombosis affecting the brain, or of ichorous matter from the uterus, producing phlebitis in other organs, and therefore contended that in mental disorder from such organic causes opium can be of no avail.

Professor Jaksch read a paper on peripheral nervous disorder, which was followed by others on the characteristic signs of chronic poisoning by phosphorus, by Steinbeck; on the weight of the insane in relation to prognosis, by Erlenmeyer; on suicide, in its pathological and juridical aspects, by Schasching; and by various shorter notices on matters relating to cerebral physiology and pathology.

Erlenmeyer, in his remarks "*On the Weight of the Insane in relation to Prognosis,*" notices the attention given by Esquirol to this subject, but objects to the proposition he deduced as too general, that, viz., when the weight increased without an improvement of the mental condition, the prognosis was unfavorable. Jacobi pursued similar inquiries, and weighed his patients at least once a month, and Nasse and Erlenmeyer have continued a similar plan. The general deduction arrived at by the last-named physician is, that the greater the increase of weight relatively to the height, so much more unfavorable is the prognosis. Thus, if the height be five feet and the weight 150 lbs., there are 30 lbs. to each foot, or 2½ lbs. to each inch; now, the higher the weight augments per inch, the prognosis becomes proportionately worse, and where this increase has exceeded 3½ lbs.

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per inch Erlenmeyer has never witnessed recovery. On the contrary, the less the augmentation in weight, or the greater its reduction per inch of the dimension of the body, so much better is the prognosis. Certain bodily conditions are necessarily excepted from this general rule, such as wasting disorders, cancer, tuberculosis, diabetes, &c., in which loss of weight cannot, as a matter of course, be held to be of good omen. The materials collected at Siegburg lead to similar results.

Erleymeyer suggests, as a probable explanation of these relations he seeks to establish, that in the primary forms of insanity, mania, melancholia, and monomania, the urine has a tendency to decomposition, and to the formation of binary compounds. Much material is withdrawn from the organism, and a loss of weight is the consequence. Now, the conditions in which this takes place are curable, and hence the favorable prognosis which may be deduced from the decrease of weight. It is otherwise with dementia, for here the urine is normal, and there is no augmented discharge of solid material, and consequently the weight of the body is increased.

The communication read by Dr. Schasching, "*On Suicide, in its Pathological and Juridical Aspect,*" is a very windy production. It contains, however, one piece of information respecting England which is novel to us, so far, indeed, as any such occurrence has fallen within the scope of our knowledge, viz., that the Crown seizes on the property of every suicide, and thus inflicts a most unrighteous punishment on the guiltless, and often reduces families to poverty! Well may the editor of the 'Zeitschrift' introduce his apostrophe in the paragraph in the following words:—"What a disgrace for the nineteenth century!" We would recommend our German fellow-physicians in future to make more inquiry respecting English customs and English laws before committing themselves to the publication of such assertions.

Intestinal Parasites in the Insane have been frequently observed, and Professor Stein presented a brief notice of a species of Paramecium (named *P. coli*, a ciliated infusorium,) found in the colon and rectum of two insane patients who had suffered from choleraic diarrhœa. Both Stein and Leuckart considered this animalcule identical in kind with one frequently met with in the large intestines of the pig.

'*Annales Médico-Psychologiques.*'—The first two bi-monthly parts for 1863 of this old-established and valuable journal have come to hand, but they contain few papers which at present demand a lengthened notice. The original memoirs are—an extended critical examination of M. Lébert's work on the 'Physiology of Thought,' by M. Chauvet,

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continued from a previous number; a literary psychological article on "The Enchanter, Merlin," by M. Brunet; "A Retrospective Review of Mental Science," by M. Bonnet; and a paper on the "Physiognomy of the Insane," by M. Laurent. Papers on legal medicine are contributed by M. Legrand du Saulle and M. Auzouy; and one on M. Mundy's "Five Cardinal Questions in Administrative Psychiatry," by M. Renaudin, noticed in another page of this Journal. The usual bibliographical notices, abstracts from French and other journals, and the reports of the meetings of the Medico-Psychological Society of Paris, are continued. A long account occurs also in the January number respecting the interesting ceremony observed at the inauguration of the statue of Esquirol, at Charenton, including the speeches delivered by MM. Parchappe and Baillarger. The Medico-Psychological Society has become involved in metaphysics, its members having been warmly engaged in discussing the two dogmas of animism and vitalism, with little practical results, we fear, as far as regards the progress of psychological medicine or the inward satisfaction and convictions of the disputants' own minds.

M. Bonnet's "*Retrospective Review of Mental Science*" goes back to the earliest days in search of the opinions maintained respecting the nature of madness, and is mainly occupied with remarks on demonology and witchcraft, possession by evil spirits, and exorcism. The author moreover speaks of Christ and his casting out devils, as recorded by the evangelists, in a manner calculated to offend most minds who believe in miracles and in the divine mission of the Saviour. On such subjects his manner of writing is flippant and dogmatic, as though an opinion on such matters antagonistic to his own could not be entertained by any man pretending to a fair share of modern enlightenment.

The essay "*On the Physiognomy of the Insane*," by Dr. Laurent, assistant-physician of the Asylum of Quatre-Mares, near Rouen, affords an excellent introduction to the study of physiognomy, particularly in its connection with mental disorder. He sketches in a pleasing manner the relations subsisting between the physiognomy and the development of the mind at different stages of life, and under different varieties of intelligence and moral habits; and after remarking that different nations and families present characteristic types—that, in spite of the endless variety in the features of individuals, people of the same country and family are severally referable to certain types, he proceeds to the consideration of the physiognomy of the insane, and states as an incontrovertible and fundamental fact that the insane possess a type of their own. This study of physiognomy the author has designated, after the example of an old writer on the subject, "*Prosoposcopia*," and in drawing his conclusion appeals not only to the face properly so-called, but also to the general configuration of the head, to the form and position of the

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ears, to the general character of the hair, and to the colour and condition of the skin. He refers to the conclusions of Lavater, and agrees with him that among the insane there is a want of harmony in the features. On the other hand, he does not coincide with the old physiognomist in his statement that the development of the forehead, of the nose, or of the chin, can be separately employed in the recognition of madness, but he looks for the criterion in the physiognomy as a whole, and in the more or less want of accord between the movements of the countenance. Nevertheless it may be remarked that those individuals who have disproportioned features also present an oddity in character and in their actions, and belong to that class of mankind spoken of as "eccentric," or "original." Notwithstanding, it is a circumstance which cannot be put down as an index of insanity. There are many lunatics with regular features, and many singular countenances whose possessors are far from mad.

The friends of a lunatic will generally remark on his altered expression and features since his illness, and, as Damerow suggested, in a recent article on "Physiognomy" (in the 'Zeitschrift für Psychiatrie,' 1860), it is desirable when a patient shows signs of recovery, to inquire of his friends whether his countenance has resumed its normal aspects.

In studying the physiognomy of a person, the eyes are of the first importance to take notice of, and after them the mouth; and the existence or absence of harmony between these two, in expression and movements, requires attentive study. According to M. Laurent's observations, the co-ordination between those organs is disturbed in the insane; the expression of the eye, as the centre of ocular action, is not in harmony with that of the mouth, or the centre of buccal action. Such disagreement is, however, not always visible in the insane individual, at least not in the same degree; for in the course of his malady the features may, for a time, nearly resume their normal aspect. But besides this defect in the harmony of the features, there are other symptoms, also indicative of the influence of the organism, which serve to distinguish the several types of mental disorder and the stage which it has reached. Deformity of the cranium, however induced, is generally allied with anomaly of the intellectual operations; but it by no means follows that insanity must always be connected with its presence, for many insane have well-formed heads.

The hair of the head furnishes important symptomatological facts. The colour of the hair, however, does not seem, as Esquirol supposed it to be, connected more with one form of insanity more than another, but its softness or hardness, its fragility, its dryness or humidity, its disposition on the head, whether smoothly and flat or erect and bristly, its twisting, growth in length and heaviness, its changes in colour, the attention bestowed upon it, the mode of dressing it, and its abundance, are circumstances which must attract the attention of the

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physician, and which are met with in connection with certain stages and varieties of mental disorder.

Again, the skin of the face supplies many useful indications in connection with other organs or parts. It is to be viewed with regard to its colour, its state of dryness or moisture, its smoothness, or its roughness from scaly growth or herpetic or other eruption, and to the growth of hair upon it. To these particulars are to be added the presence of wrinkles or furrows, and their distribution and direction, and the degree of tonicity or elasticity of the skin and subcutaneous tissue.

Dr. Laurent catalogues with equal care the circumstances and phenomena to be observed in examining the eyes and their appendages, the mouth, the nose, and the ears. Dr. Hofling has attached much importance to the signs deducible from the nose, and M. Morel has challenged attention to the mode in which the ears are attached to the head, and has employed this circumstance in framing his classification of the varieties of "degenerescence of the human race."

Such is a brief analysis of this interesting paper on physiognomy, which the author is to continue in a subsequent number of the journal, where it will consequently again call for our notice.

Singular case of Suicidal Insanity in Twin Brothers, simultaneous in its occurrence and coincident in the delusions presented.—This remarkable case is narrated by Dr. Baume. Two twin brothers, aged fifty, named Martin and Francis respectively, were employed on a line of railway between Quimper and Chateaulin. Martin had exhibited symptoms of insanity for a short time five years previously, and again two months prior to the attack to be recorded. There was no history of hereditary predisposition to the disease.

About the 15th of January last the two brothers were robbed of a sum of 300 francs, which they had deposited in a chest common to them both. On the morning of the 24th of January, Francis, who lodged at Quimper, and Martin, who lived with his family at Lorette, two leagues from Quimper, had a similar dream at the same hour, three o'clock in the morning, and aroused in the greatest alarm, shouting out, "I catch the thief; he is injuring my brother!" and gave way to the greatest excitement and most extravagant conduct, dancing and jumping on the floor. Martin rushed upon his grandson, whom he imagined to be the thief, and would have strangled him had not others interposed. His agitation increased, he complained of violent pains of the head, and said he was lost. It was with great difficulty he was kept in the house during the day until four o'clock in the afternoon, when he got out, followed closely by his son. He ran alongside the river Steir, and attempted to drown himself, and would have succeeded had not his son struggled with

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him to prevent it. At seven o'clock that same evening he was removed to an asylum.

Whilst Martin thus fell at once into a state of acute mania, his twin brother, Francis, became pretty soon calmed after his first outbreak of excitement, and employed himself in searching after the robber. By chance, about six o'clock in the evening, he encountered his brother, when battling with the gendarmes who were taking him to the asylum. Francis, on seeing this, shouted that his brother was lost, that he was mistaken for the thief, and that they were going to kill him. After some extravagant acts Francis went to Lorette, complained of violent pain in the head, and said he was a lost man. He exhibited some of the same insane conduct as his brother, and asked to be taken care of. Soon after, he asserted he felt better, and under the pretext of attending to some matters he got away, and attempted to drown himself at the self-same spot where his brother, a few hours previously, had essayed to do the same thing. He was soon got out of the water, but could not be restored. Martin, who was admitted on the evening of the 24th into the asylum, died there suddenly on the 27th. During this brief residence he never had a lucid interval; the first two nights after admission were passed in a state of extreme excitement, and he called himself the "Deity," the "Emperor," &c. On the 26th, after a prolonged bath of several hours, and the application of cold affusions to the head, he became somewhat calmer, but at ten o'clock the same evening the agitation returned with increased violence, and he rushed with his head several times against the walls, and was violent towards those about him. A short time later the attendant placed him in bed, the agitation continuing, and no change showing itself in his condition; but, ten minutes afterwards, on Dr. Baume entering the cell, he breathed his last, every measure used to restore him failing to do so. An autopsy was made thirty hours after death, when an effusion of venous blood was discovered betwixt the two laminæ of the arachnoid, over the posterior half of the encephalon. The effused blood amounted to about 13 oz. troy weight; it was black and fluid, with some grumous masses intermixed. This hæmorrhage, attributable to the maniacal excitement and his suicidal attempts to batter his skull against the walls, must have taken place a few minutes, at least, before death.

Thus two twin brothers perished from active mania developed from the same cause, marked by nearly the same features, having its onset at the same moment, and which would, so far as the impulse of the patients was concerned, have been terminated in both by the same mode of suicide and at the same place, had not one been rescued against his will, and removed to an asylum; and, what is so remarkable, the accession of the malady simultaneously occurred when the two patients were several miles apart.

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Journal de Médecine Mentale.—This monthly journal has now reached the third year of its existence, and M. Delasiauve, the able editor, gives a very satisfactory review of his labours in a preface to the number for January last. M. Delasiauve himself has worked hard on it, and, among other articles, has produced a series of papers of great merit on the different mental conditions observed in insanity. In the first part for this year he considers the subject of delirium resulting from intoxication. He concurs with Ferrus, Moreau, and others, in representing it as a disorder attended with little danger, and for the most part rapidly cured. This may be so in France, but, from our own observation, it is in England not so slight a disorder; and we apprehend that the more frequent gravity of its symptoms in this country is principally due to its production by beer and spirits, together or separately, and not by wine or brandy only, as in France. The treatment recommended by M. Delasiauve is the use of bland and calming drinks, of footbaths with mustard in them, of general baths, and, according to the urgency of the case, the spirit of Mindererus (acetate of ammonia), in doses of from thirty to forty drops, given for several days. In an after part of his paper he speaks of an acute form of the malady, in which he looks upon opium as a specific, and has given as much as five grains of that drug for a dose, though he has not ventured on such a dose without misgivings.

M. Berthier, physician of the asylum of Bourg, has written a good paper on the position and *qualifications of attendants* upon the insane. The qualifications fall under the heads of health, morality, intelligence, and charity. Without health an attendant is unfitted for the arduous duties, anxieties, and watchings which are required of him; and morality is equally essential, not only in its higher signification, but also in that of a sense of duty, of obedience, of order, and cleanliness. Without judgment or intelligence an attendant cannot be an assistant, but only a machine, and often an obstacle. He need readily apprehend not only the duties of his calling and the instructions given him, but must also realise his true position, as one raising him above that of a servant, or prison-warder, to that of the controller, and yet, withal, the benefactor and friend of his patients. So, again, he must be able to study and appreciate the condition, the manners, and the habits of those around him; to calm or encourage them, to anticipate their wants and tendencies, and to fall in with or to check their whims and delusions. Without charity or benevolence an attendant's duties become next to impossible, and galling both to himself and those under his charge.

The difficulty of recruiting attendants of proper qualifications is everywhere seriously felt, for with the class whence they ordinarily issue, the love of gain—of improved wages—is the principal object in view. This difficulty has suggested to some the advantages of employing members of religious orders, or otherwise associates of

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lay organizations, for attending and nursing the sick. M. Berthier is connected with an asylum in which the members of a religious order are employed as attendants. Their recommendations to the office are their vows of celibacy, their detachment from all temporal cares, a certain degree of education, and habits trained to discipline and self-denial. Fodéré strongly opposed their employment in asylums, but M. Berthier cannot perceive any absolute objections against it, though among other things it is necessary they should be taken from a religious community, imbued with the spirit of progress, free from the belief in exorcism, and should be subservient to the will of the physician, and ready to act as his auxiliaries. M. Girard de Cailleux has advocated lay congregations, and M. Aubanel the formation of an institution which should furnish trained attendants for all the asylums of the country. But whatever scheme be adopted, the practical truth in human nature (says M. Berthier) must not be forgotten,—that self in some form is the moving principle among mankind.

Do not expect that individuals will, from sheer benevolence, engage in a painful task, consent to live with degraded beings, to lavish attention upon and undertake repugnant tasks for them, to meet their threatenings by acts of kindness and their blows with resignation—without the prospect of compensation in the way of an honorable position and equitable remuneration. If the institution of a society of laymen to act as attendants be desirable, no pains must be spared in instructing them, but, at the same time, they must especially be placed in a position securing to them esteem and consideration; must not be treated as servants hired for wages, but be raised to the rank of public officials, and have a competency and certain prerogatives assured to them, as by the provision of superannuation in case of sickness and of old age, such as Esquirol and Ferrus wished to see established. By such arrangements their position and prospects in life would be settled, and the employment of mercenary attendants could eventually be discontinued.

Statue of Pinel.—At the inauguration of the statue of Esquirol, recently celebrated at Charenton, several felt, and M. Delasiauve publicly expressed, the propriety of erecting a statue to Pinel, the forerunner of Esquirol, and the principal agent in initiating a a humane treatment of the insane. This idea has taken root, and a model of a proposed statue has been recently exhibited in the library of the Imperial Academy of Medicine, and given general satisfaction. The model is by the artist M. Robinet, who has already executed a bust of Pinel, as also busts of Magendie, Velpeau, and Claude Bernard, and statues of Larrey and Desgenettes. It has been suggested that the statue of Pinel should be placed in one of

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the new asylums about to be erected in the department of the Seine; and if, approved, in the clinical asylum to be built in Paris.

'*The American Journal of Insanity*,' edited by the medical officers of the New York State Lunatic Asylum. Numbers for January and April, 1863.

Among the principal contents of these two numbers is a history of the disputed validity of gifts in money made just before death by Sir George Simpson, formerly president of the Hudson's Bay Company. The case was tried in Canada.

It appears that during the two years preceding his death he had one or two premonitory attacks of disease of the brain, and upon the 1st of September, 1860, he was completely prostrated by an attack differently described by his attending physicians, as "a fit of epilepsy, threatening epilepsy," or "hæmorrhagic apoplexy, attended with epileptiform convulsions." He lived a week after that date, and died upon the 7th of September. He laboured during a large portion of this period under maniacal delirium. Upon the 3rd and 4th of September he signed several cheques, the amount of which, it was alleged, he intended as bequests to the payees. One of these, the Rev. John Flanagan, brought an action in the superior court at Montreal against Sir George's executors, to recover the amount of the cheque drawn to his order, alleging that the said cheque was a valid gift, made by Sir George Simpson during a lucid interval. Payment was resisted on the ground that no such lucid interval existed when the cheque was drawn, and that at no time after the attack of September the 1st was Sir George of sound mind and memory. Judgment was in favour of the plaintiff, the defendants having, in the judge's opinion, failed to prove any fraud, suggestion, or improper influence, or any unsoundness of mind at the time of signing the check.

The editor of the American journal comments severely on the evidence given by the medical men called on behalf of the plaintiff, and believes that few physicians conversant with cerebral and mental disease, who heard or read the evidence given in Sir G. Simpson's case, could fail to recognise in both the physical and mental symptoms a form of disease pre-eminently fatal and not consistent with lucidity of interval. "There are few familiar with cerebral diseases who will hold that the mere reasonableness or benevolence of an act performed by a person suspected of insanity is a sufficient negative of mental unsoundness. No fact, too, is better known to the whole specialty than the concomitance of a spirit of enlarged benevolence with the most fatal forms of insanity." And, "it may well be doubted whether a decision which holds that a man in the last stages of fatal disease of the brain, accompanied by persistent delusions, and who exhibits the delirium of active insanity, is *compos*

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mentis at those intervals when he is able for a short time to speak rationally, is in accordance with the law of any civilised country upon the earth."

Dr. Kellogg, of the Utica Asylum, New York, has made a study of the psychology of Shakespeare's fools and clowns, and published his thoughts in the form of contributions to the 'American Journal of Insanity.' These papers will be read with pleasure and interest by students of our great poet.

Dr. Parigot, the well-known former physician of Gheel, and the great advocate of the cottage-system of treatment for the insane, has within the last two or three years migrated to the United States, where he tells us, in his paper on 'The Gheel Question from an American point of View,' he feels himself at liberty to fulfil his duty towards the insane by preaching asylum reform, untrammelled by stereotyped abuses and the envy, hatred, and malice of those interested in the ancient systems of asylum construction and management. In the following remark he expresses what we regret to admit is the truth generally, "that institutions for the insane, although making progress as regards material comfort and utility, are not yet what they ought to be—*hospitals for the cure.*" To this statement he adds, "A colony like Gheel, if established on therapeutical principles and design, might accomplish this object."

Before leaving for America, Dr. Parigot, who was already well acquainted with the asylums of Germany, France, and Belgium, determined to visit those of England, with the object of comparing the English non-restraint practice with the "free-air system" of Gheel. And Dr. Parigot evidently went about with his eyes open, as the following acute and amusing observations indicate:—"To a stranger unacquainted with British institutions there are facts which, by their peculiarity, may reveal to him some secret conditions of their mechanism. For instance, he may sometimes infer, and judge from the tone, manner, and importance of a porter, the character, good taste, and judgment of the board of directors (of an asylum), and further of the bye-laws enacted by them, whether they be liberal or narrow-minded. Sometimes a well-nourished voice, that bellows from the porter's lodge, 'What do you want?' foretells the sort of power which speaks through him. If admitted, you will find on your way all sorts of warning and exhortation, such as 'By order of the committee—not to do this or that.' The concealed *deus ex machinâ* is felt everywhere, but the charitable spirit seems indeed absent. There also the medical power and action are limited and inefficient. In such institutions we may be sure to find the physician but a tool, dependent upon caprice, ignorance, and vanity."

In Dr. Parigot's opinion, the superintendent should be a member of the Committee of Management, and take part in its deliberations and voting. He repeats a formerly expressed conviction, "that

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music and the ball-room may serve as an adjuvant in some cases of convalescence, but it remains to be seen whether the moral effect is not greater on public opinion than on the patients." Again, he says, "Cells, and especially the kind proposed by the celebrated Guislain, serve to *concentrate* mental irritation, whereas free air has the power of dissipating it."

By means of introductions kindly given him by Dr. W. A. F. Browne, Dr. Parigot was enabled to visit the lunatic ward of a workhouse, a private institution for the poor, one such for rich patients, and lastly, a village in which the peasants received and boarded poor lunatics considered harmless. "The poor or workhouse afforded proof of the unsuitableness of such a place for medical purposes," the private asylum for the poor or poorer middle class did not meet his views, and the establishment for rich patients he regarded as "the beautiful combination of some capitalist, whose principal object is to make money," and he everywhere found the "*ennui* which pervades such establishments." His visit, on the contrary, to the village, consisting of about 150 houses and cottages, ended with the impression "that a *Gheel*, a pure colony even, could be very easily instituted in Scotland." Near Retford, in England, the enterprising doctor, whilst stopped *en route* for a few hours, inquired of the cottagers around their willingness to receive insane boarders, and found people ready to do so at a reasonable price of ten or fifteen shillings a week, and he has not "the slightest doubt about the practicability of erecting the best possible *Gheel* in England, where the middling classes are necessitous and the lower in great misery."

We can commend the following remarks on Hanwell and Colney Hatch to the consideration of their committees; fortunately M. Parigot is beyond their jurisdiction. After saying that a feeling of oppression overtakes every visitor to such immense receptacles, he proceeds, "What can we say of Hanwell and Colney Hatch? we have no admiration of triumphal arches employed as entrances to charitable institutions; we cannot approve, in a gastronomic point of view, of gigantic apparatuses, armed with steam and gas to cook, boil, or roast. What a quantity of nutritive matter must be lost in such a wholesale way of preparing food! We can only admire the clever inventions to diminish manual work in washing, drying, ironing, &c. Will it be permitted to say that I experienced a feeling of pity and of disgust, thinking of the injury done to patients, when I read the reports of the committee of visitors to the magistrates of the county, and remarked their contests with the Commissioners in Lunacy and the physicians they have under their command? These reports contain the grossest errors on psychiatry, and show the proportion of nonsense the physicians must endure from gentlemen who may have been successful merchants or shopkeepers, but are the worst administrators to be found. Speaking of these difficulties, I

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understood that they resulted—just as happens in Belgium—that gradually the really learned gentlemen belonging to these committees retire from them, and thus leave full play to those who find only a sort of pastime in their retirement from business. One question shows the fallacy of the system followed in such establishments. Can a staff of four or five medical officers, including the pharmaceutist, suffice for the treatment of 1200 to 1800 patients? . . . . . Considering the bulky population of Colney Hatch or Hanwell, the number of excited maniacs and agitated dements is considerable. Now, when you are witness to what takes place in the wards and yards of these unfortunates, the scene of confusion and excitement demonstrates at once the superiority of having them in the open air, far from any cause of excitement, and often employed usefully in agriculture. Even the stupid instruments of recreation and exercise offered to maniacs are an offence to good sense and charity." The rest of Dr. Parigot's paper is occupied with replies to the objections advanced by Dr. W. A. F. Browne against the system pursued at Gheel, and with remarks on the accounts and criticisms of the "free-air system," by Falret, Brierre de Boismont, and others. To those who are interested (and few indeed at the present day are not) in the system so ably advocated by Dr. Parigot, we recommend the perusal of this contribution as published in the January number of the 'American Journal of Insanity for 1863,' since the space at our command forbids an examination of his arguments. Our honoured late editor may also find his excellent essay 'On the Modes of Death prevalent among the Insane,' reproduced in this same journal.

The April number contains an essay on 'General Mental Therapeutics,' by Dr. Parigot, a 'Case of Moral Mania,' by Dr. Workman, a 'Case of General Paresis: post-mortem appearances,' and an article on 'Insanity and Intemperance,' by Dr. McFarland. Besides these, it reprints from our pages the translation of Dr. Salomon's essay, 'On the Pathological Elements of General Paresis.'

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