Epitome of Mental Diseases, with the Present Methods of Certification of the Insane, etc., etc. By JAMES SHAW, M.D. Simpkin, Marshall Hamilton, Kent and Co. London, 1892.

This will be found to be a useful little book carefully prepared by the author, who modestly represents it as an introduction to the more comprehensive treatises and exhaustive monographs. It hardly admits of review, but we cannot allow it to pass through our hands without a friendly welcome and the expression of our appreciation of the pains taken by Dr. Shaw to prepare a handy reference book for students and practitioners. It will probably be criticized on the ground that so large a mass of different, and, to some extent, conflicting opinions from various alienists, at home and abroad, compressed into a small volume, bewilders rather than instructs; but without denying that the student may lose his way if not his head in the psychological labyrinth into which he is introduced, we would say in defence that the reader is expected to use the book merely as a help in studying the standard works on insanity, where he will be guided to more definite conclusions. If this is borne in mind, and the scope of this handbook as set forth by the writer himself is borne in mind, we do not think that there will be found much, if any, occasion for fault-finding. The authorities are carefully and conscientiously acknowledged.

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *Dutch Retrospect.*

BY DR. J. F. G. PIETERSON.

The Toxic Action of Sulphonal. Dr. CAMILLO FUERST ("Nederlandsch Tijdschrift voor Geneeskunde Dij.," No. 1, July 2nd, 1892).

Dr. Koster draws attention to an article by Dr. Camillo Fuerst, in the "Internationale Klinische Rundschau," 1891, p. 1873, in which an account is given of certain cases in which administration of the usual dose of two grains of sulphonal was followed by toxic effects, and in some instances by death.

Breslauer, in the "Wiener Medizin. Blätter," 1891, No. 1, communicates some additional cases, five of which terminated fatally. Fuerst contributes instances noted by himself and others

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bringing the total of hitherto described cases of sulphonal intoxication up to sixteen. We cannot follow all these cases closely here; the symptomatic analogies are fairly constant, while little light is thrown on the pathological and therapeutical action of the drug itself. In all the described cases the intoxication was preceded (or caused by ?) obstinate constipation and diminution in the secretion of urine. Death resulted in those cases in which the use of sulphonal was persisted in. It does not appear evident from Fuerst's communication whether the constipation and oliguria was the result, or merely a coincidence in the use of the drug, or whether some sulphonal idiosyncrasy exists, the accumulation of this agent in the intestinal canal or elsewhere causing a sulphonal intoxication in certain subjects only. To a greater or less degree the following phenomena were noticed in each case :—

1. Muscular jerkings and tremors.
2. Nausea and retching.
3. A tendency to syncope and vertigo.
4. Rigors, with cold, dry skin.
5. The most characteristic symptoms observed were paretic conditions and ataxic phenomena in certain muscular groups, primarily in those of the lower extremities; difficulty in movement of the tongue.
6. Constipation and oliguria.
7. Exanthemata, brown patchy discoloration of the skin; small itching papulæ.
8. Diplopia, tinnitus aurium, scotomata.

The heart's action appears to have been unaffected, but the respiratory movements became, in the worst cases, weak and laboured. When the drug was discontinued and the intestinal canal was cleared with purgatives and enemata, recovery speedily ensued. Muscular spasms and slight paresis of the lower extremities persisted for as long as two weeks subsequently. Sulphonal may, however, be considered a perfectly harmless hypnotic so long as the peristaltic action of the intestinal canal, or the secretory action of the kidneys is not in abeyance, and it is therefore necessary, carefully, to observe the functions of these organs during exhibition of the drug.

The Size of Asylums. Dr. van Deventer ("Psychiatrische Bladen," Deel x., Afl. 2).

Dr. van Deventer considers, in an article, the disadvantages arising from the use of extensive asylum buildings, and the congregation of large bodies of insane. The question frequently occurs whether it will not become necessary to adopt a plan whereby asylums for cure and asylums for care could not be instituted. In the first named from one to three hundred patients might be accommodated, the incurable cases being gradually eliminated. The latter might be spread over some large area, preferably

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in the form of a colony, and some twelve hundred patients might be associated in some useful farm work. Dr. v. d. Chijs in his recent report of the Zutphan Asylum also remarks as to the evils of large establishments for the insane, regarded as they are by the laity, not as hospitals for the cure of mental disease, but merely as conveniences for the concealment of what is socially obnoxious. Tellegen expresses the opinion that large asylums render careful observation and individual treatment of patients a matter of difficulty ("Psych. Bladen," D. viii., p. 189), while van Persijn ("Psych. Bladen," D. ix., p. 295, and D. viii., p. 153) considers that no asylum should contain more than six hundred patients for treatment, and declares himself unable to see how the chances of recovery can be increased by the close association of large bodies of curable and incurable insane. He further remarks: "For nearly forty years I have been engaged in the direction of Meerenberg Asylum, and I have watched its growth from a small establishment to its present proportions. But as the asylum has grown, so the number of medical officers has been increased, and the aim has always been to make each medical man as much as possible responsible for a certain section of the asylum. Meerenberg, therefore, may be said at the present moment to consist of six small asylums, at the head of each of which there is a medical man who has an independent sphere of activity." This quotation from the pen of one of the leaders of psychological medicine in Holland is worthy of observation as denoting the means that may be adopted for counteracting the evils of a large establishment. But next to a suitable disposition of buildings, good management and individual care and treatment, it is essential that there should be one organizing and superintending head to each establishment, and this condition cannot possibly be fulfilled in conjunction with the others in the over-grown and over-filled asylums of the present day. Quotations from a report by Professors Lombroso and Tamburini, recently issued at the instance of the Italian Minister for Home Affairs ("Centrl. f. Nervenheilk. und Psych.," 1892, p. 132), may here be made. They regard it as essential that into asylums for the insane those only should be admitted who evince symptoms of acute and recent insanity, that special establishments should be erected for the care of idiots, those suffering from alcoholism, pellagra, epilepsy, moral insanity, and chronic harmless dementia; that suitable cases should, with proper legal precautions, be put under the care of private individuals; that criminal asylums should be established for the care of adjudged criminal lunatics; that where these special establishments cannot be provided, every asylum should consist, in addition to the usual subdivisions, of a section for the recently admitted, a section for the convalescents, preferably some colony, a section for those insane criminal lunatics awaiting trial and who have not yet been adjudged

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as criminal lunatics, an annexe for chronic dements and harmless insane; that in every asylum there should be at least one medical man to every one hundred patients and one attendant for every twelve insane.

Sollier ("Prog. Médical," No. 37, 1891), in reviewing the causes of the diminution in recovery rates in French asylums, attributes it, with Pierret, to the inadequate psychical treatment afforded by large institutions, the superintendents of which, engrossed in administrative work, find it impossible properly to supervise the mental and bodily treatment of every patient. A superintending physician for an asylum of from five hundred to six hundred patients cannot possibly keep himself even fairly well acquainted with each individual inmate. He considers it, therefore, necessary that separate asylums should be erected for the curable and incurable cases.

In Germany, too, there is a feeling that separate asylums for cure and care should be instituted.

By means such as these recent cases can be more adequately received and treated, and the constant complaint of over-crowding of asylums by chronic cases would in some measure be lessened.

A New Method of Determining the Relation of the Cerebral Convolutions and Fissures to the Outer Surface of the Scalp. Dr. C. WINKLER ("Nederlandsch Tijdschrift voor Geneeskunde," July 16, 1892.)

Dr. Winkler, in a long and able article, demonstrates the possibility of more accurately determining the localization of the different cerebral fissures and sutures. His method is an elaboration of that proposed by Müller,* who first divided each cranial hemisphere into areas having a mutual relationship to each other. For this purpose he took two fixed points, the glabella (or smooth prominence on the frontal bone just above the root of the nose) and the external occipital protuberance, and joined these by two lines, one over the arch of the skull and another running in a horizontal direction. Each line he divided into ten equal portions and united the corresponding points of the superior and inferior lines; each division of the skull thus formed was divided into sections, and each of these trephined—the circular portion of the cerebrum thus exposed was marked with some colouring material, and the topography of the convolutions was thus simply obtained. Fraser† adopted the same plan, taking the most prominent portion of the occiput as one fixed point and the glabella as the other, dividing his base lines into eight sections and subdividing these

* "Ueber die topographische Beziehungen des Hirns zum Schädeldach." Berlin., 1889.

† Alexr. Fraser, "A Guide to Operations on the Brain." Lond., 1890.

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once more, trephining and employing photography for the recognition of the different cerebral landmarks. He showed that in fifty photographs the same convolutions were constantly to be found in the same sections and subsections. It was thus proved to be possible to find the various portions of the cerebrum by other means than by the somewhat uncertain method of taking the cranial sutures as fixed points. Winkler claims for his own process that it is far more accurate than that of Müller or Fraser. He adopts the system of drawing triangles between definite points, and proves that a fixed relationship exists between these superficial areas and the subjacent cerebral structures. It is difficult without the aid of the diagrams, which elucidate the text clearly, to demonstrate Winkler's process. Taking his fixed points at the glabella and the external occipital protuberance he draws, as Müller does, two lines, a sagittal, or one passing over the cranial dome, and a horizontal line round the base of the skull on one side. Each of these base lines he divides into four parts. The corresponding and opposite dividing points of these base lines are united, and the uniting lines bisected; these bisecting points are again united to each other, to the glabella point, the occipital point, and the four dividing points of the base lines by straight lines. In this manner we obtain four triangles and four quadrilateral figures; the latter are divided by diagonals into triangles, and each cranial hemisphere is thus divided into twenty triangles. By a series of experiments, details of which cannot be entered into here, he shows that within and subjacent to the spaces occupied by these triangles portions of brain structure can be constantly found to lie. Slight variations necessarily occur in the exact topography of each triangular space, but these are provided for in the diagrams which accompany the article, and it appears simple from these to find any one of the cerebral convolutions or fissures. The only parts of the brain which cannot be said to bear a truly constant relation to the superficial triangles are the portions of the occipital lobe. Winkler in his experiments found that by taking the occipital protuberance as his fixed point his transfixing pin for determining the underlying structures almost always penetrated the superior longitudinal sinus, and he considers Fraser's fixed point for this reason only as preferable to his own. The sutural lines, which have hitherto been accepted as fixed points from which the underlying structures could be measured and determined, are shown by him to vary in their position to such a degree that it is difficult to understand how their constant location could have been believed in so long. Winkler's topography has been practically verified by Profs. Korteweg and van Iterson and Dr. Guldenarm. We certainly think with the author that his process is far simpler and more trustworthy than the old methods, as the various triangular

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subdivisions of the skull are proportionate to the skull development and shape, and so in all probability proportionate to the brain development.

Artificial Aid in Childbirth and the Occurrence of Idiocy. Dr. A. MIJNLIEFF, ("Nederlandsch Tijdschrift voor Geneeskunde," July 23rd, 1892).

The interest attached to this question has again been raised by an article appearing in the "Deutsch. Med. Zeitung," No. 30, 1892, by Künkel, to which A. Mijnlieff draws attention in the above publication. Our readers may remember that Drs. Fletcher Beach and Langdon Down in the "Lancet" * promptly contradicted the theory advocated by Winkler and Bollaan in the "Nederlandsch Tijdschrift," in which they attributed the occurrence of certain forms of post-genetous idiocy to instrumental aid in childbirth, an assumption to which Krafft-Ebing lent his support. Künkel in his publication shows by statistical investigation that the statement has no foundation in fact. He could only discover three cases in the literature of post-genetous idiocy which could with any truth be attributable to the traumatic influence of forceps-pressure. Out of 86 cases, the histories of which he has carefully followed, in which artificial aid was given during labour, 74 could with exactness be used statistically—of these 25 had undergone version, the birth having been assisted by traction, and 49 had been delivered with forceps, but in neither of these two classes was there any intellectual arrest or the least sign of idiocy or imbecility. The investigation furnishing a purely negative result, he carefully inquired into the histories and especially the method of birth of 450 cases of idiocy—in 10 of these he found that forceps had been employed while version had been resorted to in one case; but hereditary predisposition entered as an indisputable factor into the history of nine of these 11 cases, convulsions and meningitis had previously occurred in two, while in two others worry and grief of the pregnant mothers had been cited as causes. In four only, *i.e.*, in ·9 per cent., could one assume, and then only because of the absence of any other known cause, that the idiocy was due to artificial aid during labour. Over against this we have as the history and only attributable cause in 20 cases (or 4·8 per cent.), a very difficult and prolonged labour in which artificial aid had not been resorted to. The following case, too, is of interest. In a family of nine sisters eight were delivered by forceps, and none of these had the least mental failing or affection during life; the one whose birth was left to nature and who was delivered with difficulty, became an idiot. Künkel therefore concludes that artificial aid, so far as can be proved by statistics, cannot possibly be an originating cause of

* See Vol. i., 1889, pp. 34, 97, and 147.

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idiocy, but that a long continued and difficult labour without artificial aid may certainly be looked upon as a cause.

Examinations in Nursing for Attendants. ("Psych. Bladen," D. x., Afl. 2, 1892).

We are pleased to observe that examinations for attendants have been instituted in Holland. The committee appointed by the Dutch Psychological Association for drawing up a scheme for these examinations has issued the following syllabus:—

The examination demands—1. A knowledge of the first principles of the physiological functions and structures of the human body. 2. A knowledge of the elementary principles of hygiene. 3. A knowledge of the fundamental principles of sick nursing. 4. A knowledge of the nursing and care of the insane. The examination is to be both theoretical and practical, and the regulations require candidates to be of good address, to produce certificates of good moral character, and to be in the possession of good bodily health. Age to be not less than 22 at the time of examination; evidence must be given that the office of attendant has been filled for two years in some asylum for the insane, or in an institution for nervous affections. Those already in possession of nursing certificates may with the consent of the committee be excused sections 1, 2 and 3 in the above scheme. The committee consists of Drs. van Deventer, Tellegen, and Ruysch, the last-named acting as secretary.

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2. *American Retrospect.*

By Fletcher Beach, M.B., F.R.C.P.

American Journal of Insanity, October, 1891, and April, 1892.

Alienist and Neurologist, January and April, 1892.

Journal of Nervous and Mental Diseases, January and April, 1892.

The first paper in the "Journal of Insanity" is "The New York Law for the State Care of the Insane," and is written by Oscar Craig, President of the State Board of Charities of New York, who, owing to his position, is fully conversant with the subject. At first the dependent insane were sent to the New York Hospital, and even in 1843, although the State Lunatic Asylum at Utica was opened, yet the great mass of the indigent insane remained in the poor-houses. This was partly remedied by the opening of the Willard Asylum for the Chronic Insane, which received patients from all the counties of the State except Albany and Jefferson, New York, Kings and Monroe. Then arose this difficulty, that the insane in the exempted counties were four times as many as

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