Fools and Buffoons. Fous et Bouffons ; étude Physiologique, Psychologique, et Historique. Par le Dr. PAUL MOREAU (de Tours). Paris, 1885.

This book belongs rather to the curious than the instructive. The object that of relegating to distinct pathological types the strange class of beings without whom in former days no court was complete, and no grand seigneur as great as by antithesis he might be—this seemed both worthy and philosophical. But the carrying out of this object does not appear to us to have been very successful. The physiology or pathology is both meagre and weak. Rachitis is credited with much, and accordingly the question of an exaggerated psychical development in rickets is assumed at the outset—is made even to form part of the definition of rickets. With equal fearlessness the question of the existence of late rickets as a disease identical with that of childhood is assumed (see p. 22). But we would commend the reader to p. 26 for a specimen of loose physiology, if, indeed, we may dignify by that name such, we had almost said, trash. The section on scrofula is remarkably feeble, but, perhaps, is for that very reason a fitting introduction to the chapter on "*Faibles d'esprit.*" The historical portion of the book contains many anecdotes which may amuse those who have nothing better to do than to read them.

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *French Retrospect.*

By T. W. McDOWALL, M.D., Morpeth.

Annales Médico-Psychologiques. November, 1881.

Physiological Theory of Hallucination. By Dr. Prosper Despine.

What the author sets himself to demonstrate is, that although hallucination is psycho-sensorial, the functional anomaly which gives rise to it belongs to the sensorial system alone. He believes that this theory expresses the method nature employs in the production of this phenomenon.

We will allow Dr. Despine to expound his theory by the following abbreviated extracts from his paper :—

In order that what follows may be understood, it is necessary to start with this principle, that a complete organ of sense includes not only (1st) the external organ which receives the impression from external objects, but also (2nd) the nerve conducting this impression to

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a sensory ganglion; (3rd) this ganglion, in which the impression produced upon the external sensory organ and transmitted by the sensory nerve, is specialised in its nerve cells, and is changed into sensation representing the external object, into a sight, a sound, a taste, a smell, a touch, according to the external organ affected; (4th) lastly, the sensory fibres which, starting from the sensory ganglion, proceed to the grey cortical layer of the brain, there to produce sensation. Such is the complete system of a sense. This sensation, arrived at that part of the brain which, according to the data of physiology, manifests mind, the ego, is there converted into a psychical act, in the perceiving this sensation, that is to say, in consciousness by the ego of the sensation. This consciousness, whatever philosophers may say, requires no effort of intelligence; it requires only organs capable of performing their functions, since certain animals, particularly the herbivora, in whom the sensory organs and the brain possess an organisation and a development almost complete at birth, perceive at once and accurately surrounding objects, their size, shape, colour, distance, &c., which allows these animals immediately to use this knowledge for their requirements. Once perception is effected, there is also produced a natural phenomenon which terminates perception. The ego which has perceived the sensation refers it to the sensory organ which received the external impression. Thus it appears that it is the eye which sees, the ear which hears, &c., although the perceptions occur in the grey cortex of the brain. This attributing of perception to the external sensory organ is also a natural effect of the nervous activity of the sensory system, and not a result of habit, as has always been supposed, since everything points to the belief, judging from the actions of the young animals to which we have referred, that these also from birth refer their perceptions to their external organs of sensation.

In hallucination, the course of events is exactly the same. The object seen is not real, external; it is produced by a psychic act, by memory or the imagination. This object is generally in relation to the habitual occupations of the individual; there is nothing contrary to reason in the hallucination of a healthy person, but in the insane it is extravagant, terrific. An excitation originating in the cells which retain the impression of objects previously known, or else an excitation arising in some part of the sensory system and transmitted to the grey matter of the brain, produces there the ideas which form the subject of the hallucination. If the phenomenon stopped there, it would be normal, it would produce a simple reminiscence, or an imaginary creation as so often occurs. But here begins the functional anomaly which produces hallucination. The vibratory movement of the cerebral cells which has led to the formation of the idea is propagated to the sensory ganglion of one or more of the senses, by a thoroughly abnormal centrifugal activity, by means of white fibres which connect the psychic centre with this ganglion. When this movement

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has arrived at the ganglion, the disturbance which it excites there transforms the idea into sensation, just as would occur with a disturbance produced in this ganglion by an impression derived from a real object and transmitted to it by an external sensory organ. This idea, thus become sensory ("sensibilisée,") being next sent back to the grey matter of the brain by means of the centripetal activity which, as in the normal state, succeeds every external stimulus of the sensory ganglion—this idea, then, will be perceived exactly as if the ganglionic sensation had an external origin. Such is the physiological mechanism of hallucination in its greatest simplicity. In a certain number of cases the phenomenon always occurs thus; it does not extend beyond the sensory ganglion—witness the hallucinations which occur in persons whose external sensory organs have been destroyed, in the blind, deaf, in whom hallucinations are completely accounted for by means of this theory. But generally the phenomenon extends beyond the sensory ganglion. The disturbance which in this ganglion converts the idea into sensation is propagated to the external sensory organ, and affects it. There exists, indeed, a proof which demonstrates the fact that the external sensory organ is affected by the ganglionic sensation of imaginary origin exactly as it is, in its normal activity, by the external world. Brewster noticed that in destroying the parallelism of the two eyes during a hallucination of sight, by pressure exercised on the external side of one of them, the patient, upon whom he experimented, saw the object of his hallucination double, exactly as we see a real object when we squint. This experiment, as far as I know, had never been repeated, when a chance of verifying it occurred to me. This was in a young man under my care, who, as the result of fright, was attacked with acute hysteria with convulsive attacks, sometimes without loss of consciousness, sometimes with it, attacks of somnambulism, of mystic ecstacy, &c. When ecstatic he saw, by a hallucination of sight, the Virgin surrounded by angels, as often represented in pictures. Whilst he experienced this derangement of sight, I pressed upon the external angle of one eye, and he said that he saw the Virgin double: then and there, he pointed with his finger into space. The double image became single whenever I ceased to destroy the parallelism of the eyes. This experiment, frequently repeated with the same result, convinced me that in this case, as in Brewster's, the eye was affected by the sensation of subjective origin, and that this impression returning to the brain by its ordinary centripetal path was perceived by the ego as it would perceive a sensory impression produced in an external sensory organ by real objects. In this and other cases it is incontestable: 1st, that the cerebral activity which produced the idea was propagated to the sensory ganglion where the idea was sensationalized ("sensibilisée"); 2nd, that the disturbance of this ganglion which produced the sensation was transmitted to an external sensory organ, which was affected by this dis-

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turbance; 3rd, that it is this sensorial impression which, returning to the brain in pursuing its natural centripetal path, was perceived in the hallucination, since the action which modifies the impression occurring in the eye modifies the perception which occurs in the brain.

But it may be objected, how can we conceive that a vibration originating in the brain can transmit an idea to a sensory centre there to be converted into a sensation? It is impossible to conceive it; it is a mystery of nature like all function.

According to the knowledge we possess concerning the physiology of the nervous system, hallucination can be produced only by the process just described. This psycho-sensorial theory indicates exactly which of the phenomena belong to the mind, to the grey cortical layer of the brain, and to the sensory system. What belongs to the domain of the mind is, first of all, at the beginning, the idea, that is, the subject of the hallucination, and then, at the end, the perception of this idea, after it has been converted into a sensation by the sensory nervous system. What belongs to this latter system is: the centrifugal nervous activity which conducts the cerebral stimulus creative of the idea to the sensory ganglion where this idea is converted into sensation, and which conducts it also to the external sensory organ, which it affects as an external object would do. That is the only functional anomaly we meet in hallucination. This theory, by showing that what is abnormal in hallucination is sensorial and not mental, explains why this phenomenon may co-exist with perfect soundness of mind and with normal organs. As an illustration of hallucinations occurring in a state of health, I may mention one which happened to myself. One morning my wife got up whilst I was asleep. Suddenly I heard her voice calling me so loudly that I awoke with a start, and asked, "What do you want?" I looked round, surprised at receiving no answer, and found myself alone in my room with the door shut. I was able to convince myself that no one had called me, but that I had been the victim of an auditory hallucination. Its origin must have been a stimulation of the cerebral cells which preserved the impression of the call, but it would be difficult to specify further the internal cause.

The cerebral stimulus, which is the point of origin of hallucination in the great majority of cases, arises in the brain itself. Persons most subject to hallucinations are lunatics amongst the diseased, and the preoccupied amongst the healthy.

Although the exciting cause of the centrifugal activity producing hallucination resides generally in the brain itself, and this cause may be an organic lesion, there are certain cases where this cause may be found elsewhere. It may be met in the excitement of each of the parts of the sensory organ affected: either in the white fibres which connect the mental centre with the sensory ganglion; in this ganglion or in the nerve which conveys to it the impressions which the external sensory organ receives from the external organ; or in this organ

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itself. All painful nervous impressions, especially those which occur in the organs supplied by the great sympathetic, are an abundant source of hallucinations.

Unilateral hallucinations are naturally explained by the theory advanced. In the normal state, the twin sensory organs act simultaneously, and so the external sensory impression, though double in its origin, is perceived as single by the mind. But it may happen that the sensory anomaly which produced the hallucination affects only one of the sensory organs. In other words, though the idea may be produced through the action of two hemispheres, it may happen that the centrifugal activity producing the hallucination rises in a single hemisphere, and consequently may be transmitted to the sensory ganglion on that side only. In such cases the hallucination will be markedly unilateral.

That an hallucination may be produced, it is necessary that the abnormal sensory impression (subjective) be more distinct than the normal sensory impressions (objective) which occur at the same time, and that it eclipse them by its distinctness; it is necessary that the imaginary object seen in the hallucination be superimposed on the real object seen at the same time, and that the distinctness of the impression produced by this imaginary object prevent the perception of the real objects which occupy the same place in space, or make the perception more obscure. The distinctness of the abormal sensory impression is thus one of the conditions for the production of hallucination. This is so true that if the normal sensory impression becomes more distinct than the abnormal sensory impression the hallucination disappears. Thus, light often dissipates nocturnal hallucinations. The attention which considerably intensifies sensory impressions has consequently a great influence on the production of hallucinations.

A Contribution to the Study of Pyromania. By Dr. Rousseau.

This paper consists essentially in the record of two cases. The first is that of a young girl who became insane during the development of puberty. She heard voices urging her to set fire to the house. Her first attempt at fire-raising was associated with her first menstruation; the second attempt with the third menstrual flow. There were marked symptoms of hysteria; anæsthesia of the skin and mucous surfaces was complete. After her removal to an asylum from prison her mental derangement became more marked, but she completely recovered in about six months.

The second case occurred in a young woman suffering from congestive dysmenorrhœa. She made three attempts at fire-raising, and added to her crimes by trying to throw the guilt on an innocent person. She was also hysterical, and suffered from night-mare. In prison she became extremely and suddenly violent. She was re-

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moved to an asylum, developed marked symptoms of hysterical mania, and recovered in about ten months.

It is worthy of note that in both cases it was with difficulty, and only after careful and prolonged examination, that the true mental condition was discovered. In England it is quite certain that they would both have been sentenced to imprisonment, and once in prison as convicts would have undergone a great deal of punishment for insubordination, &c., before their mental condition was made out.

Clinical Cases.

1. By M. Lélut. A violent epileptic tried to escape, was pursued, and the attendants, to restrain his violence, applied unskilfully and for too long a time an apron to his face and neck. An attack of epilepsy occurred, and death in a few minutes. M. Lélut feels certain in attributing death as partly due to the occlusion of the mouth and constriction of the larynx.

2. By M. Foville. In this case, a man, aged 42, some difficulty was experienced in excluding general paralysis from the diagnosis. He laboured under mania, with delusions of persecution and grandeur. His speech was indistinct, but this was found to be due to imperfection of the teeth, and to the inability of the man to speak French well, as he was from the mountains of Savoy.

3. By M. Parant. There are no special features of interest in this case. The man was insane for many years. He had marked delusions of persecution, and was unusually dangerous, carrying a revolver and dagger. He had also very exalted delusions. As might be expected, after so many years of mental derangement (about 20), he is gradually progressing towards dementia. He has always been free from any disorder of movement.

Broadmoor. By Dr. Motet.

As this account of Dr. Motet's visit to Broadmoor has already been noticed in the Journal, we need only say that it would be difficult to imagine a clearer and abler account of this great asylum than Dr. Motet manages to convey in his thirty-five pages.

Medico-Legal Case. By Dr. A. Motet.

A man, aged 62, door-keeper at the Passage des Panoramas for many years, and a steady drinker for perhaps as long, suddenly underwent a great deal of annoyance and anxiety in connection with the arrest of a lady for stealing. His mind became quite upset, and, amongst others, he developed well-marked delusions of suspicion against his colleague, whom he attempted to shoot. His insanity was evident, and the only feature of interest in the case was the unusually rapid development of the delusions of suspicion.

Remarkable Attempt at Suicide.

As a contribution to the curiosities of suicide, the following is worth reproduction from the " Siècle Medical " :—

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A man quarrelled with his wife about money for the rent, which he could not give her. Overwhelmed by her reproaches, he desired to destroy his life. Taking a dagger, ten centimetres long, he placed it vertically on the top of his head, and with a hammer he drove it in up to the guard. This done, he was no nearer his object. Not only had he not got the money, he had not destroyed his life, and he felt nothing. He retained his intelligence completely, as also his movements and senses. Quite at a loss by having placed his dagger so unskilfully, he was obliged to call the doctor, who tried to withdraw the knife from the cranial wall, but all his efforts were useless. Dr. Dubrisay was then called, but their united efforts were not more successful. They fatigued the patient by drawing on the handle of the dagger, but it remained fast. They then removed him to a neighbouring workshop to obtain sufficiently powerful means of traction. Placed between two supports having a strong and steady pincer between them, the blade of the dagger was seized and withdrawn without jerking, lifting the patient a little, who then fell on the floor. He immediately got up, began to walk, chat, and conducted M. Dubrisay to his carriage, thanking him.

The blade was a little bent towards the point. One could see that it had been against a hard body, the occipital fossa. Fearing symptoms of meningitis, the patient was taken to Saint-Louis, and placed under the care of M. Pean; but he was discharged at the end of eight days without any inflammatory or paralytic symptoms having developed.

As a method of suicide, the above is curious, and may be published without fear of producing an epidemic of imitation.

Note on an Alteration of the Brain, characterised by Separation of the Grey and White Matter of the Convolutions. By Dr. J. Baillarger.

Some thirty years ago Dr. Baillarger published three cases in which this unusual condition was found. In describing the lesion in the first case he wrote: "At the anterior and superior part the membranes raise in a single piece quite a group of convolutions which separated clean from the white matter. On examining this portion on its inner surface, I had genuine convolutions, whose summits were formed by the bottoms of the sulci. These inverted convolutions were smooth, and of a bluish-white colour at their summits.

In the second case the lesion, limited to the posterior lobe, presented the same features. On raising the membranes, one brought away with them the entire cortical layer, leaving the white substance quite bare, firm, smooth, of a bluish-white colour, and exposing the fibrous prolongations and the sulci. In this manner the whole posterior lobe was decorticated. The cortex, which remained adherent to the membrane, was extremely thin; yet it preserved the shape of the convolutions, and appeared, like them, inverted. One could re-apply them to the white substance.

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In the third, the lesion is described as limited to one of the posterior lobes: the entire cortical layer came away in a single piece, leaving the white substance naked and very firm.

In a fourth, the change was yet in the first stage. Between the grey and white matter there was a very distinct line, much more marked than in the normal condition. Removing the membranes did not produce decortication. The commencing lesion was only observed in this case by direct examination, and after section of the convolutions. To make the separation between the two substances very marked, it is only necessary to put a portion in water.

It should be added that in the other cases the change was not everywhere by any means so well marked. When the separation is complete, and the cortical layer is much atrophied, there is a distinct cavity between it and the white matter; and if a portion is placed in water, the cortex is raised. On the other hand, the convolution may appear quite healthy, with simply a very well-marked line of separation between the two substances.

This lesion, when it is in the first stage, may easily be overloooked; still, it appears to be rare. It has, however, been described somewhat vaguely by Calmeil.

It must not be confounded with the adhesions so frequently seen in general paralysis:

1st. Instead of raising only a layer of the grey matter, more or less thick, the membranes lift this layer in its entire thickness.

2nd. Instead of a kind of ulcerated surface, unequal and mammilated at the bottom, after raising the membranes one sees the white substance firm and smooth.

3rd. Lastly, and this is the most important point, complete decortication occurs at the bottom of the sulci, where there are no adhesions, as at the tips of the convolutions.

This can only be explained by the complete separation of the two substances which are merely lying together. So the adhesion on the tip of the convolution is sufficient to drag away the entire convolution. Besides, even before raising the membranes, one can feel that the cerebral cortex is detached from the subjacent substance; it really slides upon it, proving its complete separation. Calmeil has pointed this out very distinctly: the cortical substance of the posterior lobes presented this peculiarity, that it was no longer adherent to the framework of the white substance which served to support it.

In the majority of the cases the grey matter was soft or very soft; the white matter firm, very firm, or even much hardened. Both were atrophied. The minute pathological changes are not understood.

All the patients in whom this lesion was found were general paralytics; in three, paralysis was most marked on the side opposite the lesion; in the fourth this was not so, as the posterior lobes were the seat of the disease.

T. W. McD.

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May Feigned Insanity develop a Genuine Attack?

The important bearing of feigned insanity upon medico-legal inquiries attracted fresh attention some time ago in France, and the question has been recently discussed whether the simulation of insanity by a sane man may not have the effect of inducing an attack of the disorder itself. In the prison at Toulouse was a man named Laurent, charged with robberies of an aggravated character. He became very much excited, and his violence was such that his hands and feet were secured by heavy fetters. The *Juge d'instruction* of the Civil Court of Toulouse appointed three physicians to examine the prisoner's mental condition and report. One of these—M. Parant, medical superintendent of a well-known *Maison de Santé* in the town—has published the report and made a number of valuable notes upon the general question of feigned insanity, more especially in reference to its alleged influence on the mind. We pass over the description of the mental symptoms which the experts found present in this case. Suffice it to say that they decided that the symptoms did not correspond with any known form of insanity, that the prisoner was feigning, and that he was entirely responsible. Unforeseen circumstances delayed the trial for three months, and in consequence the prisoner's counsel, maintaining that the condition of his client might have changed in that time, and urging the opinion of some writers that the simulation of insanity might terminate in inducing it, demanded another expert examination, to which the Court assented. The fresh report confirmed the previous one. The jury adopted the medical opinion, and the prisoner was condemned to twenty years' hard labour. This verdict was not, however, allowed to pass unchallenged, in consequence of a technical point, and his trial took place before another jury, which, satisfied that Laurent was a simulator, brought in the same verdict. During the interval the prisoner persisted in his simulation, and after the trial he had several apparent attacks of epilepsy, during which frothy sanguineous saliva collected in his mouth. He was transported to New Caledonia, where he abandoned his simulation, his conduct became exemplary, and he confessed that he had all along feigned insanity.

M. Parant, among other comments, justly observes that in such a case the intervention of physicians is shown to be absolutely necessary. Baron Bramwell would no doubt think differently, and would consider three lawyers as competent to diagnose between real and feigned mania or genuine and pseudo-epilepsy as skilled physicians.

It will have been observed that counsel for the prisoner employed in his defence the opinion that the imitation of insane conduct might eventuate in a real attack of insanity. There certainly seems a great deal to be said *à priori* in favour of the possibility, nay, the probability, of such a consequence. Have we, however, any actual proof of this result? M. Parant has brought this question before the Paris

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Medico-Psychological Society, and has collected together the opinions of several authors of authority on the question. Tardieu says: "It is a point of great delicacy upon which it is right even to insist that simulation itself, if sufficiently prolonged, exerts an incontestable influence upon the moral and physical state of the individual. Why should not remaining for years in the silence and immobility of melancholia with stupor eventually cause a real and complete stupidity? There is not one among those who, after having feigned insanity, have been unmasked or have confessed their simulation, who have not declared that they felt they were going mad, and that they would not undergo such suffering again were it even to save their life" ("Etude médico-légale sur la folie," 1872, page 239).

Another author (Dr. A. Laurent*) had in 1866 expressed an equally strong opinion. "We know," he says, "that genuine insanity results from its simulation. Among other instances, two French sailors, prisoners on board English hulks, persevered in simulating mental disorder during six successive months. But at the end of that time they only recovered their liberty at the cost of having really lost their reason." In his "Traité de médecine légale" M. Legrand du Saulle adopts the same opinion, and relates the same cases, but no more.

M. Parant recalls the fact that in 1848 Dr. Brierre de Boismont, speaking on a paper read before the Paris Psychological Society by M. Bois de Loury upon the same subject, asserted that *many* simulated forms of insanity passed into actual mental disease, and in support of his statement cited the historic sailors, but no more. It must be added that M. Parant has in vain ransacked the "Annales Médico-Psychologiques," the journal of "Médecine mentale," the "Annales de Médecine légale," and other recent journals, as well as treatises on insanity, but has altogether failed to find any positive proof of the transformation of simulated into real insanity. He is therefore fully justified in maintaining that it is a very bold course to base a definite opinion upon the isolated history of these two unhappy mariners whose only good fortune seems to be the immortality they have acquired in French medical literature. Even granting that they became insane after simulation and were not insane all the time, it is quite as probable, the writer maintains, that privation and suffering on the English hulks induced mental disorder as the attempt to simulate.

As regards the assertions of simulators themselves, a word must be said. The case of Derozier may be cited in addition to the cases already referred to. He kept up the imposture for seven or eight months, and when exposed declared to the late Dr. Morel, to whose observation he was subjected: "You cannot believe what I have suffered. I believed that I should really become insane, and I had more dread of this than of going to prison." While not altogether ignoring such statements, the fact remains that these persons

* "Etude médico-légale sur la simulation de la folie," p. 374.

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did not become lunatics, only feared that they would. On the other hand, the fact is equally certain that numbers of prisoners have passed through the process of feigning insanity without the alleged result ensuing. Among these a case is reported of a prisoner who simulated deaf mutism and imbecility for no less than three years, another case which continued for 10 months, and a third which lasted 14.

We are therefore in full accord with M. Parant in his conclusion that the direct transformation of simulated insanity into the true disorder ought not to be admitted among the proved medico-legal facts of mental medicine. T.

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2. *American and Colonial Retrospect.*

By D. Hack Tuke, F.R.C.P.

The Longue Pointe Asylum, Montreal.

The Canadian press has been again greatly exercised in regard to the condition of this notorious institution. One paper contains the following :—

"In addition to the horrors which have been pictured on account of small-pox having broken out in this asylum, where are about 1,000 lunatics, harsh treatment has just come to light. A young man whose appetite for liquor was uncontrollable was placed there as a private patient. Being allowed considerable freedom, he crossed the road through the asylum gate without any intention of running away, when he was placed in the idiotic ward, and all attempts to get taken away from these incurables has been unavailing. Even the Government Inspector, Dr. Howard, is powerless in the matter. In an interview today Dr. Howard said, 'There is no supervision of private patients. The law enforces it, but it is not carried out. Any sane person might be placed in the asylum and kept there for an indefinite time. I have no control over private patients, and know nothing about them.'"

Another paper says :—

"To a reporter who called upon Dr. Henry Howard, Government Medical Superintendent of Longue Point Asylum, he said (in reply to inquiries respecting the prevalence of small-pox), 'Whatever information I can give you I will cheerfully do. I must preface what I have to say by a few general remarks. . . . On the 12th Sept., 1879, under the Jolly Government, an Act was passed by the Provincial Legislature by which the sisters were empowered to have their own physician for the treatment of the insane in the establishment. By this same Act I became Government Visiting Physician of the asylum, my power being very limited, and having nothing whatever to do with the treatment of the insane. Patients could not be admitted without my authority, and the power to discharge was supposed to be vested in me, but it seemed, upon investigation, that it must be recommended by the

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