temptation, he must remain, after the end of the acute stage, under strict supervision for several months.

The question of limiting the personal freedom in such cases is then discussed, and answered in the affirmative. The causes of the persistence of insanity are then discussed. The appropriate use of asylums is regarded as of great importance. The chances of a cure become rapidly smaller with every week that the patient comes later into the asylum. According to Nasse, with a duration of the disease for one month before admission, 57·5 per cent. were cured; from seven to twelve months 9·1 per cent.; and for more than twelve months only 2 per cent. The author is strongly of opinion that an examination in psychiatrie should be made compulsory upon the student.

2.—*French Retrospect.*

By Dr. T. W. McDowall.

(*Continued from Vol.* xxii., *page* 628.)

Case of Rupture of the Rectum in a Lunatic.—This rare accident occurred to a patient who had been in the Montdevergues Asylum since 1869. She was born in 1838, married, and the mother of three children. The first symptoms of insanity appeared at 25 years of age, from an unknown cause. The attacks returned almost every month, and continued five or six days. During the intervals the patient was quite sane. She was not sent to an asylum until, on 24th November, 1868, during an attack which began two days before, she cut off the head of her sucking child with a hatchet. Her symptoms were those of religious melancholia with suicidal tendencies, and they continued unchanged till the time of her death. Small, thin, delicate, the woman never spoke, and stood motionless in a corner; she often refused her food. She took no care of her person, and offered a passive resistance to everything required of her. It was necessary to keep her under constant supervision on account of her incessant attempts at suicide. One day she forced a pin into her throat, causing numerous abscesses before it was removed.

On 26th September, 1874, after having had her supper with the other patients, she went to the closet. She there, according to her account, made vain efforts at defecation and was seized with a violent colic. She, however, said nothing about it, and went to bed at the usual hour. Only a few minutes afterwards she was heard groaning and twisting about in her bed; almost immediately she vomited violently. The nurse hastened to her, and, wishing to change the patient, she perceived that the intestine projected from the anus. It was found that a portion of the small intestine had escaped by the anus, and hung between the thighs as a large bundle formed of several

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coils. The seat of rupture could not be discovered by the introduction of the finger, and although the bowels were returned, they immediately escaped again. She died next day at noon.

At the *post-mortem* examination there was found a rent across the rectum seated in the anterior wall, a little above the recto-vaginal cul-de-sac, and four to five centimètres long. Towards its central part there was a small reddish spot about the size of a 20 centime piece, which presented none of the characters of ecchymosis, but a diffuse redness of an inflammatory appearance. In this neighbourhood the tissue of the intestine was slightly thickened and friable. Opposite this spot, upon the posterior wall of the rectum, there was a small superficial ulceration. The length of the small intestine which protruded from the anus was about 50 to 60 centimètres.

Continuing his examination, Dr. Christian found in the posterior wall of the rectum, about two centimètres above the anus, an ordinary sewing needle. It lay horizontally, the point directed to the left. It appeared as if imbedded in the wall of the intestine, and had evidently been there a considerable time, for it was black, rusty, and encysted in a thick black membrane.

There can be no doubt that the rupture in the rectum was not self-inflicted, but resulted from softening of the tissues, due to the presence of the foreign body.

On the Communication of Insanity by Contagion.—It is a matter of every-day observation that the intimate association of individuals is followed, in many cases, by the communication of peculiarities of thought and habit. No surprise need, therefore, be excited when two or more members of a family or community become insane about the same time, especially in the former, where all may suffer from a strong hereditary tendency to mental disease. The extraordinary epidemics of the middle ages, the modern outburst of religious excitement, are illustrations, on a grand scale, of the transmission from one person to another of an abnormal condition of mind. It must not, however, be imagined that where two members of a family become insane about the same time their disease has a common origin; as a rule, it is quite the contrary. Thus a woman becomes insane after child-birth; her husband soon afterwards loses his reason through the misery his wife's illness has brought upon him and his family.

Dr. Brunet's paper is introduced by an old article from the *Droit*, which contains some interesting accounts of so-called contagion of insanity. He considers that it "indicates an exact knowledge of the subject," though it contains the following statement:—"Other kinds of insanity are equally contagious, and there is in man such a tendency to imitation that no one can live continually with a madman without losing his own reason." That is a pleasant prospect for asylum officials. Ought not Dr. Brunet to act on his opinion and retire?

It is unnecessary to reproduce the cases forming the subject-matter

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of the paper; such cases must have come under the notice of almost every asylum superintendent. The concluding paragraphs summarise the whole matter, and the following is their substance:—

In lunatic asylums patients may communicate their delusions to one another. It sometimes happens that patients suffering from maniacal excitement without well-marked delirium have at the commencement of convalescence ideas of persecution through their constant association with lunatics labouring under this form of insanity. Returning home has been sufficient to cause this complication to disappear.

Insanity by contagion is generally easy of cure: the delirium is less firmly rooted, and the organic changes in the brain are less profound, than if they were due to the influence of the exaltation of the affective faculties. It is developed in the following manner:—Belief in the delusions of lunatics with whom they live is at first vague, confused, intermittent; it gradually becomes firmer, continuous, and at last there appear genuine attacks of partial or general insanity. Persons who are thus affected by this contagion not only believe in the reality of the imaginary persecutions of their neighbours, but themselves are the victims of these persecutions; and acute mania, with its most serious symptoms, may occur.

Prolonged contact with lunatics, without producing insanity, may cause irritability of character and excitement of the selfish instincts. [That is quite true, and agrees with my own observation.]

Cerebral physiology easily explains the phenomena. Our ideas and feelings depend in a great measure on our surroundings. "*Suminus e conversantibus mores,*" said Seneca; the Bible pointed out the same long before that philosopher, and it can scarcely be disputed in the present day.

On Artificial Feeding of the Insane.—The method described by Dr. Ritti is suitable only for exceptional cases, and is not likely to come into general use. It consists in placing a bolus of food in the throat and causing the act of swallowing to be performed by the stimulation of the muscles of the gullet by electricity. Although it is described as easy in performance, it nevertheless demands some amount of skill, easily enough acquired by practice, great rapidity in execution, and especially an intelligent assistant. It was tried in only one case —a melancholic, in whom various kinds of treatment failed to arrest progressive emaciation. Dr. Ritti placed the poles of a Ruhmkorff coil alternately on the nape and the lateral parts of the neck, but with no effect. As the persistent refusal of food might be due to a state of anæsthæsia of the mucous membrane of the pharynx, he passed a current from the level of this organ to the superior and lateral part of the neck, immediately below the angle of the lower jaw. Through the influence of the electricity all the muscles of the region contracted, and there was observed at the same time the phenomenon of the second stage of deglutition, the upward movement of the larynx.

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A bolus of food was now introduced, the patient offering no resistance; the mouth was kept shut by the hand; the current was immediately passed, and the substance was swallowed. The operation was repeated until enough food had been introduced. As the patient became accustomed to the process, he offered considerable resistance, and increased the difficulties much.

On the General Sensibility and its Alterations in Melancholics.—For this paper Dr. Semal was awarded the Aubanel prize. An ordinary summary would fail to do it justice, but in order that some idea of its scope may be given, it may be best to reproduce almost literally the remarks on it by the Prize Committee and then to append a table of contents.

This memoir is particularly noticeable for its physiological part. It not only shows that the author has a very extended knowledge of the most recent works upon psychology and the physiology of the nervous system, but indicates a very superior mind, perfectly capable of dealing with the most difficult and abstruse questions in physiology and pathology.

In place of contenting himself with the usually accepted opinions on sensations and general sensibility, he has more thoroughly examined the question submitted to him. Before studying the disorders of this function in melancholics, he has endeavoured to grasp precisely and scientifically the exact meaning of the term general sensibility. But in attempting to solve this problem, he was not long in discovering that it was more obscure and complex than at first sight appeared.

What, indeed, is to be understood by the term general sensibility? It ought to include all the sensations of the human organism which are not special. But from time immemorial the existence of five special senses has been admitted—sight, hearing, taste, smell, and touch. But having apportioned the bodily sensations to these five senses, what remains for what we have agreed to call general sensibility? It is here that the true difficulty of the problem commences. The majority of ancient and even more modern physiologists have really confounded general sensibility with the sense of touch; at most, and that very vaguely, they distinguished between external and internal general sensibility. It was first Cabanis, and afterwards Bichât, who began to establish a clear and exact distinction between the general sensibility seated in the skin and that having its seat in the internal organs. These were called by Bichât the animal and the organic sensibility, or the external and visceral. Later, other physiologists have admitted the existence of an objective sensibility, in which the impression was caused by external objects, and a subjective sensibility, by which we are conscious of modifications occurring in our own body.

Since that time they have further extended their minute observations on the various kinds of external and internal sensibility, and

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have increased the number. They first recognised a sixth or genital sense; then those of heat, pain, muscular activity, &c. Gerdy especially carried this subdivision to an extreme. He considered as distinct sensations tickling, itching, &c. Finally, Beau, by separating analgæsia from anæsthæsia, physiologically and clinically, drew a distinction between the sensation of contact and that of pain, which is now generally accepted. The result has been a very great confusion, which still exists, between general and tactile sensibility.

We all understand, under the name of general sensibility, all the internal, visceral, or organic sensibilities of Bichât, which enable us to perceive changes occurring in our own body, as the sensation of hunger, thirst, sexual desire, sickness, or fatigue, &c.; but when we come to the skin and the tegumentary organs, how are we to distinguish the sensation of heat, cold, muscular activity, tickling, itching, &c., from the tactile sensation properly so called—that is to say, from touch? The difficulties are very great and almost insoluble, and one is almost forced to admit special senses for heat, pain, or muscular activity, and even of special nerves, conductors of them.

The author of the memoir has sought some means of escape from the difficulty, and of arriving at a solid basis upon which he can classify scientifically the disorders of general sensibility in melancholia.

After having studied most profoundly the works of modern psychologists and physiologists, whose deep and original views he explains with remarkable ability, he arrives definitely at the general conclusion which he has made the physiological and clinical basis of his whole memoir. To define general sensibility, and distinguish it from special, we must no longer seek the basis of the distinction in the part of the external or internal nervous system which is affected, or in that which transmits or perceives the sensation, or in the nature of the sensation perceived by the sentient subject, but in the character of the external causes which affect the nervous system. Now, in general physics, as in physiology, we must recognise, as special stimulants of the senses, light, sound, sapor, odours; but all other impressions received by the organism are due to the modification produced on our external or internal sentient extremities by the three great general properties of matter which govern the external world, viz., motion, heat, and electricity, a trinity of forces which resolves itself into the unity of motion, the producer of heat and electricity. It is those *general* properties of matter which, acting upon the periphery of our nervous system, produce in it a modification which we call *general* sensibility, in opposition to special sensibility produced by special excitants—light, sound, odours, and sapors—acting upon special nerves, upon special organs, and there producing phenomena of special sensibility.

Such is the leading idea forming the basis of this paper. Physiologically and clinically, he rests entirely upon this definition and new concep-

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tion of general sensibility. The necessary consequence of this doctrine is to suppress the sense of touch in favour of general sensibility, as formerly general sensibility was suppressed in favour of touch. Thus, by totally different paths, the physiology of sensation returns to its starting-point, but under an infinitely more scientific form.

However, the author does not draw back from the logical consequence of his definition of general sensibility, for he says:—"We consider light, sound, odour, and sapor as essentially special and transitory attributes of matter, and nature compels us to regard them thus, because, in order to make them apparent, it has employed special agents which are the organs of sense properly so called. It may cause astonishment that no mention is here made of touch, but in our opinion touch does not exist as a distinct sense."

The section of the paper referring to pathology is less complete. The author only quotes a few detailed cases, because he considers them useless for his purpose, but he carefully studies, in several successive chapters, from his point of view of general sensibility, the disorders of this function, either generally in connection with each sense or in their relation of cause and effect with melancholia, and specially hypochondriasis and the monomania of suspicion. He mentions incidentally new facts and interesting and often original questions, which cannot be now mentioned, but which certainly add greatly to the merit of this paper; and he concludes as follows:—"Alterations of general sensibility form the basis of melancholia; the psychical element and the special sensations only operate in the expression and external form of the various phases of melancholia."

Part I.—Psycho-physiological considerations on the whole Nervous System. Chap. 1. The Nervous System. Chap. 2. Nervous Motion. Chap. 3. The Causes of Stimulation of Nervous Motion. Chap. 4. Sensations. Chap. 5. General Sensibility.

Part II.—Disorders of the General Sensibility. Chap. 1. General. Chap. 2. Pain. Chap. 3. Hyperæsthæsia, Hypæsthesia, and Synæsthæsia. Chap. 4. Pseudo-æsthesiæ, Illusions, and Hallucinations.

Disorders of External General Sensibility.

I. Sensations of Contact. II. Thermic Sensations. III. Electric Sensations.

Disorders of Internal General Sensibility.

A. Muscular Sensibility. I. Fatigue. II. Muscular Hypæsthæsia. III. Muscular Pains. IV. Vertigo. V. Cataleptic Symptoms.

B. Disorders of General Sensibility localised in the organs of nutrition. I. Buccal, Pharyngeal Symptoms. II. Abdominal Symptoms.

C. Simple Disorders localised in the organs of respiration and circulation.

D. Symptoms localised in the Genito-urinary Organs.

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Part III.—Alterations of the medullary sensibility. I. Disorders of the instinct for muscular action. II. Disorders of medullary sensations proceeding from the digestive organs. III. Disorders of the medullary sensations proceeding from the respiratory organs. IV. Disorders of the medullary sensations proceeding from the circulatory organs. V. Disorders of the sensations proceeding from the genital functions.

Part IV.—Cœnesthetic Disorders. I. Cœnesthetic perversions. II. Hypochondriasis. III. Melancholia.

Part V.—Psycho-pathological considerations upon the genesis of Melancholia. I. Distinction between the rational state and insanity. II. The physical constitution of melancholics. III. Previous mental character of melancholics. IV. Mesological influences on the forms of melancholia. V. Influence of disorders of sensibility on the forms of melancholia.

PART IV.—NOTES AND NEWS.

MEDICO-PSYCHOLOGICAL ASSOCIATION.

A quarterly meeting of the Medico-Psychological Association was held in London, on Wednesday, January 31st, at the rooms of the Medical and Chirurgical Society, in Berners street, the President, Dr. W. H. PARSEY, in the chair.

The Secretary, Dr. W. RHYS WILLIAMS, read the minutes of the last quarterly meeting, which were confirmed.

Dr. J. C. BUCKNILL read a paper on "The Relation of Drink to Insanity."

(We regret that we have received no abstract of this paper, and that our readers must form their opinions of the views expressed in it from the following discussion. The reporter did not take notes of it as it was read, being under the impression that it would be sent to the Journal, according to the usual custom.)

The PRESIDENT said they must all feel indebted to Dr. Bucknill for the very important, useful, and deep-thinking essay they had heard read. It deserved an earnest discussion, which should be taken, as requested by Dr. Bucknill, under the four separate heads that he had set forth. They would be glad to hear the opinions or suggestions of any gentleman present, but it would be convenient that every one should confine himself, for the time, to the particular question under its proper head, and he might then speak again, if he chose, upon the other parts of the subject. The first subject, then, for their discussion would be that of the pathological modes in which it was thought intemperance in the use of drink could produce insanity.

Dr. SAVAGE observed that it might have been expected, in a review of this subject, that more would be said of the pathology of general paralysis in its relation to drink. A young practitioner would think he should find excess in drink one great cause of general paralysis and consequent insanity. But looking at the cases of insanity where there had undoubtedly been excess in drink, he found mere wasting of the nerve tissue, choking of the nerve vessels, or thickening of the walls of the capillaries, or general degradation of all the tissues. There was a state of denutrition, which must gradually waste away the brain, till the man became demented, and finally died. Such a case was not unfrequently called one of general paralysis. All these injurious effects were no doubt produced by an excessive use of that which, perhaps, might, at an earlier

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