rather small pyramidal cells. 2. A middle layer of larger cells, also pyramidal. 3. The inner layer, the cells in which are mostly fusiform, but also polygonal, globose, or irregular in the anterior convolutions, but containing many small cells in the deepest part of this layer in the occipital convolutions. This is the only histological distinction noted by our author in different parts of the convolutions.

We have received the *Archives Italiennes de Biologie* for 1882, a periodical published at Turin, and intended to supply abstracts in French of all the more notable biological papers published in Italy. The only paper bearing on our subject, which has not been already noticed in these Retrospects, is one by Dr. Marcacci, on the *Cortical Motor Centres*. He is led by a careful analysis of 27 cases to conclude that there is no pathological evidence of the existence of localized motor centres in man.

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2. *French Retrospect.*

By Dr. T. W. McDowall.

Les Annales Médico-Psychologiques. Sept., 1880, to Jan., 1881.

The Treatment of Delirium Tremens and of Acute Delirium by Cold Baths and Bromide of Potassium. By Dr. Rosseau.

This short paper essentially consists in the record of two cases of acute delirium.

In the first, the patient was admitted in a state of extreme excitement, the face red, the eyes bright, the temperature increased, the pulse very rapid, full, regular. He had hallucinations, and the delusions usually found in such cases. He was immediately ordered 10 grammes of bromide of potassium, but the excitement and delirium continued during the day and the following night.

Next day the bromide was continued; but in addition, the patient was kept in a cool bath for seven hours, and from time to time cold compresses were applied to the forehead. During this process the excitement and violence disappeared, though his sanity was not completely restored. He had an excellent night, and slept till morning.

On 21st July he was reported to be free from excitement, and quite rational. The baths were discontinued, but the bromide was continued until the 23rd as a precautionary measure. In five days he consumed 50 grammes of that drug. He was discharged on the 29th, quite well.

The second case was admitted on the 18th November, 1879. He suffered from acute delirium, such as is so frequently seen in the beginning of general paralysis. He was 32 years of age, had always been sober in his habits, and there was no history of insanity in his family. He had experienced reverses in business, had led a sedentary life, and was of an exceedingly sanguine temperament.

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The night after admission he was very restless in spite of a draught containing 10 grammes of bromide. The face was congested, the skin burning, the pulse strong and rapid, the excitement and restlessness extreme.

On the 19th November the bromide was continued, and he was put in a cool bath from 10 a.m. till 5 p.m. Cold irrigations of the head were constantly renewed, as the temperature of that part of the body was excessive. Some hours after the beginning of this treatment, the agitation diminished, and some flashes of intelligence appeared. He recognised an attendant, talked of his wife, and asked to write a letter to her. During the remainder of the day and during the night he was quite quiet, and his hallucinations did not appear.

On the 20th November he was still free from excitement, but his intelligence was somewhat clouded. The baths were stopped, and during the next five days he was purged by means of pills of calomel and aloes. No further treatment was necessary as the patient was quite well in every respect.

These results of Dr. Rousseau confirm those of Dr. Féréol. This form of treatment has never become popular in England. Some very sad cases have been recorded, in which rapid and fatal syncope occurred, and it is possible that these casualties have deterred physicians from using a most powerful and successful form of treatment in certain cases.

Hypochondriacal Delirium in a Severe Form of Anxious Melancholia. By Dr. Jules Cotard.

The subject of this paper has been under observation for several years. She states that she has no brain, no nerves, no chest, no stomach, no bowels; that there is nothing left of her but the skin and bones. Neither has she a soul; God no longer exists; neither does the devil. Mlle. X., being thus nothing but a disorganised body, has no necessity to eat, she cannot die a natural death, she will live for ever unless she is burnt, fire being her only possible end. Her condition need not be further described, as it is a typical one of melancholia with dominance of religious and hypochondriacal delusions. Sensibility to pain is diminished over the greater portion of the body. Ordinary sensation and the other senses appear normal.

Dr. Cotard has collected a few similar cases from the writings of Esquirol, Leuret, Petit, and others. In all these patients the hypochondriacal delirium presents very similar characters; they declare that they have no brain, stomach, heart, blood, soul; sometimes even they have no body.

The author points out that such a condition is very different from that which precedes or accompanies the delirium of persecution.

Another common delusion in such cases is the belief that they cannot die, because their bodies are not in the ordinary conditions of organisation, as, if they could die, they would have been dead long ago.

Dr. Cotard remarks, as specially interesting, that all the patients

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who laboured under hypochondriacal delirium with the delusion of immortality, believed they were eternally lost, were possessed by the devil, in short, presented all the characters of demonomania or religious insanity.

Somewhat similar cases are referred to as illustrating the one under consideration, but they are not of special interest. Neither indeed is the one recorded by Dr. Cotard, and we cannot understand why he should suggest a special name for such, and give six special characteristics by which they may be recognised. The fact is that among the educated classes there is no end to the elaboration of delusions, especially in women of a religious and hysterical temperament.

On Brain-disease Due to Lead in its Relations to General Paralysis. By Dr. Emmanuel Regis.

The amount of observation on the relation of the two diseases is limited to about twelve cases, yet there are three distinct opinions regarding them :—

1st. That of Dr. Devouge, who first attracted attention to the subject so long ago as 1852, and who believes that there is a genuine general paralysis of saturnine origin, closely resembling the ordinary disease.

2nd. The original opinion of M. Delasiauve, who in 1851 stated that certain forms of saturnine brain-disease could resemble general paralysis so closely as to simulate it; hence the name "pseudo-paralysie générale saturnine" which he gave to these forms of poisoning. Unfortunately he afterwards changed his opinion, and admitted the existence of a general paralysis due to lead poisoning; and he even tried to sketch some of the distinctive characteristics.

Voisin supports Delasiauve's first idea, and denies the existence of a genuine saturnine general paralysis.

3rd. M. Falret's opinion is a mixed one. He admits the existence of a genuine saturnine general paralysis, but adds that it presents notable differences from the ordinary disease, differences unfortunately little understood.

Such variety of opinion can be easily understood when it is remembered that the cases described are under a dozen, and besides that we are too ready to admit the etiological influence of lead in paralytics exposed to its influence in their trade. Although a painter or white-lead worker has had attacks of lead colic, and ultimately becomes a general paralytic, it is obvious that the latter disease is not necessarily the result of the action of lead. The relation may be a simple coincidence.

The present paper by Dr. Regis is only introductory to a more elaborate one in preparation, still it is interesting to know his opinions, based as they are on the careful examination of four cases.

1. *Symptomatic differences.*—When we compare a pseudo-general paralytic from lead and a genuine general paralytic, the first thing to attract attention is that the former presents symptoms of lead poison-

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ing in addition to the ordinary symptoms of meningo-encephalitis, which are common to both. These signs, which clearly distinguish between the two cases are—physical: 1, blue line on the gums, earthy colour of the skin; 2, heaviness in head, headache, giddiness; 3, cramps, formication, neuralgic pains, partial anesthiæ or hyperæsthesia, disease of the joints, paralyses; 3, epileptic or convulsive symptoms of various intensity. Intellectual: 1, insomnia, dreams, nightmare; 2, hallucinations of sight, causeless terror; 3, delusions of persecution, poisoning, &c. All these symptoms are not present in every case, but the most constant are the blue line on the gums, the earthy colour of the skin, nightmare, hallucinations of sight, imaginary fears and confused delusions of persecution. From their enumeration it is evident how much the mental symptoms produced by lead are like those due to alcohol. This remarkable similarity has been productive of numerous mistakes.

There are other minor differences. In the disease due to lead the inequality of the pupils is sometimes absent; the muscular tremor is more intermittent, more marked, and more spasmodic, and the speech is sometimes so affected as to be unintelligible. The patients are often dirty and completely paralysed when admitted. In addition to the mental symptoms already mentioned, and which are quite transitory, the patients present a type of mental enfeeblement quite distinct from that seen in ordinary general paralysis. Whilst in ordinary paralytics, the mental enfeeblement, at first but slightly marked, becomes gradually worse and ends in the most profound dementia, in the other class of cases the dementia, which shows itself from the first in its greatest intensity, is more apparent than real. On their admission the patients appear to be completely demented, and can scarcely say their own names. Yet in a very short time the intelligence returns, and we are surprised to see patients rapidly emerging from what was believed to be an incurable and fatal illness. Excluding exceptional cases the ordinary paralytic may be described as a gentle, kind creature, ready to bestow his enormous wealth on the first comer. The lead-paralytic, when not completely demented, is of an entirely different disposition. He is irritable, suspicious, rude, selfish.

The diseases are entirely different in their progress.

Ordinary general paralysis goes from bad to worse as a rule. Its invasion is slow, its beginning very insidious. At first the symptoms are scarcely appreciable, and are limited to a few very slight physical or mental symptoms. Gradually these symptoms increase in severity, mind and body become feeble, dementia and paralysis occur, and after a more or less rapid decline in all the vital functions, the patients pass into a state called paralytic marasmus which speedily ends in death.

Saturnine general paralysis pursues an absolutely opposite course. It breaks out suddenly, and at once reaches its worst. The majority of the patients, when they are admitted, are in a state of violent excitement, but this excitement, which is accompanied by nightmare, hallucinations, &c., is only an epiphenomenon of the disease, analo-

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gous to the acute symptoms of chronic alcoholism. When this essentially transitory crisis is past the pseudo-general paralysis appears fully developed. When the system is profoundly affected by the poison, as it usually is, the patients are plunged in the most profound cachectic marasmus from the first day. They are dirty, paralysed, demented, incapable of movement, or of uttering a word, so that they appear as if about to die. In a few months these patients leave the asylum, completely recovered. They first cease to be dirty, by degrees their sphincters gradually regain their power; their intelligence returns, and all symptoms of paralysis disappear. When the action of the poison has been less violent, the symptoms are less severe, but their progress is the same, and they disappear with the greater rapidity that they were originally less marked.

Counter-lifting. By Dr. Lunier.

This paper is largely composed of the detailed histories of fourteen cases of theft committed by persons more or less insane. Four were weak-minded; three epileptic; one hysterical; three demented from old age; two demented after other attacks of insanity; and one was a case of morphia-intoxication.

During a thirty years' experience in public asylums Dr. Lunier met with but two genuine cases of kleptomania. He details their history, but there is no reason for reproducing them.

In the few remarks with which Dr. Lunier concludes his paper there is nothing of interest or novelty.

The Clinical Study of Mental Diseases and Psychology. By Dr. Prosper Despine.

It has always appeared to the author that alienist physicians are not sufficiently interested in psychological studies, and he has already pointed out the evil results of this neglect. In this paper he returns to the subject and endeavours to show that it is impossible to prosecute clinical investigations in mental diseases without the aid of psychology, and to exhibit the benefit which the physician might obtain from this science.

This is a subject so thoroughly thrashed out that it is quite unnecessary to give an abstract of the paper. Dr. Despine has nothing new to say about it; indeed it would be surprising if he had.

The Employment of Metals in a Case of Hysteria and Insanity. By Dr. Cullerre.

Since Dr. Burq first published his results a very large number of cases have been published, supporting more or less his conclusions as to the power of metals placed upon the skin to alter the nervous and vascular action and areas varying much in size.

The case published by Dr. Cullerre is a typical example of the kind with which students of nervous diseases have of late become so familiar.

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He submitted the patient to the influence of three metals, gold, copper, zinc. Gold had but little effect, copper had more, but the result of zinc was most marked. His results correspond generally with those reported to the Biological Society by Charcot and others, by a Committee specially appointed to enquire into the subject. Every precaution was taken to avoid error and deception. The application of zinc always restored the capillary circulation as well as sensibility to pain, whilst thermic sensibility was perverted, so that the contact of a warm body gave rise to a sensation of cold, and inversely. Nevertheless he never observed the phenomenon of transfer, as happens in cases of anæsthesia which are not dependent on an organic lesion of the nervous centres.

The internal administration of oxide of zinc was followed by the best results. It was given at first in doses amounting to a decigramme per diem. Every five or six days it was increased by the same amount till the quantity taken daily equalled a gramme and a half.

Medico-legal Case. Attempted Murder of Three Persons. Reported by Dr. Dufour.

Although the facts are recorded with great minuteness, there is really nothing special in the case. A man laboured for several years under delusions of persecution, poisoning, &c. In order to escape from the tormentors he resolved to go to America, but he must first procure money for the necessary expenses. He resolved to take the money from a former employer who he knew kept considerable sums in his house, and whom he believed guilty, with the other members of his family, of repeated attempts to poison him. There is one special feature of interest; the gradual development, during several years, of the defined delusions. It is surprising that such delusions remained so long without tragic consequences; for there can be no doubt that delusions of suspicion are in their consequences more dreadful than any other form of insanity, except, perhaps, melancholia.

Medico-legal Case. Violence Towards a Superior Officer. Reported by Dr. E. Dufour.

There are several features of interest and importance in this case. The patient was a soldier. On being found fault with by his corporal, he became frantic with anger and made several attempts to murder him. A military court sent him to an asylum for observation. It was ascertained that he had a hereditary tendency to insanity; that he received a severe injury to the head when a boy, that he was epileptic for a few years, but that he had been free from all symptoms of mental or nervous disease for years, until, indeed, he entered the army. In enlisting he appears to have discovered that he made a mistake, and he confessed that he began to simulate insanity so that he might obtain his discharge. Amongst his comrades he passed as a fool with a wretched temper, though it was observed that the appearance of a superior officer stopped his violence at once. Whilst in prison and

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in the asylum he behaved on the contrary just as he thought would suit his purpose best; but he was so simple as to confess his roguery, else his condition might have been one of great difficulty to those commissioned to report on it.

Dr. Dufour is inclined to the opinion that there existed slight mental weakness. In this he is, perhaps, right. The man was weak enough to be a scoundrel, but had sense enough to try to escape the consequences of his wickedness. Such cases are full of difficulty, and each must be judged on its own merits. The line between crime and insanity is sometimes a very fine one, especially in a very considerable percentage of the inmates of our prisons.

Dr. Dufour concluded that his patient was only partially responsible for his acts. In spite of this decision, the Army authorities sent him back to his regiment.

Non-Restraint.

It would have been imagined that this was a subject done to death, yet we find that our worthy French colleagues devoted the better part of three meetings to its discussion. We have no intention of reproducing, even in the briefest way, what was said, for it would profit nothing. English asylums came in for high compliments and severe condemnation, just as the speaker approved or disapproved of the system. The discussion seemed to convince nobody, but was most successful in exciting a good deal of warmth—a most unfortunate result.

Increase of Fibrine in the Blood in a Case of Pericerebritis (General Paralysis). By Dr. Daniel Brunet.

In 30 cases of general paralysis the amount of fibrine was measured by Dr. Brunet, whilst resident at Charenton. He employed the method followed by Andral and Gavarret. Its weight ranged between 1·3 and 5·9 grammes per 1,000, and was in proportion to the intensity of the inflammatory symptoms.

The minimum quantities, 1·3 and 1·86, were obtained from persons affected with general paralysis, slow in its progress and characterised by dementia. At the end of the second stage they were bled for transient symptoms of cerebral congestion.

The amount of fibrine in twenty-four cases varied from 2 gr. to 3·32 gr. The mean quantity for these twenty-four cases was 2·6.

In four cases it exceeded 4 gr. in amount. In these some details are given as to the progress and character of the disease. There were marked symptoms of cerebral congestion, and microscopic examination showed distinct inflammatory changes in the convolutions.

Dr. Brunet's conclusions are that: 1. General Paralysis, like every other chronic inflammation, does not increase the fibrine in the blood when it progresses slowly and regularly. 2. The increase occurs when the inflammatory symptoms become very intense and acute. The fibrine may then reach 5·9 gr. per 1,000.

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Contribution to the Study of Folie à Deux. By Dr. E. Marendon de Montyel.

This is an interesting paper, and would be valuable did it contain nothing more than the histories of the patients whose lot it has been to furnish examples of conditions not often observed. It is only very rarely that two persons, *e.g.*, husband and wife, become insane at the same times, but such coincidences have attracted the attention of some French writers, notably MM. Lasègue and Falret, and more recently Dr. Regis.

Want of space compels us to be brief, and to reproduce only Dr. de Montyel's conclusions, but we would recommend the whole paper to the attention of our readers. In these days of careless, and often useless writing, it is pleasant to read cases so carefully and elegantly described.

The ideas on which the whole paper is based may be summarised as follows :—

I. *Folie à deux* includes three perfectly-distinct orders of cases.

(a.) *Folie imposée*, in which a lunatic imposes his delusions on a person intellectually and morally weaker than himself, always excepting certain conditions already indicated in MM. Lasègue and Falret's paper.

(b.) *Simultaneous insanity*, in which two persons, hereditarily predisposed, contract at the same time the same form of insanity, always excepting certain conditions already indicated in M. Regis's paper.

(c.) *Communicated insanity*, in which a lunatic communicates his hallucinations and delusions to one hereditarily predisposed to insanity.

II. The union of three conditions appears to be necessary for the production of *communicated insanity*.

(a.) A well-marked hereditary predisposition in the person to whom the insanity is to be communicated.

(b.) At all times, an exceedingly intimate association and companionship between the two future co-lunatics.

(c.) An incessant action by the lunatic upon his sane companion so as to induce him to share his hallucinations and delusions.

III. From a medico-legal point of view, in *imposed insanity, the passive person* is feeble-minded, an imbecile; but even when he co-operates in insane acts with the *active* person, he should not be considered lunatic; on the contrary, in *simultaneous insanity* and in *communicated insanity*, both co-deliriants are lunatic.

IV. From a medico-legal point of view, in *folie imposée*, the probability of the delusion is relative, and the expert must thoroughly understand the previous mental condition of the passive agent before drawing any conclusions.

V. *Simultaneous insanity* and *communicated insanity* are only two very good examples of the general influence of surroundings upon the forms assumed by mental disease.

VI. It is also by the general influence of surroundings that we must explain the singular fact that all examples of *folie à deux* present delusions of persecution, *the* insanity of the 19th century.

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