PART III.—PSYCHOLOGICAL RETROSPECT.

1. *German Retrospect.*

By W. W. Ireland, M.D.

Relation of Diseases of Women to Insanity.

Dr. Ripping, in the "Zeitschrift für Psychiatrie (Band xxxix., Heft 1), considers the important clinical question of the relation of the diseases of the sexual organs in women to mental alienation. While he admits that changes in the uterus and its appendages, whether physiological or pathological, have an effect upon the mental susceptibilities of women, he is doubtful whether this effect is profound enough to become a potent cause of insanity. He is rather disposed to place such affections in the second or third line of causes as adjuvantia. The uterine diseases and the mental disturbance are sometimes the result of a common cause. "I have never observed," writes Dr. Ripping, "a single case in which the insanity was a pure reflex neurosis of disease of the genital organs." If in some patients this seemed to be probable, it was found on more careful examination that there were other circumstances which gave an easy and unforced explanation of the mental derangement. It is only after uterine disorders which, from their severity, implicate the whole organism, or lower the strength, as in continued bleedings, that insanity can be held to supervene as a result.

Dr. Ripping finds that affections of the sexual organs, after the puerperal condition is passed, do not hinder recovery from insanity. He protests against the remark of Skene that the insane are less affected than the sane by vaginal examinations. On the contrary, he says that, in recent cases of insanity, such examinations sometimes cause injury to the course of the mental symptoms which are well-nigh irreparable. He has a dislike to examinations under anæsthetics, and observes that the effects of chloroform on the nervous system are somewhat suspicious in patients afflicted with recent insanity.

There is a great variance of opinion about the frequency of diseases of the genital organs in insane women. Verga places it as low as 6 per cent., L. Meyer 9 per cent., Landouzy makes it 50, and Hergt as high as 66 per cent. Dr. Danillo, of St. Petersburg (Centralblatt für Nervenheilkunde, 1 Juni, 1882), has recently examined the question; and of 200 insane patients he found diseases of the genital organs in 80 per cent.; and out of 140 women who still menstruated, he found 120 = 84 per cent. who had some affection of the uterus or its appendages. In 60 who did not menstruate, he found only 18 = 28 per cent. so affected. Dr. Danillo therefore comes to conclusions quite opposed to those of Dr. Ripping.

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Alterations in the Nervous Centres from Ergotism.

Dr. Franz Tuczek gives us ("Archiv," Band xiii., Heft 1) some further information about the epidemic of ergotism which visited the circle of Frankenberg, in Hesse Cassel, in the autumn of 1879, so well described by Dr. Siemens in a previous number of the "Archiv" (see "Psychological Retrospect," October, 1881, p. 429). Dr. Tuczek tells us that since Dr. Siemens finished his paper more cases have entered the hospital. The ergotism did not disappear till all the bad rye was used up. In 1880 there was about from 1 to 2 per cent. of ergot in the crops; but the people, at last convinced of its hurtful qualities, took the trouble to separate the spurred rye, and gave it to their poultry, which caused great mortality amongst the fowls.

Since the autumn of 1880 there have been no new cases in Hesse, but many relapses and sequelæ of the disease; and in March, 1882, there were still in the hospital four patients suffering from the effects of this dreadful malady. Dr. Tuczek remarks that many children were affected with ergotism, but never any infants at the breast. In the epidemic under his observation the nervous symptoms were the most prominent; he had met with no case of gangrene. All the patients were affected with convulsions, and all, without exception, showed symptoms of disease in the posterior column of the spinal cord. This would perhaps have escaped attention had it not been found that the patellar reaction was wanting.

The principal nervous symptoms were ataxia, diminution of sensibility, dulness of perception, giddiness, loss of memory, a feeling of mental incapacity, and dislike to work. The feelings of mental distress often took the form of overburdened consciousness of sin. Sometimes there was melancholia passing to suicide; sometimes there were maniacal symptoms. Death took place in a state of stupor passing into coma.

Dr. Tuczek did not find hallucinations common, although many children were affected by the ergotism who do not make any accurate distinction between their dreams and the observations of their waking moments. He gives the case of a little girl of seven years of age who had eaten of the diseased rye. She had epileptic fits, became very talkative and restless, spoke to everyone whom she saw, told absurd stories, laughed and made faces, was passionate, danced about, wept, and showed other signs of great excitement.

In all the cases epileptic attacks appeared at one time or another, sometimes going before the mental derangement, sometimes accompanying it, and often outlasting it, so that, after the mental alienation had disappeared, typical epilepsy remained.

After the fits involuntary movements of an automatic character were observed in one case; in another anæsthesia of the skin followed; and in a third there was ataxia, which soon disappeared to return after a new epileptic attack.

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Dr. Tuczek distinguishes between the primary intoxication caused by ergot and the after effects, evidenced by emaciation, anæmia, low temperature of the body, dislike to food, diarrhœa, and a tendency to skin eruptions, especially furuncles and carbuncles.

Of twenty-eight cases received into the hospital, four died; eight recovered; four are still under treatment, not giving much promise of recovery. Of the remaining twelve, some appeared to be permanently injured in intelligence; and in all the failure of the patellar reaction showed that there still existed some affection of the spinal cord. Dr. Tuczek mentions that while his article was going to press a woman suffering from mental derangement through ergot had lighted a heap of flax near her house by which her child was burned to death.

Of the four patients who died, two are noted to have had the mesenteric glands much enlarged and to have been the seat of tubercular degeneration. Similar deposits were found in the intestines; there were no traces of tubercular deposit in the brains of those examined.

In the brain of a girl of nine years, who died in a state of stupor after repeated epileptic fits, the dura mater was strongly adherent, and there was some fatty degeneration in the middle-sized vessels and their ramifications near the great ganglion cells of the cortex, principally in the upper parietal gyri and about the cornu ammonis. In the other three cases the alterations found in the brains were trifling; but the scrutiny was not prosecuted so diligently as with the four spinal cords, which were examined with great care. In all the knee jerk had been wanting, and the posterior columns were found to be the seat of a degenerative process characterised by hyperplasia and fibrillar metamorphosis of the neuroglia at the cost of the nerve elements. This alteration was confined to the root-zone or columns of Burdach, those of Goll being slightly invaded in one case only. In three of the spinal cords Dr. Tuczek believes that he had lighted on traces of a chronic myelitis, the process being of an interstitial character, though principally affecting the neuroglia. He thinks that we have here an affection of the root-zone, which only differs from the typical tabes dorsalis by its rapid development and the want of contraction of the atrophied tissues. One patient died a few days after the disappearance of the knee jerk; but the alterations found in the root-zone were of a character already chronic, showing that there may be recognisable alterations in the cord before the failure of the patellar reaction. In the cases which recovered, the reaction returned after a considerable time. Dr. Tuczek thinks that as long as the axis cylinder of the nerve fibre remains intact, repair and recovery are possible. In all cases but one the ordinary reflex action of the skin remained, and the excitability of the quadriceps extensor to mechanical irritation was sustained or increased.

The disease which presents the most obvious similarity to ergotism is no doubt pellagra. As the one is caused by degenerated rye,

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the other is caused by degenerated or ill-ripened maize. In both cases we have a slow poison mingled with the food, producing a profound constitutional cachexia, shown by weakness, anæmia, emaciation, and diarrhœa. In pellagra, instead of furuncular eruptions, there is a livid erythematous discoloration of the face and hands; in ergotism there is a marked tendency to epileptic attacks; in pellagra to cramps and spasms. In pellagrous insanity hallucinations seem more common; but in both forms there is a pronounced tendency to melancholia and great anxiety of mind, fears of damnation and proclivity to suicide being noticed as prominent symptoms in both. In pellagra symptoms of ataxia and choreiform movements are common. If Dr. Tuczek will consult Dr. Adriani's pamphlet on "Pellagra,"* he will find that amongst the lesions noticed after death, in patients affected by this form of nervous disease, there are adipose liver and fatty degeneration of the walls of the cerebral vessels, and hyperæmic adhesions and opacity of the membranes of the encephalon and spinal cord, serous or sanguinolent effusions under the arachnoid, and degenerative changes in the brain itself. Dr. Adriani also mentions traces of diffused granular myelitis, and says that a characteristic softening of the dorsal portion of the cord, especially of the white substance, has been long ago noticed and described by numerous observers. He also mentions fatty degeneration of the great sympathetic. Apparently in the cases of ergotism the sympathetic was not examined.

Dr. Tuczek recalls several drugs, such as lead and arsenic, which produce inflammation of the spinal cord with ataxia and disorders of sensation. Among the active principles in ergot he mentions sklerotine and trimethylamine. Dr. Tuczek's experiments on animals were not so successful as those of Italian physiologists with pellagrozeina. In some animals he induced bad health and emaciation, but no epileptic fits or diseased condition of the cord.

Poliomyelitis Potatorum.

Dr. Fischer ("Archiv," Band xiii., Heft 1) describes a peculiar disease of the spinal cord met with in drunkards. He gives at great length the clinical history of two cases which bore so great a likeness to one another that he thinks himself warranted in assuming that they belonged to one type with a common physiological lesion. Both the patients were stupid, lazy men, much addicted to drinking wine and beer, and the inordinate use of tobacco, and leading a listless and lazy life. Neither of them had syphilis or any hereditary neurosis. They fell into a condition of nervous weakness especially characterised by atrophy, and diminished power of the voluntary muscles, which were found not to be excitable either by the continuous or by the inter-

* "La Pellagra nella Provincia dell' Umbria" del Dott Roberto Adriani. Perugia, 1880.

https://doi.org/10.1192/bjp.29.127.425 Published online by Cambridge University Press

rupted currents of electricity. The peculiar reaction had disappeared, and the quadriceps was not affected by mechanical stimulus; and the usual reflex action from the stimulus to the skin was diminished; sensibility to heat was not affected. There was marked ataxia, slight paræsthesia, diminution of the sense of touch, and retardation of the conduction of general sensibility. Standing and walking when the eyes were shut were uncertain. There was great hyperæsthesia to touch, a faint pressure causing pain.

There were slight febrile movements, want of appetite, and symptoms of gastritis. The pulse was quick and feeble. There was an absence of pain or feeling of tightness round the body, and no special tenderness to pressure or rigidity of the spine. The pupils were normal. The first patient, a man aged 36 years, completely recovered; the other, 44 years old, made considerable improvement. In the first case the weakness or paresis of the muscles was more marked, in the second the ataxia. Though both were stupid, inert men, the first was of a much easier disposition, the second patient being disposed to melancholy.

Dr. Fischer remarks upon the existence of extreme hyperæsthesia of the skin with retardation in the time of conduction of general sensibility.

An interesting peculiarity common to these two cases is the impossibility of exciting some muscles by electricity which were still under the control of the will. The extreme sensitiveness of the patients was a bar to the careful investigation of this condition, but it was well ascertained in the muscles of the fingers and thumb. The same thing has been noticed in lead paralysis.

Dr. Fischer thinks that this group of symptoms is connected with inflammation of the spinal cord. He assigns to it the name of Poliomyelitis anterior subacuta.

On a Source of Fallacy in the Knee Phenomenon.

Dr. Westphal ("Archiv," Band xii., Heft 3) warns us against mistaking the reflex action from the skin with that brought out by striking the patellar tendon, and gives an instance where pressure on a fold of skin was mistaken for the real phenomenon. In one instance he could distinguish two reactions, that produced by striking the tendon, and another contraction of the quadriceps following a little after, owing to the reflex action from contact with the cutaneous surface. The Professor is not satisfied with the arguments of Eulenberg that the knee jerk cannot be of a reflex character, because the time of its following the knock is too short for conduction to the spinal cord and back again. He says that other observers have come to other results, and there are grounds of fallacy in these minute calculations of fractions of instants. Observing that the knee phenomenon disappears after the section of the posterior root of the crural nerve, he found

https://doi.org/10.1192/bjp.29.127.425 Published online by Cambridge University Press

that its disappearance was not hindered by the injection of strychnia, which is believed to increase the muscular tone.

Syphilitic Tabes Dorsalis.

Dr. Benedikt ("Centralblatt für Nervenheilkunde," 15 August, 1881) observes that some people are born with a tendency to certain diseases, or to diseases of certain tissues. Some men are born to become fat, others to have hypertrophy of the connective tissues. He recognizes a syphilitic form of tabes which, however, is rare. This form is characterised by a frequent oscillation of the symptoms, so that complete or well-nigh complete recovery alternates with severe relapses. Instead of the usual kind of pain beginning at the toes and extending upwards, we have pains which may commence at the sciatic nerves, or portions of the skin remain anæsthetic. These cases derive benefit from iodide of potassium and mercury, while the other cases receive harm from anti-syphilitic treatment. There are other cases where syphilis has preceded the locomotor ataxia, which do not assume the syphilitic type. In the ordinary course of tabes Dr. Benedikt uses nitrate of silver, ergot, Chapman's ice bags, Priessnitz's baths and galvanism. He treats the eccentric pains with points de feu.

Connection between Syphilis and Locomotor Ataxia.

Dr. Pusinelli ("Archiv," Band xii., Heft 3) finds that out of 51 cases no syphilis could be made out in 24 = 47 per cent.; but constitutional syphilis was present in 16 cases = 31 per cent. In nine there was chancre without secondary symptoms = 17·6 per cent., and two cases of soft chancre = 4 per cent.

He has come to the conclusion that although tabes dorsalis is not a form or manifestation of syphilitic disease and not improved by anti-syphilitic treatment, nevertheless the constitutional degeneration following upon this form of venereal disease is a powerful predisposing cause.

Dr. E. Rehlen ("Centralblatt für Nervenheilkunde," 31 August, 1882) found syphilis in 22 per cent. of the cases of tabes dorsalis which he studied, and a history of soft chancre in the same proportion. His observations were made on 35 patients.

Loss of Weight after Epileptic Fits.

Our readers have already been made aware of the observations of Dr. Kowalewsky, who, in a paper published in the "Archiv," stated that he had found that there was a noticeable diminution of weight in epileptics after each attack. The subject has been examined by Victor von Olderogge, ("Archiv," Band xii., 3 Heft,) who has found that there is not nearly so great a loss in weight as Dr. Kowalewsky has given out, that some epileptics never lose weight at all, and that

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where the loss occurs it is no greater than what often takes place in healthy men in the same space of time.

Four other observers, Dr. G. Kranz, Dr. Schuchard, Dr. Jolly, and Dr. Lehmann have, after carefully examining the question, arrived at the same conclusion. They all roundly deny any special loss of weight after epileptic attacks.

Case of Word Deafness or Sensorial Aphasia ("Centralblatt für Nervenheilkunde," 1 Juni, 1882.)

"The 46-year-old shoemaker S." consulted Dr. Schwabach because for some weeks he had not been able to hear well. Dr. S., finding that it was not an affection of the ear, but of the brain, sent him to Dr. M. Bernhardt, of Berlin, who gives a full description of the case. S. was a strongly built man, who had about two months before fallen down and lost consciousness. This was succeeded by slight paralysis, with some difficulty of speaking, which soon disappeared. Eight days later he sprang suddenly, was very restless, spoke a good deal of nonsense, and seemed to hear badly. It was found that he understood what was written. This state of excitement lasted for two days, ending in a passionate outburst of tears. He now became quiet and thoughtful. No other symptom of moment was noted, save that there was a doubling of the second sound of the heart heard at the apex.

The pulse was small. It was found that he could read and understand what he read. He read aloud out of a newspaper quite correctly to his wife passages which interested him, but could not understand what was said to him. When one asked him his name, in writing, he immediately pronounced it, and wrote it at once. He hears sounds and voices quite well with both ears, but does not understand what is said to him. He himself remarked:—"I hear every sound, but I cannot understand the word, what it properly means." The association between the words spoken by another and the idea was lost; but the association between the written words and the idea still remained. In speaking he occasionally changes the word, putting in wrong letters. He knows the use of objects held before him, but does not always give the proper name to it.

To the question what is this object? he answers:—Messer—a knife (messer); propfenzicher—corkscrew (propfen-zeiger); bürste—bürst (*e* left out); cigarren-spitze—cigar top (cigarren spatz); thermometer, portmonäter.

Generally, however, he names objects correctly. When asked to write "Haus," he wrote "aus"; when asked to write "Schöneberg," he wrote "Schoneberch," but afterwards wrote it properly. When he was made to look steadfastly at the speaker's mouth he understood a few words if pronounced slowly. When English was spoken to him he said that it had a foreign sound. When Dr. Bernhardt sang to him the first verses of the well known airs—"Heil dir im Siegerkranz"

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and "Die Wacht am Rhein," he answered, "It first goes high then low, then again high," without recognising the tunes.

Dr. Bernhardt observes that this is a good instance of the word-deafness of Kussmaul or the sensorial aphasia of Wernicke. It is quite uncomplicated, the intellect appearing to be intact. No paralysis remained save a slight slowness of the right side of the face. The man's spelling was peculiar; but it was doubtful whether this was not owing to an imperfect education. Dr. Bernhardt is inclined to believe that there is an embolic softening of the left hemisphere, probably of the first and perhaps of the second temporal convolutions.

The Professor gives a shorter account of another case of a similar kind.

Dr. N. Weiss ("Centralblatt für Nervenheilkunde," 31 August, 1882) gives the lesions found in the brain of an old man who died after having had for three months aphasia, word-deafness, and paralysis of the right side. There was degeneration and softening of the parts supplied by the artery of the Sylvian fissure on the left side. As in all cases of word-deafness there was a lesion of the first temporal gyrus.

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2. *English Retrospect.*

Asylum Reports.

(Concluded from p. 304.)

Eastern Counties Asylum for Idiots, Essex Hall, Colchester.—This institution, which is still under the assiduous care of Mr. Millard, is being enlarged, the demand for admission being much greater than the accommodation could supply. Provision is, or is about to be, made for about 50 more cases; a new steam laundry; a gymnastic and recreation hall combined; bath rooms, lavatories and water-closets; the outlay being estimated at about £12,000. At the last annual meeting a powerful appeal was made for funds. Dr. Bateman stated that there are in the Eastern Counties 3,000 idiots, of whom at least 1,000 needed the benefit of such an asylum, whereas there was accommodation for only 99, and he justly describes the inmates of the cottages where an idiot dwells as doomed to constant association with the most repulsive features of humanity, and obliged to breathe an atmosphere of moral miasma. No doubt the appeal of the committee will be responded to, but doubtless the efforts required to obtain subscriptions and donations involve much labour and anxiety.

Kent County Asylum, Barming Heath, Maidstone.—Dr. Pritchard Davies has, we are glad to observe, adopted the proposed tables of the Association. Although unable to go back so far as the opening of the asylum, he has given the figures from 1875. The result as regards recoveries is as follows:—Persons admitted during eight years,

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