3. *German Retrospect.*

Changes in Visual Power in Nervous Diseases.

Dr. L. Finkelstein has made some investigations in the clinique of Professor Mierzejewski with a view to ascertain what are the changes in visual power amongst those affected by disease of the nervous system. His results were communicated to the Psychiatric Association of St. Petersburg ("Neurologisches Centralblatt," No. 1, 1886). He has especially investigated the power of sight in patients suffering from epilepsy, hysteria, neurasthenia, and chronic alcoholism. With the help of the perimeter he has found, along with the initial symptoms of an approaching epileptic attack, such as giddiness, headache, palpitation, that there is a narrowing of the field of vision in the retina of both eyes. Sometimes this takes the form of hemiopia, sometimes of concentric diminution. This narrowness of the field of vision is greatest after the attack, and the capacity for colours is unequal in different areas of the retina: thus the area in which green light is seen is the smallest; it is larger for red and larger still for blue. Dyschromatopsia is frequent; green is often seen indistinctly, or confounded with other colours. In like manner the visual power for colours returns at successive times, green coming last. Scatoma often occurs, and passes away in the same manner. The same appearances are noticed in hysteria, especially after hysterical attacks. In neurasthenia the visual area for white light is unaltered, while that for coloured light is contracted. In ordinary drunkenness there is no sensible diminution of the field of vision; but it is constantly found in chronic alcoholism and delirium tremens. In these cases hemiopia is the most common form of visual defect. It is generally in both eyes, not in one, as Magnan states. In some women, apparently healthy, there was observed periodical contraction of the retinal visual area, especially during menstruation.

A New Symptom in Hemiplegia.

Dr. H. Oppenheim, in the "Neurologisches Centralblatt" (No. 23, 1885), has called attention to a peculiar symptom which he has observed in four patients in the Nervenklinik of the Charité Hospital at Berlin. In a woman suffering from right hemiplegia with aphasia, the feeling of sensation and pain on the paralyzed side was but feebly diminished, and the power of vision did not appear to be affected. On holding out two keys, one to each eye, the image next the left eye was found to be at once realized, while on the right the key had to be brought nearer or moved up and down ere it was noticed.

While the prick of a needle was felt if applied to the right hand, if two pricks were made, one on the right hand and another on the left, one impression, that on the left, was realized. The same abnormality was found in the leg. In another case of aphasia with

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right-sided hemiplegia the same symptoms were observed. On the affected side a prick was felt in the right hand; but in pricking the right and left hand at once the prick was only realized on the left. The same phenomenon was observed both in sight and hearing. The experiment was repeated on two male patients, one suffering from epileptiform seizures on the left side, the other from right-sided hemiplegia and aphasia. Dr. Oppenheim tried the same experiment in a great number of cases in nervous disease, but without finding a similar result. He believes that no such result is ever met with in healthy people.

Porencephaly.

Professor D. Lambl, of Warsaw, has published a case ("Archiv.," xv. Band, 1 Heft) in which this defect, instead of being accompanied with idiocy, went along with an unusual amount of sharpness. Catherine, natural daughter of Marianne Kwiecen, used to go about the district of Nowo Alexandrowsk. Under the guidance of her mother, she gained great reputation as a clairvoyante, interpreter of dreams, and healer, and many of the richer people in the country went to consult "the little witch." Her grotesque appearance was of service in keeping up such pretensions. Small and weak, somewhat paralyzed on the right side, the body leaning to the left, squinting, and with an unsteady gaze, she was ready of retort, cunning, and quick of wit, and knew how to assume a tone of confidence which had its effect upon the country people. Her materia medica was of a striking character, such as to rub the limbs with dogs' or cats' fat, or to take soup made from rats' flesh. Her prescription for phthisis was peculiar, a bath in decoction of rye-straw, and when the patient had left the tub a cat was to be thrown in. If the cat were drowned the patient would recover, otherwise not. As most cats are active enough to leap out of a tub, this may be thought a roundabout way of conveying an unfavourable prognosis. In 1872 the little witch was brought by the police to the Hospital at Lublin, where she was examined by Dr. Schmidt. She was then twelve years of age. He found her very intelligent, with an excellent memory, although she had never been at school. She wandered through the wards, showing great curiosity about the patients, and asked questions from the apothecary about the medicines which they got. The right side was found feebler than the left, and the muscles more weakly developed. She had divergent strabismus with nystagmus; the sight in the left eye was weak. Her appetite was good; the sleep troubled with wild dreams. Examined about her pretensions as a healer and soothsayer, the creature showed considerable tact and cunning in evading searching questions. She said that three years before, when she was looking after some calves in a meadow, she had a vision of a beautiful lady, who soon began to vanish, save the head and hat, and who cried out, "Be quiet, Catherine; you will no more have to look after

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calves, but will go about towns and villages curing the sick." After she had been two months in the hospital, Catherine confessed that she had been coached by her mother and two other persons, who taught her the names of some diseases and popular remedies, and instructed her how to play her part as a healer and soothsayer. In consequence of this she was sent to the Hospital at Lublin, in which she died two years after of anasarca.

On examining the brain, there was found to be porencephaly of the left hemisphere, that is, a funnel-shaped depression from the upper surface of the cortex, communicating with the lateral ventricle, which was enlarged, and full of serum. The left hemisphere weighed 406·710 grammes, the right 440·054 grammes, the left hemispheres being lighter by 33 grammes. The convolutions of the left side were flattened, the grey matter pale and œdematus, and on microscopical examination the nerve-tissue around the pons was found to be altered and degenerated in structure. Dr. Lambl thinks that the strabismus and the nystagmus were the results of intracranial pressure, and that the paralysis of the right side was the result of the cerebral atrophy. He discusses the question of why, instead of being imbecile, Catherine was possessed of such unusual intelligence, without mentioning, what seems to be the rational explanation, that there was no proof that the left side of the brain was diseased ; and, indeed, no exact proof that the greater proportion of the right hemisphere was functionally incapable.

Dr. Lambl discusses at considerable length the causes and pathology of porencephaly, and mentions several cases where, when only one hemisphere was affected, the intelligence was preserved. His paper is illustrated with some lithographic plates.

For other cases of porencephaly, the reader may see our Retrospect in this Journal for April, 1882, p. 124, and April, 1883, p. 122.

Another Case of Porencephaly.

This is recorded by Dr. R. Otto ("Archiv.," xvi. Band, 1 Heft) in a child who died at the age of three-and-a-half years. He had never spoken nor walked, and the mental manifestations seemed to amount to little more than a slight attention to sounds and an occasional effort to push away what hurt him. The sensibility appeared to be normal. The muscles were, during waking moments, stiff; during sleep they were relaxed. The porus or opening on the right side of the cortex was somewhat further back than usual, being in the region of the parietal lobe. There were two openings on the left side. Dr. Otto connects the failure in speech with a deficiency in the third frontal, but there was no chance of a child of so little intellect being able to speak. He cites the case of Ross, but does not seem to be acquainted with the one described by Mierzejewski, reported in the Russian Retrospect of the "Journal of Mental Science," 1882. There is mention of a similar case in the "British Medical Journal," 11th March, 1882, in which the motor deficiency of the limbs was

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supposed to be dependent upon failure of the development of the motor area of the cortex.

Reflex Epilepsy.

Professor Eulemburg gives in the "Centralblatt für Nervenheilkunde" (No. 1, 1886) a good case of reflex epilepsy, which began with a growth on the big toe of the right foot. The first nervous symptom was cramp, which caused painful flexion of the foot. The abnormal spasms then spread upwards, so that there was convulsive bending of the knee-joint, and at last an epileptic attack with loss of consciousness, which was repeated two months after. The growth was touched with escharotics, and later on the nail was taken away, on which there was found an exostosis of the phalanx of the great toe, which was removed. Three weeks after, however, the cramps returned, and about four months after there was a new epileptic attack. This was followed by other fits, which in the end became very frequent, sometimes implicating the right side only, and sometimes accompanied by unconsciousness; at other times not. Stretching of the sciatic nerve was tried, which caused an abscess. Other means were used—local and general subcutaneous injections of atropine, hydriodide of hyoscyamine, curare, bromic ether spray, galvanic baths, bromide of potassium—all without effect. After six months' treatment the man left the hospital rather worse than when he came.

Murder under Epileptic Insanity.

An instructive case of crime committed under the influence of insanity is recorded in the "Centralblatt für Nervenheilkunde" (1 November, 1885), quoted from a paper by Dr. F. Gierl ("Friedrichs Blatt für Gericht. Med.," Jan. und Febr., 1885).

On the 20th of February, 1881, a servant in a brewery was found murdered in his bed. The right side of the skull was completely shattered, and on the face and breast there were twenty-three cuts and stabs. The trunk of the deceased was open, and it looked as if its contents had been searched. Suspicion at once fell upon J. R., a day labourer, who had first entered the man's bedroom. He seemed quite aghast at being arrested, and could give no explanation of marks of blood on his clothes and boots. The next day some money was found, wrapped in a handkerchief, in the court-yard near J. R.'s dwelling, so poorly concealed that a corner of the cloth was sticking out of the ground. At first J. R. denied the crime, but, under a sustained examination, on the 22nd he confessed that he had killed the man with a cudgel. At that time he apparently denied stabbing him, which, however, he admitted next day. The day after this, however, he retracted his previous confession, saying that previously he had been quite deranged. He admitted having had a scuffle with the man. During all these examinations his manner was very apathetic. Witnesses appeared, who represented him to be an industrious, honest, and peaceable man. His wife testified that he had sometimes suffered

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from fits of insanity, and was actually passing through one of them when he committed the deed. Before these attacks he remained for days silent and apathetic, and then he would begin to rage and bite the panels of the bed with his teeth. On one occasion he threw the lighted petroleum lamp into the bed where his sick child was. Another time he seized an older boy who did not immediately obey some command, and threw him across the whole room into the bed, regardless of the danger of hurting him. He had talked of suicide. These attacks had come on several times, but she had tried to conceal them, and could produce no witnesses to support her statements. A fellow-labourer, however, said that he had observed that J. R. was sometimes quite deranged and very dangerous when provoked, on which account he had kept a knife by him to defend himself if attacked. The accused was sent for six weeks to the asylum at Kaufbeuren, where he was kept under observation. He was a powerful man, quiet, and very apathetic in manner, and never spoke save when he was addressed. He was easily led to say anything suggested. There was a scar below the left axilla between the eighth and ninth rib, which, however, did not seem to be sensitive to handling. The stage of excitement seemed to commence with a burning feeling proceeding from the scar, and then there were pains in the breast and giddiness. The scar was the result of a stab in the left side which he had received above three years before. After it had healed up the wound had again been opened by an injury. When the attacks of derangement came on he had thoughts of suicide and hallucinations of the devil. He professed to have a very imperfect recollection of killing the man, but said that he thought he had done it to defend himself after an apparition of the devil. He said that he took the man's money because he thought he had no more use for it after he was dead. He retained no remembrance of the attacks of fury in his own house after they had passed away. Two physicians experienced in insanity certified that he suffered from attacks of epileptic or epileptiform insanity, and that he committed the action when there was suspension of will-power. In spite of this he was found guilty by a jury and condemned to death, which was commuted into imprisonment for life. He went through the trial with apparent indifference.

On Aphasia and its Relation to Apprehension.

Dr. Grashey ("Archiv.," xvi. Band, 3 Heft) has given an article of thirty-four pages on this interesting subject. He gives a careful study of a patient whom he showed to the Würzburg Medical Society. This man had a fracture of the base of the skull, which resulted in aphasia as well as injury to the function of several of the cranial nerves on the right side. During a careful and prolonged study of this case Dr. Grashey considered the relation of the images of objects to the images of sound, of sound images to spoken words, of words to symbols and writing, and so on.

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Dr. Grashey holds that there is a variety of aphasia which is dependent neither upon the loss of function of the nerve-centres nor injury to the conducting power of the nerve tracts, but simply upon a diminution of the duration of the impressions of the senses causing a loss of the powers of apprehension and association. Aphasia following diminished duration of the sensory impressions is, to all appearance, not rare. It is to be sought for amongst patients who suffer from concussion of the brain or from fevers. Dr Grashey has found a number of cases in which all impressions are forgotten immediately after being apprehended. He cites one instance from Lichtheim of a man whose head was injured by a fall from a waggon, and could not recall the names of objects. When one said the words to him or wrote them he could repeat the words without any difficulty. The power of writing was also much injured.

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4. *English Retrospect.*

Asylum Reports, 1886.

(Continued from p. 326.)

Aberdeen.—What might have been a very destructive fire broke out in the roof of an upper storey. Fortunately it was almost immediately discovered, and did little damage beyond consuming the roof it originated in. Various suggestions have been made by one of the Commissioners, by which the dangers of fire would be much diminished, and no doubt the Managers will do all that is in their power, now that they have seen what may happen, to protect the patients and buildings.

A private patient, who had for several years been allowed to walk beyond the asylum-grounds, accompanied by an attendant, suddenly threw himself over a bridge. This is another illustration of what chronic, and so-called harmless, lunatics will do.

Although 35 patients died during the year in only 15 cases was the cause of death verified by examination. This must be considered a small proportion.

Bedford, Hertford, and Huntingdon.—The Commissioners remark:—

> There has not been any resort to seclusion or restraint. When it is found necessary to dissociate a patient from the rest in a ward an attendant is always placed in separate charge of the case.

In acute delirious mania, in the fury of epilepsy and general paralysis, we should have expected that complete isolation would have been preferred.

The importance of extended exercise beyond the airing courts is also pointed out.

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