of responsibility was formulated by lawyers who accepted the doctrine of free will. Now at the present day the doctrine of free will has almost everywhere among thinking persons given place to the more scientific doctrine of determinism. Thus with the disappearance of the doctrine of free will the idea of responsibility is left with nothing to rest on. Responsibility, as Schopenhauer long since said, supposes that an individual could have acted differently from the way he actually did act.

Having thus cleared the ground, and shown that the various new attempts to find a metaphysical basis for responsibility have not succeeded, Hamon briefly and simply states the modern scientific doctrine. The individual and society feel the need to react against a nuisance by suppressing the criminal or preventing his acts. The only real responsibility is social responsibility. So long as we retain that we may, if we like, retain the old doctrine of a free will. "Society has the right to defend itself and to preserve itself. Man is responsible because he lives in society, and only because of that social existence." We are thus brought, Hamon points out, to the acceptance of the old English legal maxim, that every one, whatever his state of consciousness, always acts at his own risk and peril. The insane and abnormal are, *socially*, necessarily responsible.

Since the continued use of the words "responsibility" and "penality" thus leads to an apparent contradiction, it would be much better, the author concludes, if we finally abandoned them. Every individual who commits dissonant acts in the society he belongs to necessarily provokes a reaction. We should replace the term "social responsibility" by "social reaction." Such social reaction manifests itself in preventive treatment, and in social hygiene and prophylaxis, applied not only to the agent, but to the causes which produced his acts.

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## AMERICAN RETROSPECT.

*By C. Hubert Bond, M.D., B.Sc.*

*The After-care of the Insane.*—The Committee of the American Neurological Association upon the After-care of the Insane have published their report (*Journ. of Nerv. and Ment. Disease*, November, 1897). Their method of inquiry was to issue a circular letter to about fifty-six leading alienists and neurologists. Fifty replies were received, the large majority of which were decidedly favourable to the principle. Only six were doubtful or positively opposed to it: and the chief objections of these were the paucity of the cases likely to be benefited by such aid; the inexpediency of the project, though admitting its possible desirability; and that, while excellent

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in theory, it would be impossible in practice. Eighty-eight per cent. of those who were consulted and who replied are of opinion, and some of them very strongly so, that great good would be likely to accrue from a properly organised system of after-care for convalescent or improved cases of mental disease. The majority seem to think that such a system should at first be the outcome of private organisation, and that a successful issue of such would be all the more likely to make out a good case for State aid and recognition at a later date. The number of patients, for whom such provision would be likely to be fruitful of good results, the various superintendents are as yet unable to fix with any certainty, as hitherto it has, of course, not been the custom to inquire into the circumstances and future surroundings of each patient on his discharge from the asylum. The following is a summary of the Committee's conclusions:—"(i) It is the general and well-nigh unanimous sentiment of those who are the most conversant with the needs of the insane in this country that measures should speedily be inaugurated for the temporary relief of discharged, recovered, convalescent, and improved insane patients of the dependent class by organised outside assistance. (ii) As a preliminary step, inquiry should be made of all such patients before they leave the hospital regarding the mode of life, surroundings, and occupation to which they are returning, and appropriate advice given by a medical officer of the hospital. This precautionary measure is, we believe, too often neglected in large institutions for the insane. (iii) The legal provision whereby an allowance of money and clothing is made in some States to each patient on his discharge should be adopted by all. And (iv) that outside assistance can best be provided, we believe, through the medium of an after-care association, which, until its utility be proven, should be entirely a private undertaking, and should be organised like most existing charitable associations depending upon voluntary contributions. Obviously a large city offers the best field for starting and developing such a system."

*The Psychical Mechanism of Delusions* is the title of a paper read by Dr. W. Hirsch before the New York Academy of Medicine (*Journ. of Nerv. and Ment. Disease*, March, 1898). It contains a thoughtful, able, and suggestive exposition of the writer's views upon this much vexed psychological problem; and even should the reader be unable to agree with the theory hazarded therein he will probably feel that a perusal of the article has not been in vain, for it sets forth in addition, clearly and shortly, the various explanations that have from time to time been offered of the subject in question. These have been chiefly six, the first of which was that the mind was only partly affected, and that the abnormality was limited to the individual delusions; in this originated the doctrine of monomanias. It is a view that has been generally discarded, owing to the fact being realised that the prominent delusive state is only a part of a general mental disease. A second theory sought to show a relation

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between delusions and imperative ideas, on the supposition that the former are often the outcome of the latter; but such is not supported by clinical facts. A more modern explanation, and one that has found not a few supporters, suggests a primary disturbance in the process of association resulting in the formation of a new and morbid *ego*, which gradually predominates over and actuates the normal *ego*. Such compulsory associations are more probably, however, the explanation of certain imperative ideas than of delusions. A fourth theory—and one which, if carried to its logical outcome, would lead us to practically adopt the first-mentioned one—endeavours to trace delusions to a disproportion between the intensity of the emotional tonus of the various ideas one to another. A very favourite doctrine teaches that delusions always depend upon intellectual weakness, the defect in the patient's reasoning power leading him to misinterpret his environment; thus not a single paranoiac could be said to have a normal amount of reasoning power. Hirsch combats this view at some length, and cites the existence of the power of dissimulation, so often observed among paranoiacs, as directly opposed to such a view being tenable. And in close relation to this theory, he says, are all attempts to explain delusions by comparing the mental process of paranoiacs with that of children or savages. He believes much obscurity has accrued by the delusions themselves being considered a pathological entity, and their psychical mechanism necessarily the same, no matter of what nature they are or under what circumstances they occur. He admits, however, that there are certain delusions which may be explained by one or other of the above theories.

The view that Hirsch would prefer to adopt he bases upon a consideration of the nervous system as a whole. Modern investigation, he says, shows that the psychical organ—the brain—is made up of precisely the same material as the peripheral part of the nervous system, and we are therefore entitled to look on psychical disturbances as being caused by the same disorders which are seen in the peripheral nervous system. Thus, for instance, he argues that as the two principal symptoms, spasm and paralysis, produce in the motor nerves convulsions and loss of motion, and in the sensory system hyperæsthesia and anæsthesia, so in the psychical realm paresis of the inhibitory apparatus will cause a condition of exhilaration, while its spasm might cause a retardation of association, as in certain cases of melancholia. Again, pain may be produced in the peripheral end-organ, or in the course of the nerve, or even in the brain itself. The last case is well illustrated by the production of hypochondriacal complaints, and points to a centrifugal instead of the normal centripetal action of the sensory tract—in other words, a retro-action. And it is from this point of view that the writer endeavours to consider primary delusions.

A psychical process may be analysed into its component stages in the following sequence:—Sensations of sense,—perceptions,—

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conceptions,—thoughts and ideas (conclusions), emotions and moods. Apply the principle of retro-action to this, and the ready-formed idea, either produced by some emotional state or some other internal cause, such as fancy, dreams, &c., is now the first stage in the psychical mechanism, and, by a process of centripetal analysis, it is transformed into various conceptions, which may go on to produce real perceptions—that is, hallucinations. Delusions and hallucinations are closely related; they both almost invariably have reference to the *ego*—in fact a delusion might be not inaptly termed an hallucinatory idea. The above reversed mechanism would apply to the delusion as to certain hallucinations. The morbid condition is not the formation of the idea or perhaps a primary emotional state as such—for such may occur under perfectly normal conditions—but it is this retro-active mechanism by which the baseless conclusions take the character of reality, just as endogenic perceptions are transformed into real images—that is, into hallucinations.

*Headache with Visual Hallucination.*—A curious case illustrative of this point is described by Dr. J. K. Mitchell (*Journ. of Nerv. and Mental Disease*, October, 1897). It occurred in a man (age not stated) who came of a healthy stock, and who had no direct neurotic heredity. It is stated that he had indulged in excessive smoking. His complaint, which extended over three years and was increasing, was that of recurrent headache, accompanied by a very curious apparition, followed then by blindness, and finally by loss of consciousness with violent convulsions. Commencing loss of vision always heralded in each attack. The sequence of events was then the appearance of a minute dwarf at a great distance; he would gradually approach, and at the same time would increase in size, till finally he assumed the form of a gigantic gladiator, with bare limbs and armed with a club. During his approach the pain in the head would constantly grow worse. Finally the monster seemed to strike the patient repeatedly on the head with his club, causing excruciating pain, culminating in loss of consciousness, and usually followed by violent convulsions; during the latter there was generally marked opisthotonos. The duration of the attack was formerly about twenty-four hours, but it has gradually diminished to eight hours—that is, between the appearance of the dwarf and his striking the patient's head. The intense pain and convulsions usually last fifteen to forty minutes, and afterwards the patient feels a general sense of soreness, while, in addition, his teeth feel on edge. The eyes were examined, and considerable error of refraction and accommodation in the right eye was discovered. This was fully corrected, but with negative results as regards the headache. It is noteworthy that the attacks only occur between the months of May and December, and that their frequency has increased to one every five days or so, while at first there would be an interval of five months between them. The patient stated that on only one occasion was he able to con-



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verse with the giant; and that the reason the latter then gave on being asked why he so tortured the patient was that "he had been ordered to do so, and would continue while patient remained in the country."

Other human apparitions in connection with headaches have been recorded before, the earliest in 1887, but the writer believes that this case is unique in the causal relation between the spectral hallucination and the pain. He is of opinion that this cycle of symptoms is an expression of that multifarious disease migraine, founding this view upon the order of the events in the cycle, upon the periodicity of the attack (malaria having been excluded), upon the progressively increasing severity of the disorder, and from the fact that epileptoid convulsions do sometimes accompany migraine.

*Neurasthenia.*—An admirably defined picture of this disease is given (*Alienist and Neurologist*, October, 1897) by Professor Dercum. He points out the confused and hazy conception there is concerning this affection even among neurologists, and especially, he says, among alienists; and in support of this he cites Binswanger's new treatise on neurasthenia, where it is taught that all neuropathic appearances, based on a general functional disease of the nervous system, are to be classed under neurasthenia if they do not fall under the fully developed psychoses and neuroses.

A careful distinction is to be made between the application of the word neurasthenic to nervous symptoms associated with general organic visceral diseases and true neurasthenia. For the former spurious variety Dercum propounds the term "neurasthenia symptomatica," in contradistinction to "neurasthenia simplex" or "essentialis."

The fundamental conception of true neurasthenia should be that it is a *fatigue neurosis*, and that its symptoms may be divided into primary and secondary. The former, essential ones, are those directly expressive of fatigue, are prominent, and bear well-defined relations to each other; while the secondary ones are mere outgrowths of these, though it is to be remembered that they too are sometimes pronounced and striking, and are then a possible source of fallacy to the clinician. Charcot's cardinal symptoms were—(1) neurasthenic headache; (2) sleep disturbances; (3) rachialgia and spinal hyperæsthesia; (4) muscular weakness; (5) digestive, and (6) sexual disturbances; and lastly, (7) mental symptoms; the remaining secondary group included all those symptoms not essential to the diagnosis of neurasthenia. Weakness and irritability expressive of fatigue are the essential characteristics of the affection. Thus among sensory disturbances, there may be a general sense of weariness, usually, however, accentuated in one particular spot or another—this spot often being determined according to the nature of the patient's occupation; and it is characteristic of this fatigue and these various aches that rest always relieves, and exertion always increases them. These

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symptoms are to be considered as primary. As an instance of secondary ones, the headache of neurasthenia may be accompanied by a sense of pressure or constriction, obviously adventitious, and probably depending on disturbances of the circulation. Again, the spinal tenderness, often distributed in patches down the spinal gutter, is an outgrowth of and secondary to the simple feeling of fatigue referred to the lumbar region. Among visual defects, a common primary symptom is an inability to read for more than a few consecutive minutes owing to a certain amount of pain, and to the letters becoming blurred; irritability is also shown by the presence of distinct photophobia. Should objects look either exceedingly dull or unusually bright, or as though they were either far distant or very large, would be clearly secondary symptoms. To the primary slight impairment of hearing, coupled with great irritability to noises, secondary paræsthesiæ are often added, such as varieties of tinnitus. On the motor side, muscular weakness is so prominent a symptom that Charcot, in grouping it among his neurasthenic stigmata, reserved for it the term *amyosthenia*. Secondary to it tremors may manifest themselves, either as a fine intention-tremor, best seen in the extended hands, or as a fibrillary one, most frequently observed in the muscles of expression. Disturbances of digestion, of circulation, of secretion, and of sexual functions may be similarly considered and divided.

The psychical side of the patient may furnish numerous manifestations of neurasthenia. Of these, a foremost position must be given to a diminution in the capacity for study or for intellectual work, any attempt in this direction being soon followed by signs of exhaustion. Next comes loss of the power of concentrating the attention, which the patient then often mistakes for loss of memory. A lack of spontaneity of thought and of volition, and a general indecision, with mental and emotional irritability, are additional primary psychical symptoms. Secondary ones, however, usually also appear, such as an apparently causeless general sense of fear; this may be a vague general feeling of anxiety, or oftener it is more defined. The latter specialised fears may take most aberrant forms, among which agarophobia and claustrophobia find a place.

Finally, Dercum alludes to a condition which he has termed "Neurasthenia terminalis." Under this he includes terminal cases of neurasthenia, in which simple and uncomplicated functional derangement has continued for so long a time as to result in actual tissue change; such cases are largely intractable to treatment.

*Melancholia—an Analysis of* 3000 *Cases*, is the basis of a paper by Dr. S. Weir Mitchell (*Journ. of Nerv. and Ment. Disease*, December, 1897). Frank admission is made that certain of the tables compiled from these statistics are largely open to fallacy, and in fact the writer disclaims any attempt at dogmatic infer-

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ences from any of his eight tables. The following are probably the most interesting points in the inquiry; they are clearly brought out, and are gathered from tables into which error does not so easily enter. It would appear that there is an entire absence of anything like a "seasonal melancholia." For, while it is true that it was during April and December that the largest number of cases of melancholia *originated*, yet the differences were small, 6·7 and 9·4 being the minimum and maximum percentages that any individual month yielded. The tables of ages were more productive of results. They are classified according to decades, but somewhat unfortunately, in that the influence of the menopause might have been made clearer. The correspondence in the ages of the two sexes is very striking in each of the six decades after the age of twenty; and the figures denoting the average age of the total cases for males and females respectively approximate as closely as 37·2 and 36·25. Of the entire series of cases, the oldest male was seventy-six, the oldest female seventy-eight, while ten and twelve were the ages of the youngest male and female respectively. The age table, as a whole, would seem to show that the time of greatest liability is between twenty and sixty for both sexes, but that under twenty it falls upon girls nearly twice as heavily as on boys. In order to arrive at the influence of the menopause, the decades between forty to fifty and fifty to sixty are specially considered; in the former decade the percentage for men is 20·2 and 21·4 for women, while in the latter the corresponding figures are 15 and 14·2. These two sets of figures, in Weir Mitchell's opinion, seem to dispose of the idea that women are more liable to melancholia at or about this critical period. However, in order to be more accurate, he subsequently calculated the percentages for the years forty-five to fifty-five from a series of 289 males and 354 females, and arrived at a like result, the percentages working out at 20·25 and 19·8 respectively. No mention is, however, made of the fact that climacteric changes may and probably do exert their influence among men as well as women. He further is of opinion, and is supported in it by comments from Dr. Chapin, that there is no special tendency for women to recover from insanity at the climacteric period.

*Xerostomia, or "dry mouth,"* is a very rare condition, and until recently there were on record but little more than a dozen cases. Dr. Thomas Harris describes (*American Journal of Medical Sciences*, March, 1898) a well-marked example occurring in a woman aged 30. She complained of intense dryness of the mouth with the resulting great discomfort; and, associated with the arrest of the buccal and salivary secretions, was an enlargement of both parotid glands. Each gland felt firm and dense, and on firm pressure a little glairy tenacious secretion could be squeezed from their ducts, both of which were patent. The senses of taste and smell were greatly interfered with, and any acid food or drink, or glycerine prepara-

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tions caused much pain, while plain cold water was found, after numerous methods of treatment, to afford the greatest—in fact, the only—relief. The condition had existed for three years, and was preceded by a febrile attack, believed to be influenza. Both jaws were quite edentulous, and, as far as the patient could recall, the crumbling away of the teeth had occurred within these three years. In addition she was extremely anæmic and suffered from palpitation. The family history was obtained fairly completely, but yielded no facts bearing on the case. She herself was of an extremely nervous disposition. With the view that the parotid enlargement might be reflexly dependent upon some pelvic affection, the necessary examination was made, but with negative results. Dr. Harris supplements his paper with a brief outline of twelve other cases described by other observers. Parotid enlargement by no means accompanies them all, and in some it has been relapsing in character, and, since the secretion of not one only but of all the salivary glands is arrested, the parotid enlargement and the "dry mouth" are most probably due to a common cause. It is highly probable that xerostomia is the result of a functional derangement of the nervous system. Most of the cases have occurred in people advanced in years, and with two exceptions all in the female sex; the condition had usually existed many years, and was very unamenable to treatment.

*A Brief for the Cigarette* is held by Mr. W. H. Garrison in an article appearing in last December's number of the *Medico-Legal Journal*. An editorial in the same number states that the paper in question may be regarded as an opening of the discussion against the present popular prejudice regarding the cigarette, and reproduces a letter of inquiry, which has been sent to the various boards of health, superintendents of insane hospitals, &c., with a view of eliciting the opinion of those to whom the subject must have considerable importance.

Mr. Garrison brings out clearly the great prejudice in which the cigarette is held by the public, and mentions two State legislatures and two cities that have even forbidden the sale of the article within their borders. He gives an entertaining history of the cigarette, dated from 1842. At the present day, according to the chief chemist of the U.S. Department of Agriculture, the commodity in question has an annual consumption of four thousand millions, and, selecting the brand which comprises more than half this number, a sample may be said to contain 1·0926 grms. of tobacco, enveloped in a paper wrapper weighing 0·038 grm. The purity of these two ingredients remained unchallenged until the year 1888, when it was asserted in a London daily paper that the tobacco contained a large amount of opium and an unclassified alkaloid, while in the paper either arsenic, copper, or chlorine was to be found. No scientific evidence or authoritative analysis accompanied these assertions; nevertheless the whisper, handed on from

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writer to writer, has grown in magnitude and become an accepted fact. The anti-cigarette crusade culminated in 1892 in a petition to Congress for a heavy tax on the article, the petitioners alleging that for the deaths of "100" boys under sixteen in the previous year, and for the presence of "100" men in the lunatic asylums, the cigarette was responsible. The writer comments upon the attractiveness which such round numbers have to those only superficially informed, and goes to considerable pains to demonstrate the entire lack of any scientific investigation in support of these vehement endeavours to place the cigarette into a prominent place in the domain of toxicology. Science, he says, as a matter of fact finds a unanimous verdict in favour of the luxury. In corroboration of this he quotes the findings of men of repute both in America and this country, which show that the fillings of samples purchased in the open market contain no morphine, strychnine, or other drug foreign to tobacco; that the latter is of "bright Virginia," which contains only from 1 to 1½ per cent. of nicotine, while 8½ per cent. may be found in the best brands of domestic cigars; and that the wrappers yield no trace of arsenic, white-lead, or other poison. The writer disclaims any wish to assert that tobacco is innocuous; he only claims that science has proved that cigarettes are made of good tobacco.

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## ENGLISH RETROSPECT.

*By Dr. Fleming.*

*The Therapeutic Value of Spleen Extract.* By A. Campbell Clark, M.D. (*Edin. Med. Journ.*, February, 1898).—Dr. Clark gives the results of an investigation at Lanark County Asylum extending over a period of two years. The object aimed at was the cure or alleviation of mental disease, and was suggested by the frequency of splenic deficiency noted in asylum post-mortem records. Three classes of cases were submitted to treatment: 1. Those of an intractable character, *e. g.* chronic inertia. 2. Recent cases of insanity due to physical weakness, *e. g.* puerperal cases. 3. Selected cases suggested by treatment of the first two classes. He quotes the result of six out of thirty cases, and arrived at the following conclusions:—That splenic treatment (1) increases nutritive activity by aiding digestion and stimulating the glandular activity of the skin; (2) gives rise to striking mental changes, sometimes of an abnormal character—exhibition of temper in stuporose cases; elevation in shy and stupid cases, &c. Contrasted with thyroid treatment, spleen treatment was more phenomenal in its effects, more lasting and sure in its results, and exceedingly safe. He strongly recommended a preparatory course of spleen in any case where thyroid treatment was proposed.

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