this specialty has grown so wide that it calls for a dictionary of its own. Such a work is in course of preparation, and will be issued by the enterprising publishers of this book, Messrs. Churchill.

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *French Retrospect.*

By T. W. McDowall, M.D., Morpeth.

Annales Médico-Psychologiques. 1887.

The Lunacy Law before the Senate. Abstract of the first Debate. By Dr. Baume.

An abstract of an abstract is rarely interesting, especially when it refers to a debate; but the following paragraphs from Dr. Baume's paper will give some idea of the more important points aimed at in the new Act. As in England, so in France, there does not appear to be a real necessity for lunacy legislation; but the Government has yielded to active and noisy agitation. The more closely the old law of 1838 has been examined, the more clearly its good qualities have become evident, and the difficulties of effecting a real improvement more obvious.

To prevent abuses in the employment of restraint and seclusion, the Government has deemed it necessary to ally the medical and legal authorities. This new arrangement is the most important innovation proposed by the Government.

The first article provides that public and private asylums are to be exclusively devoted to the treatment of mental diseases. Incurable cases, idiots, and epileptics may be admitted only until other provision has been made for them in colonies, refuges.

The duties of physician and director in public asylums are to be combined in one person; and a similar arrangement is to take effect in the lunatic wards of hospitals.

The Minister of the Interior appoints the governors, medical superintendents, medical assistants, and the chief secretaries of public asylums; the medical superintendents and assistants of private asylums acting as public ones. The assistant medical officers are appointed by competition; the medical superintendents are nominated from a list made out by the upper committee. The inferior officers are appointed by the prefects and others.

Articles 7 and 8 provide for the supervision of lunatics at home or in the house of a distant relative or stranger. In the latter case the residence is treated as a private asylum, and inspected accordingly. In the former, where the patient is with near relatives, and if the necessity of keeping him under control has lasted three months, the declaration, supported by a detailed medical report,

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must be made to the Procurator of the Republic. He, after consultation with the medical inspector, shall decide whether the treatment shall continue as before, on condition that the family produce a fresh certificate within three months.

These arrangements, which perhaps constitute the most important proposals in the new law, have been much opposed as excessive and violating family privacy.

Article 11 is new. In each department a doctor of medicine, appointed by the Minister of the Interior from a list prepared by the Superior Lunacy Committee, shall superintend, under the authority of the Prefect, the carrying out of the present law and the regulations relative to lunatics; shall secure the protection of their persons, control residence in and discharge from asylums.

Article 13. Official visits of public and private asylums: by the prefects every six months; by the procurators every three months; and optionally by president of the tribunal, the judge, the peace, and mayor.

Articles 20 and 21 contain the great innovation proposed by Government. All lunatics are admitted only provisionally and to an observation department. They must be visited within five days by the medical inspector. Within fifteen days the Procurator must submit his report, &c., to the tribunal, which must decide as to the detention or discharge of the patient. The decision must be notified within twenty days unless more information is required.

Article 36 decrees that in all hospitals situate at the county town a department must be arranged for the temporary reception of lunatics, as well as for accused persons supposed to be insane. Detention in these observation departments must not exceed a fortnight.

Articles 38-42 provide special asylums for criminals. This separation of lunatics who have committed crimes from other criminals is regarded as a great improvement.

On Recovery from General Paralysis. Theory of Pseudo-Paralytic Insanities.

In this paper Dr. Baillarger returns to this very perplexing subject. His views are well enough known, but it is questionable if his theory is of any service in practical medicine.

The first three parts of the paper are really introductory to the fourth, which contains a repetition of Dr. Baillarger's theory as expounded in the *Annales* in 1883.

General paralysis has two principal forms.

In the first we observe, from the beginning, the essential and pathognomonic symptoms of the disease,—dementia and paralysis. This is primary paralytic dementia. This demented form, whether or not subsequently complicated by delirium, is always incurable.

The other form begins with maniacal or melancholic delirium, preceded by neither dementia nor paralysis. It is, or is not, associated with symptoms of ataxy. This is the mental (vésanique)

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form, and is the one associated with the cases of recovery recorded by writers.

According to the theory proposed by Dr. Baillarger, these two forms ought to be considered as two distinct diseases.

Authors employ indiscriminately the terms general paralysis, paralytic dementia, and paralytic insanity. The two latter, he says, should be used exclusively to denote, the first, general paralysis; the other only the primary mental forms of the disease.

It is to this paralytic insanity that we must attribute the pretended recoveries from general paralysis.

If this theory raises objections, they are not those which can be advanced against the theory of the pseudo-paralytic insanities.

If we consider, for example, the commonest form of general paralysis, paralytic mania, it is clear that we need no longer trouble to differentiate a true paralytic mania and a pseudo-paralytic mania. It would, therefore, be no longer necessary to admit into our classification two diseases having the same symptoms and often the same termination, and yet of a completely different nature.

The objection as to errors in diagnosis could be no longer urged, for the symptoms of paralytic dementia and paralytic insanity are so different that they could not be confounded.

So also in the cases where one is obliged to remain in doubt for a longer or shorter time, *fearing* the existence of general paralysis without being able to declare it. In all these cases we would at once see that they were examples of paralytic insanity in the initial stage, and when recovery occurred it would not be necessary to debate the question whether it had been a genuine case of general paralysis or a pseudo general paralytic case in the initial stage.

The majority of writers consider general paralysis as quite incurable. Some even absolutely deny the possibility of recovery. This opinion appears to Dr. Baillarger to necessitate the admission:—

1st. That we have hitherto confounded, under the name general paralysis, two distinct diseases;

2nd. That there exists besides general paralysis a special kind of insanity characterized by grandiose delirium, incoherence, hesitation of speech, inequality of pupils, etc., that is to say, by all the classical symptoms hitherto assigned to the first stages of the nervous (vésanique) form of general paralysis;

3rd. That this form of insanity, separated from general paralysis, cannot on the other hand be classed along with the simple forms of insanity, and consequently must be placed apart in any classification.

The incurability of general paralysis being admitted, there cannot be any difference of opinion on these three points. On the other hand, concerning the relations of pseudo-paralytic insanity and general paralysis there exist two widely diverging opinions.

According to the former, they continue to admit a mental (vésanique) form of general paralysis characterized by grandiose

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delirium, hypochondria, hesitation of speech, inequality of the pupils, etc., in fact the same symptoms as the special insanity which has been separated from general paralysis, and to which has been given, for this reason, the name of pseudo-paralysis.

But this view raises serious objections.

1st. It renders errors in diagnosis inevitable—errors which cannot be recognized until the termination of the disease.

2nd. In other cases, and this more frequently, it necessitates the suspension of the diagnosis and the continuing in doubt during the whole attack, or at least until the demonstration of symptoms of dementia and paralysis.

3rd. It also necessitates the classification, side by side and yet distinct, of two diseases having not only the same symptoms, but very often the same termination—a proceeding not at all satisfactory.

It does not appear to Dr. Baillarger that the cases of reputed recovery can be explained by errors of diagnosis.

The Lunacy Statistics of Paris (1872-85).

By Dr. Augustin Planès.

The official records up to 1871 were destroyed during the Commune, it was therefore impossible for the author to extend his researches beyond that date. He sought to discover: 1st, Whether the number of lunatics is continually on the increase, as is generally said; 2nd, how far each sex contributes to this increase; and 3rd, if there are any forms of mental derangement which are on the increase or the contrary.

From 1872 to 1885 forty-nine thousand lunatics were placed in public and private asylums of Paris. The following table shows that the total number of admissions has considerably increased, and that the increase has been practically continuous:—

	Males.	Females.	Total.
1872	1695	1389	3084
1873	1841	1408	3249
1874	1743	1510	3253
1875	1770	1400	3170
1876	1782	1448	3230
1877	1776	1565	3341
1878	1829	1507	3336
1879	1902	1489	3391
1880	1932	1552	3484
1881	2097	1641	3738
1882	2093	1623	3716
1883	2208	1755	3963
1884	2313	1813	4126
1885	2289	1897	4186
			49267

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The population of Paris was:—

	Males.	Females.
1872	927,224	924,568
1876	980,838	1,007,968
1881	1,113,328	1,126,602
1886	1,103,014	1,157,931

Accordingly there was one insane person admitted in each of the following numbers:—

	Males.	Females.
1872	547	665
1876	550	696
1881	530	686
1886	481	610

These figures show that if we may take admissions as equivalent to occurring insanity, it is markedly on the increase. This, however, is very unsafe. No distinction is made between first admissions and relapsed cases, and no intimation is given as to the proportion of transfers. Were these sources of fallacy allowed for, the result might be entirely different. The increase was chiefly due to alcoholic, demented, and senile cases.

Of the 49,267 cases, 27,270 were men and 21,997 women. Insanity is therefore more common in men than women, in the proportion of 129 to 100.

The second portion of the paper is limited to an examination of the patients who passed through the "special infirmary," where they were examined and certified by Lasègue, Legrand du Saulle, and Paul Garnier.

The following table shows the number of cases occurring in each month:—

	Men.	Women.	Total.
January	1380	1105	2485
February	1295	1075	2370
March	1455	1119	2574
April	1532	1202	2734
May	1638	1250	2888
June	1721	1279	3000
July	1685	1263	2948
August	1648	1173	2821
September	1386	1035	2421
October	1489	1188	2677
November	1347	1112	2459
December	1331	1060	2391

Arranged quarterly, the figures are:—

	1st quarter.	2nd quarter.	3rd quarter.	4th quarter.
Men ...	4130	4891	4719	4167
Women ...	3299	3731	3471	3360

Setting aside the view that the temperature of the seasons influences the occurrence of insanity, Dr. Planès concludes that the quarters of the year should be arranged as follows: The

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second (April, May, June), the third (July, August, September), the first and the fourth. It is during the second quarter that the maximum number of cases of insanity and suicide occur.

The relative frequency of the forms of Mental Derangement.—The following table shows this clearly enough. The first column shows the absolute number of cases, the second, the percentages :—

	Men.	
Alcoholism	5063	28
Maniacal excitement... ...	2679	15
Senile conditions	2491	14
General paralysis	2108	12
Mental debility (adults) ...	1488	8
Epilepsy	1250	7
Melancholia	1099	6
Delusions of persecution ...	1006	6
Children	760	4
		100
	Women.	
Maniacal excitement... ...	2986	22
Senile conditions	2658	19
Melancholia	2038	15
Delusions of persecution ...	1607	12
Mental debility (adults) ...	1012	7
Hysteria	825	6
Alcoholism	818	6
General paralysis	742	5
Children	554	4
Epilepsy	532	4
		100

Alcoholism.—Under this head are included all the victims of alcohol in every degree of intoxication, from chronic alcoholism to delirium tremens :—

	Men.	Women.	Total.
1872	261	41	302
1873	333	44	377
1874	298	47	345
1875	311	58	369
1876	335	53	388
1877	302	60	362
1878	319	59	378
1879	356	71	427
1880	355	47	402
1881	401	64	465
1882	442	55	497
1883	482	66	548
1884	444	77	521
1885	424	76	500

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The number of alcoholic cases is gradually increasing. From 1872-1880 inclusive, the annual mean was 378, but during the last five years it has risen to 506. Omitting several tables we come to

General Paralysis.—The following are the numbers for each year :—

	Men.	Women.		Men.	Women.
1872	138	45	1879	137	50
1873	174	36	1880	136	52
1874	137	37	1881	139	50
1875	155	39	1882	150	58
1876	147	46	1883	191	79
1877	135	42	1884	182	72
1878	145	57	1885	172	79
				2,108	742

These figures give a proportion of three men to one woman. Dr. Planès explains this remarkably high rate for the women by stating that these figures refer only to the lower social orders, patients of the "special infirmary," and it is notorious that general paralysis is much more frequent among lower class women than in the upper. Contrary to what might have been expected, the rate of increase is not by any means very marked among the males, but is decidedly more so for the other sex.

Space will not permit us to do more than reproduce the following tables. Any intelligent reader can draw the obvious conclusions :

Melancholia.

	Men.	Women.		Men.	Women.
1872	67	128	1879	69	143
1873	70	136	1880	72	139
1874	70	146	1881	96	184
1875	70	138	1882	106	159
1876	59	123	1883	107	159
1877	59	119	1884	120	195
1878	58	114	1885	76	155

Delusions of Persecution.

1872	79	93	1879	60	115
1873	82	15	1880	73	102
1874	56	113	1881	65	119
1875	65	76	1882	89	104
1876	72	131	1883	84	138
1877	58	124	1884	79	137
1878	67	86	1885	77	154
				1006	1604

(To be continued.)

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