2. *Italian Retrospect.*

By J. R. Gasquet, M.B.

The following are the chief articles in the "Archivio" since the last Retrospect in this Journal :—

Dr. Majorfi describes a melancholic form of *acute delirium*, which seems to be the condition known here as "typhomania," "Bell's disease," &c. He urges the free use of chloral or opium, aperients, and as much nourishment as the patient can be got to take; and he appears to have been particularly fortunate in having been able to administer nutritive enemata with opium, when food by the mouth was refused. Peli of Bologna gives the *cephalometry* of 670 insane persons. Comparing them with sane persons of the same place and class, it appears that the head is slightly longer, higher, and broader in the insane; and that anomalies in the shape of the skull are three times more frequent in them, the frequency of such anomalies being greatest in the hereditary forms of insanity, and in males.

Luasana publishes some experiments, of considerable physiological importance, on the *tactile sensibility* of a surface stripped of skin. His observations were made upon a lady who, in consequence of an old-standing burn, had the muscles, fascia, and aponeuroses on the outer side of the right leg, laid bare over a space of 10 × 12 centimeters. He found Weber's "tactile circles" completely absent wherever the cutaneous papillæ had been destroyed, and the thermic sense was much lessened. On the other hand, the sense of mere contact, and of pain, is independent of the cutaneous papillæ; and the muscular sense is neither lessened nor perverted by destruction of the skin.

Professor Verga gives a very interesting example of "*folie à quatre;*" in which a poor servant converted her mistress, her mother, and her husband to a belief in her delusions as to her being of illustrious descent, and entitled to a fortune. The mother died before she had fully developed her insanity, and the mistress returned to her native country (France) under the full influence of these delusions; but the husband and wife had to be placed in the asylum at Milan, where they improved on being separated, but did not recover.

The septennial *Report of the Roman asylum* is particularly full and satisfactory in its account of the medical treatment of the patients. Salicylic acid appears to have yielded good results to Dr. Fiordispini in cases of rheumatic and gouty mania; inhalations of oxygen and opium in anæmia; paraldehyde is recommended as an ordinary hypnotic; frontal douches, and counter-irritation to the nucha, in other cases. He looks upon acute mania as a hyperæmia of the cerebral cortex, and treats with cupping over the mastoids, ice-cap, and subcutaneous injection of ergotine; later on, with blisters to the neck, and counter-irritation to the scalp. In cases where hallucinations are

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prominent, arsenic, belladonna, and iodide of potassium have been most useful.

From Dr. Verga's analysis of the *statistics* of insanity for the year 1883 (the last published), I gather the following facts: On the last day of December in that year there were in all the asylums in Italy 19,656 patients, of whom 10,291 were males and 9,365 females. The males are therefore slightly in excess in the whole kingdom; but in Venetia the excess is on the side of the females, this having been the case ever since 1874. The increase of insanity in the whole population, and in different provinces, is obscured by the varying amount of asylum accommodation throughout the country; but it seems to be wholly apparent, not real, and due simply to the collection of the insane in asylums. The proportion of readmissions cannot be calculated exactly, owing to irregular registration in the past; but it lies between 25 and 30 per cent. of all admissions.

The "Rivista Sperimentale" contains the following, among many articles of importance:—Professor Luciani gives an account of his extirpation of the *cerebellum* in a bitch. After the animal recovered from the shock of the operation, there was found to be no loss of intelligence or sensation; sexual excitement recurred in the normal manner during heat; the ataxic movements which were noted appeared to be due to loss of tone and energy, rather than to loss of sense of equilibrium, which seemed unimpaired. The most unexpected symptom was rapid emaciation, which began six months after the operation, and ended in death three months later. This could be ascribed to no other cause than the loss of the cerebellum. It perhaps throws some light upon the emaciation of the last stage of general paralysis, and other diseases of the nerve-centres.

Dr. Poggi has very carefully examined the *cerebral convolutions* in fifty brains of persons who died insane. Anomalies are more common in them than (according to Giacomini) in the brains of the sane, in the proportion of 7·27 to 5·89. They are more frequent in the left than in the right hemisphere; and the most frequent is a double calcarine fissure, or communication between the internal occipito-parietal sulcus and the sulci of the cuneiform lobule (in 40 per cent.). On the whole, he considers insane brains belong to the type described by Giacomini as having "numerous anastomotic folds."

Dr. Algeri gives an account of "Raynaud's disease" *(local asphyxia of the extremities)* in a case of chronic insanity. Its frequency in the insane, as noted especially by French authors, seems to point to its cerebral origin.

Professor Baistrocchi, of Parma, has taken up again, with more elaborate care and instruments, the study of the *specific gravity* of the encephalon. It is unfortunate that this (like other papers in this Review) is not susceptible of analysis; but the following are the chief results of his examination of 43 brains: The great ganglia at the base of the brain have a higher sp. gr. than the hemispheres; the

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pons and cerebellum being higher still. The white substance of the hemispheres has always a higher sp. gr. than the gray matter. The sp. gr. of the encephalon increases progressively from fetal life until old age; that of the spinal cord, on the contrary, is highest in the fætus, and then diminishes until adult life, when it remains stationary.

There is an exceedingly full and clear account by Drs. Tanzi and Riva, of the form of insanity which, under the name "*Paranoia*," has been gradually evolved of late years by German and Italian alienists. They define it to be "a functional insanity, starting from a degenerative condition; characterized by a special deviation of the highest mental functions, but not implying either serious weakness, or general disorder, of mind; it is almost always accompanied with hallucinations and more or less systematized delusions. . . . Its course is neither continuous nor uniform, but essentially chronic, and does not generally end in dementia." They start with a critical examination of Griesinger's well-known views as to chronic insanity, objecting that they are contrary to facts; his "partielle Verrücktheit" (out of which "paranoia" has been evolved) is frequently primary, and, on the other hand, mental weakness does not usually end in paranoia. These two conclusions are sufficient to refute Griesinger's idea, that they stand to each other in the relation of cause and effect. So far our authors follow the more recent German school; but they include under the term "paranoia," not merely "Verrücktheit," but also those less advanced cases of chronic hereditary insanity, where systematic delusions have not been developed. Many of the characteristic symptoms of paranoia are very ingeniously ascribed to the reversion to ancestral conditions ("atavism"); such are unfounded credulity, fetichism, and animism, symbolical and allegorical expressions and figures; even delusions of persecution are looked upon as a survival of a struggle for existence, necessary in more lawless times than ours. This is only a very meagre sketch of the most elaborate series of articles in the "Rivista," which go, in detail, into the various types of paranoia, and into the nature of systematized delusions. One of the most acute remarks of the authors is upon the "apparent dementia," which they consider a frequent termination of such cases. By this they mean the patients' loss of confidence in themselves, and the consequent apathy, which long confinement in an asylum produces (so to speak) physiologically, but which are quite distinct from true dementia.

Guicciardi and Tanzi have made a series of observations on the "*reaction period*" in fourteen cases where there were hallucinations of hearing. Fifty observations were made in each case, and they were controlled by the same number of experiments upon persons of sound mind. The reaction is found to occupy less time in the insane than in the sane in a series of only ten observations (·0947 of a second in the insane, ·1012 in the sane). But in a larger group of observations (forty) this result is reversed, the times being respectively ·1403 of a second in the insane, ·1259 in the sane. These results imply a greater intensity of the power of attention in the

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insane, but a diminished capacity for prolonged attention. They would be interesting as only showing so much ; but they are further used by the authors to support the theory of hallucination which has been most lucidly expounded by Binet ("Revue Philosophique," Avril, 1884), which looks upon it as a centrifugal or peripheral, rather than a centric, condition.

The "Archivio di Psichiatria ed Antropologia Criminale" deals, as usual, particularly with the physical conditions of habitual criminals. Some of the details, discovered by the industry of Dr. Lombroso and his disciples, are very suggestive and interesting. Thus left-handedness and ambidextrism seem to be decidedly more common in criminals than in ordinary members of society, this peculiarity being connected with a greater symmetry between the two sides of the brain. This symmetry can hardly be due to reversion or atavism, since Dr. Daniels, of St. Petersburg, shows that it does not exist in the crania of microcephalic idiots, or of the quadrumana. Pain seems to be less clearly felt by criminals, and vaso-motor action is less marked ; the weight of the body ranges higher, and the duration of life is longer than in the average of mankind. Lombroso points out that all these characteristics may be observed in moral lunatics as well as in habitual criminals, whence he concludes that these inhabitants of our prisons and asylums belong to the same class. It is, however, to be noted that some 35 per cent. of criminals examined do not manifest the physical conditions connected with habitual criminality ; these are they who have broken the law under the temptation of some favourable opportunity or external suggestion. The most serious objections made to Lombroso's method have been based upon the fewness of cases examined—about 1,200 in all. He is, however, probably right in answering that such a number is sufficient at any rate to establish the chief characteristics of a variety, since the more important these are, the smaller will be the limits within which they fluctuate. Perhaps one of Lombroso's most interesting speculations is on the relations between habitual criminality, moral insanity, and epilepsy. He considers these three conditions as fundamentally related, and indeed identical in their least-developed stages. Epilepsy is a general term, applicable to a number of different conditions, and its "larvate" species only can be termed the acute form of moral insanity. Left-handedness and Daltonism seem to be as common in epileptics as in habitual criminals.

The following are the only articles of special interest to our readers in the excellent "Rivista Clinica" of Bologna. Dr. Musso publishes an account of Friedreich's *hereditary locomotor ataxia*, which affected six persons. These were all descended from a common maternal grandmother, who died in a condition of dementia following melancholia, and whose brother apparently suffered from ataxia. She had two children, a son and daughter, both free from nervous disease ; the former had one son, who escaped the disease, and three daughters who suffered from it. The daughter, on the other hand, transmitted it to

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three sons, having four daughters, and one other son, who escaped. But, besides the predisposing cause—heredity—there were exciting causes in both cases, one family living in a damp house, and the other being apparently healthy until after an attack of small-pox. I refer only to the ætiology of these cases, because that alone is of interest here, from its similarity to the causation of insanity; but the symptoms are well described. The author looks upon the disease, with Charcot, as *sui generis* and intermediate between loco motor ataxia and disseminated sclerosis.

The same author describes five cases of what he terms "*pseudo-general paralysis*," due to slow poisoning by carbonic oxide. Four of the patients were men, cooks; they as well as the fifth case—a sempstress—had been habitually exposed to the gases given off by burning charcoal. The motor symptoms seem to have been strikingly like those of general paralysis (inequality of the pupils was noted in three cases); the mental symptoms were dulness and slowness of mind, varied in the case of the woman by occasional paroxysms of excitement. Similar cases have been recorded, especially by Moreau (de Tours).

Dr. Lachi, of Sienna, records the case of an epileptic demented woman, who died at the age of 44, in whose brain—post-mortem—there was found to be no *septum lucidum*; and the Sylvian fissures communicated with the lateral ventricles. This case differs from all but one recorded, in the absence of any abnormality of the corpus callosum.

Dr. Fenoglio reports a case of injury to the right fronto-parietal region, followed by psychical disturbance, by left hemiplegia and rigidity, and by epileptic attacks. All these symptoms were cured by trephining the skull over the affected part. But the interesting part of the case is, that the mental condition, which had been one of gloom and melancholy, returned also to its normal state of cheerfulness, and that this symptom, as well as the motor ones, was temporarily reproduced by the pressure of a dressing.

Dr. Silva, of Turin, writes a very able paper on *Hypnotism*. There is, I believe, nothing new in his experiments; but he compares the phenomena of hypnotism with those of disease in a very instructive manner. Besides hysteria, he brings it into relations with "Thomsen's disease," the "myriachit" of Russia, Hammond's "jumping mania," and the various psychical paralyses. His conclusions are, that in all these conditions the power of inhibition (which he locates, with Ferrier, in the anterior cerebral lobes) is totally or partially suspended. The hypnotized subject becomes thus an automaton, played upon from without, or immovable if there is no external impression. This is to some extent supported by some of his experiments, in which pressure on the parietal region in a hypnotized subject produces spasms of the other side of the body, and pressure on the frontal region arrests these spasms.

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