to look upon the asylum as a curative hospital, combined with the increasing disposition to regard the asylum more as a last resort for the hopelessly incurable, or a prospective cemetery for the dying. The effect of this is not to make legitimate use of the asylum to the fullest extent, but to detain insane persons in workhouses and at home as long as possible, only sending them to the asylum when they become intractable, dangerous to themselves or others, dirty, destructive, extremely debilitated, their malady becoming chronic, and too often incurable. This feeling of objection to the asylum is perhaps also fostered by recent prosecutions and decisions in courts of justice, which tend to create suspicion in the mind of the general public with regard to the admission and detention in asylums even of pauper lunatics."

In this asylum, as in several others, the mortality from phthisis was excessive.

Glamorgan.—The new buildings are nearly complete, though not fit for occupation. More than 200 patients weekly are taken into the country for walks, over 300 walk daily in the grounds, and only three men and nine women, who are physically fit to go beyond, are confined to the airing courts.

Kent. Barming Heath.—One case of scarlet fever occurred, but no other zymotic disease.

It is reported that much good and useful work has been done in the chemical laboratory opened last year.

Every effort is made to take patients walks in the country, and no one, unless physically disabled, is confined to the asylum estate.

Kent. Chartham Downs.—The Commissioners report that the number walking daily beyond the airing courts is 43, and those who go weekly beyond the estate are 187 of both sexes.

One fatal case of typhoid occurred. Some sanitary improvements have been effected since that event, and plans have been prepared for the erection of a detached hospital for infectious diseases.

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2. *French Retrospect.*

By D. Hack Tuke, F.R.C.P.

Lentz on Alcoholism. De l'Alcoolisme, par Dr. F. Lentz.

(Continued from the April number.)

The *medico-legal questions* arising out of intoxication are clearly stated by Dr. Lentz, both in regard to ordinary and pathological drunkenness. It may be remarked in passing that the simulation of drunkenness at a stage which would carry with it complete irresponsibility is so difficult that the author has not found a single case on record. The author's great point in regard to the responsibility of drunkards is that they are punished for their drunkenness, and not for the crime which they commit when intoxicated, just as a man guilty of homicide through carelessness is not punished for the

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homicide, but for the carelessness. The drunkard places himself voluntarily in a condition of transitory insanity, knowing beforehand the risks to which he may expose himself, and therefore he must take the consequences. Lentz alike rejects the German law, that intoxication diminishes responsibility, and the English law, which regards it as an aggravation.

It does not seem to us quite consistent to say that a man is punished for his drunkenness and not for his crime, and yet maintain that he must be punished more severely if he commits an injury during his intoxication.

The author holds that if there is complete amnesia, there can be no responsibility; but this, again, seems hardly consistent with the foregoing.

The condition of drunkenness in which hallucinations are present forms a transition between normal and pathological intoxication, and in the author's experience the hallucinations are not, strictly speaking, such, but illusions always excited by external objects. On either supposition, however, the individual should be regarded as irresponsible.

As the pathological intoxication already described is a well-characterized insanity, the question of responsibility rests on a correct diagnosis alone.

But we must pass on to the chapter which describes chronic alcoholism, the definition of which varies from the inclusion of all the consequences of the prolonged use of spirits to that of an affection, slow and chronic, caused by alcoholic excess, and characterized anatomically by inflammation, sclerosis, and fatty liver, and clinically by physical, moral, and intellectual changes. The author, however, prefers description to definition. He treats first of chronic visceral alcoholism with local disorders, hepatic, &c., or with general disorders, as cachexia; and, secondly, of cerebro-spinal chronic alcoholism, which is divided into four forms, namely, alcoholic degeneration, hallucinations, simple dementia, and alcoholic dementia, of which forms the complications are pachymeningitis, epileptic convulsions, cerebral congestion, softening, sclerosis, and paraplegia. These disorders are detailed minutely, and cannot be summarized, but the reader will find them worthy of study. Innumerable as are the phenomena of cerebral alcoholism, they preserve the same type, namely, enfeeblement, wear and tear of mind, and dementia. The first form, the foundation of cerebral alcoholism, is designated alcoholic moral degeneration, the term dementia being scarcely appropriate, seeing that the intellectual weakness is often the least apparent symptom, and it is well remarked that the term moral brutishness would be more appropriate were it scientific enough. This form usually characterizes the first stage of alcoholism, and may never advance further, and is almost automatic in character. More commonly the second form, that of alcoholic hallucination, quickly follows, and constitutes a well-marked emotional and sensorial dis-

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order. The third form consists of simple alcoholic dementia; there is real mental weakness, intellectual and, especially, moral, wear and tear of the faculties, and this state may remain uncomplicated with other morbid manifestations. More frequently, however, it is only transitory, and rapidly ends in the last form, alcoholic dementia, with paralysis, which must not in the early stage be confounded with true general paralysis, although it nearly always terminates in it. Anæsthesia, which, as everyone knows, is much more common than hyperæsthesia, is usually present at an advanced period only of chronic alcoholism. Objects fall from the hand unless the patient looks at it, and patients can prick or wound themselves without feeling anything, while tickling the arch of the palate or the uvula excites no reflex action. Affections of the sight, diplopia, polyopia, dyschromatopsy, become marked. The ophthalmoscope does not fully explain the phenomena of amblyopia and amaurosis. Nystagmus or tremor of the eyes is frequently present. The pupils are often uniformly and dilated and react slowly to light; their inequality may occur without any symptom of real paralysis. Affections of hearing occur in chronic alcoholism more frequently in the direction of anæsthesia than of hyperæsthesia. Disorders of smell and taste are well known to arise. Motor troubles appear mainly under the form of cramp and tremor, chiefly in the hand and arm, then the organs of speech and the lower extremities. Paretic and ataxic phenomena pass insensibly into complete paralysis. After death the dura mater is frequently the seat of false membranes. Dr. Lentz clearly distinguishes the changes which may be found in the arachnoid and in the pia mater and the brain itself, some being due to the direct action of alcohol, and others being only secondary. The reader will find them carefully described, as also the changes in the spinal cord. The cases reported are of great value, in conjunction with the commentaries of the author, in illustrating the several forms of inebriety already mentioned, and deserve careful study. The symptoms in that form of chronic alcoholism which the author designates expansive alcoholic general paralysis exhibit all the symptoms of the latter. To diagnose alcoholic general paralysis the previous existence of symptoms of intoxication must be proved; the simple abuse of alcohol is not sufficient. There may have been attacks of delirium tremens, or disorders of motility, or moral dementia. There is no certain sign to indicate the transition from chronic alcoholism to general paralysis, and even the autopsy may not decide the question, for adhesion of the membranes, which is the chief pathological appearance, may be so limited as to escape observation. When alcoholic general paralysis follows upon pre-existing alcoholism, optimism does not appear to constitute the symptom of transition, but rather intellectual enfeeblement. Ideas of grandeur, when present, assume a different character in the two affections—in general paralysis they are more infantile and silly, in alcoholic paralysis more

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definite and coherent, and there are frequently at first ideas of jealousy, followed by delusions of persecution and general hallucinations. In general paralysis the motor trouble is scarcely perceptible at first, the tongue and articulation being alone affected. In alcoholic paralysis the fingers and toes are at first affected, extending afterwards to the elbows and knees. Another point is that in ordinary general paralysis the motor trouble is rather ataxic, whilst in alcoholic paralysis it is more of a paralytic nature. In the former the movements are irregular and jerky, while in the latter they are marked by weakness. In the former the patient is active, restless, often petulant, and may be firm of gait; in the latter he is feeble, heavy, and trails along with difficulty. The paralytic will raise a weight which the alcoholic would be scarcely able to move; the one will shake hands firmly, whilst the other's pressure is scarcely felt. The tremor in the general paralysis type is frequently absent or scarcely appreciable early, and when present is limited; in alcoholic paralysis, on the contrary, it is ordinarily generalized, and obvious at first sight, the body, including the head, being affected. The fibrillar tremors of the lips and orbicularis palpebrarum and elevator oris are observed when the patient makes the least effort. The tremor of the tongue is much more marked in the one than in the other form, but the difference in the hesitation of the speech is still more striking, for in alcoholic paralysis the speech is tremulous in consequence of the tremor of the different parts which come into play in attempting to speak, while the hesitation of the genuine paralytic is an ataxic disorder due to defective association, as much physical as mental. When the alcoholic paralytic wishes to speak all the labial muscles tremble, and verbal expression is the result of a painful muscular effort. When, on the contrary, the general paralytic speaks the words come easily, except at intervals when one or other muscle, or even the mind, makes a false step. Again, on the side of sensation, dysæsthesia is almost constant in alcoholic paralysis, while it is rare in ordinary general paralysis, for we rarely meet with formication, pain, cramp, and numbness in general paralysis. Dizziness, vertigo, dimness of vision, muscæ volitantes, buzzing in the ears, are constant symptoms in the one disorder, and rare in the other. The mental symptoms also differ, especially as to the form of dementia, mental weakness being nearly always masked in the expansive form of the insanity. In alcoholic paralysis the dementia occupies the first place, and presents special characters, the delusions being less pronounced and often transitory. Intellectual inertia and moral atrophy predominate, but in spite of this the patient seems to preserve more lucidity and consciousness of his condition. M. Lentz agrees with the opinion of a French physician that general paralysis distinct from alcoholic influence exhibits much oftener than is supposed persistent hallucinations of sight and hearing. But sensorial troubles in alcoholic paralysis present a peculiar aspect. These are rather visions than auditory hallucinations. They are accompanied

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by anxiety, agitation, dreams, nightmare, and insomnia, while, on the contrary, the hallucinations of general paralysis are much more disseminated, and are less persistent. In alcoholic paralysis the delusion seems to be directly derived from the hallucinations; in general paralysis it is more spontaneous and the hallucinations do not at all modify it. It must be borne in mind that M. Lentz is speaking only of the expansive variety of alcoholic insanity, the rarest of all, so much so that Voisin is able to write that ideas of grandeur are rare in this form of paralysis. It would, perhaps, be more correct to say that they are not exclusive or predominant, but are very often mixed up with ideas of persecution of a hypochondriacal kind, with ideas of magnetic influence, proceeding from the remains of sensory hallucinations or disordered sensations.

Under the head of complications of chronic alcoholism a careful description is given of pachymeningitis, three successive stages of which are recognized, but our space will not allow of citation from this important section of the work. We must also pass over the valuable observations on alcoholic epilepsy.

After some remarks on spinal alcoholism comprising the hyperæsthesic form of Leudet, and the paraplegic of Wilks, the latter of which is considered better established than the former, M. Lentz enters upon the study of progressive causes of chronic alcoholism, the laws which govern, and the relations between, its different manifestations, in other words the pathogeny. The triple action of alcohol upon the vascular system, general nutrition, and the formative process is fully detailed.

An interesting sketch is drawn of the analogies between chronic alcoholism with insanity and inebriety. Clearly the mental weakness, as also the paralysis of mind and body due to alcohol, present all the characters of ordinary dementia. In that form of alcoholic insanity characterized by hallucinations the enfeeblement may not be so evident, but its epiphenomena remove it from the more clearly-marked forms of insanity of which it presents in other respects the leading symptoms. There remains the first form described under alcoholic degeneration and drunkenness. A man becomes a drunkard, properly speaking, when excesses have produced that moral degradation of which the most advanced state constitutes Dr. Lentz's first form, namely, alcoholic degeneration, and not merely the vicious condition of him who abandons himself to drink. At the same time it is often difficult to say where the point of transition from one state to the other commences. Is intemperance a vice or a disease? is a question which the author scarcely ventures to answer in an unqualified manner. He, however, formulates his position thus: Drunkenness, so far as it consists in that state of immorality which is induced by alcoholic excess, ought not to be regarded as a vice; it is a pathological condition in the same sense that all the modifications of the moral and intellectual being, due to extra-physiological

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causes, are pathological; drunkenness ought to be considered as the analogue of the prodromic period of mental maladies, and really constitutes the prodromic period of confirmed chronic alcoholism. It is quite otherwise in regard to the craving for alcoholic drinks. With the exception of cases in which this craving is instinctive, and therefore hereditary, it is only a vice which human nature is capable of resisting and therefore entails responsibility.

In the section on the medico-legal bearing of chronic alcoholism, Dr. Lentz observes that the three forms or stages, namely, acute, subacute, and chronic, are insufficient. The subject is therefore considered on the lines already laid down, that is to say, under the three forms of alcoholic degeneration, hallucination, and dementia. No exact criterion can determine the responsibility of a man labouring under alcoholic degeneration. Different degrees of moral and intellectual arrangements carry with them corresponding grades of responsibility. However degraded may be the moral feelings in this form, there remain sufficient lucidity and self-control to resist the suggestions of the passions. If the drunkard is indifferent to the moral aspect of things, he at least understands them; if the mental functions act slowly and imperfectly, his understanding is at least sufficient to appreciate the character of the acts he commits. Doubtless the power of resistance is diminished, and his perception more limited, but with this we can only associate a corresponding diminution of responsibility. Between the two extremes of very slight change and that of moral degradation and intellectual hebetude, there is a long period during which it would be as unjust as dangerous to absolve the unfortunate men whose faculties have been weakened by alcohol. In the hallucinatory form, acts of violence, usually unreasonable and repulsive, cannot be regarded as involving absolute responsibility if there is any mental obliviousness. If, however, the hallucinations are fleeting, and the memory is preserved, we cannot claim irresponsibility for the individual. In the last form, that of alcoholic dementia, there is, of course, no more responsibility than in ordinary dementia.

The fourth chapter discusses alcoholic delirium, delirium tremens, and alcoholic psychoses. Passing over the two former, it may be stated that the last is divided into three orders, the first being associated with depression, the second with exaltation, and the third comprising chronic alcoholic mental disorders. In the depressive group we have alcoholic lypemania; and in the expansive group, ambitious exaltation, which Marcé was the first to describe; and in the chronic group, the mania of persecution and megalomania. Dr. Lentz regards the last as usually a chronic form of the first group, in which ideas of persecution have been effaced, or at least obscured, by the shadow of ambitious conceptions.

Dr. Lentz, in concluding this chapter, makes the important remark that psychical alcoholism, from the simplest to the most complex form, constitutes a state of genuine insanity presenting no difference what-

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ever from that which is of non-alcoholic origin. The only form which assumes a specific difference—delirium tremens—ought not to raise the slightest medico-legal difficulty. Complete irresponsibility is its necessary accompaniment. To record cases would only confirm the rule universally accepted up to the present time that delirium tremens is not a form of drunkenness which can be induced voluntarily, but a mental disorder of which the genesis is independent of the human will, and is often even not immediately dependent upon the alcohol which a man imbibes.

In the fifth, and last, chapter the author speaks of hereditary alcoholism, of which Morel has given the best description. It is treated by our author under two forms: hereditary transmission of the same affection, the hereditary transmission of a transformed alcoholism, or rather of alcoholism transformed into numerous nervous manifestations. Of 379 intemperate patients admitted into the asylum of Binghampton (New York), 180 were hereditary drinkers; but, on an average, the statistics of several countries do not give more than 25 per cent. In the second form, we have the symptoms of chronic alcoholism in the descendants of drunkards without intemperance in the former. Sensation is perverted, the lower extremities are generally affected, cephalalgia and migraine are common; the sight is affected, vertigo and dazzlings are not rare, and sleeplessness is frequent, while there may be chronic indigestion along with complete sobriety. Such persons are subject to hallucinations from slight causes; facial tremor and weakened motor power are also simple. Convulsions are induced with extreme facility, or even epilepsy itself. With women hereditary alcoholism is transformed into hysteria, and with men the peculiar nervous affection denominated "nervosisme" by Bouchut.

Hereditary alcoholism frequently gives a clue to those moral perversions which raise the question of moral insanity. In youth, the descendants have low instincts and evil propensities; they are cruel, vindictive, choleric; the pain and suffering of others gives them pleasure; their greatest happiness consists in tormenting and killing animals; others are never happy unless they can tease, plague, and cause suffering to their little playfellows, whom they fill with fear; they habitually reveal at an early age their evil tendencies by the depravity of their character, by the precocious vices in which they take pleasure. When older, they become indolent vagabonds, and incapable of discipline; sometimes they prove refractory to all education, or, if they have painfully learnt a profession or trade, their capacity vanishes at the moment of mental development at puberty. Indecision, sloth, vagabondage, an obscure moral sense, instability of character, the impossibility of settling to anything, the tendency to intemperance and sexual vice, and, lastly, intellectual enfeeblement are the chief characters of their perverted nature. When this supervenes there is something more than moral insanity, but, as Dr. Lentz observes, many are examples of "folie morale instinctive."

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The volume concludes with a notice of dipsomania, which Dr. Lentz, with his accustomed discrimination, distinguishes alike from alcoholism and drunkenness, observing that it has only distant relations with intoxication. He defines it as a true insanity, which should be referred to the class of impulsive affections, the craving for drink being only a simple symptom which might be replaced by any other irresistible desire without at all modifying the essential nature of the mental disease. The only relation it has with alcohol is that it too frequently gives place to alcoholism, whose symptoms efface those of the affection which produced them. Dipsomania is regarded under two forms: the essential and the symptomatic, the latter being the most frequent, and occurs especially at the commencement of certain maniacal states and general paralysis; indeed, the craving for drink is sometimes the most prominent symptom of the latter. In circular insanity the stage of excitement is often characterized by an almost instinctive propensity to excess, and appears to be a veritable circular dipsomania. The invasion of true dipsomania is generally slow, the attacks increase little by little in intensity and duration, and at last the disorder assumes a circular character; the mental condition is absolutely different in the two periods of the circle. Heredity plays nowhere a more important part than in dipsomania. The principal symptoms are the disorders of moral sensibility, returning periodically and accompanied with an invincible tendency to intemperance. At first the character changes, the patient becomes irritable, and even violent, the sleep is disturbed, an indefinable *malaise* renders him anxious and restless, while vague apprehensions put a stop to ordinary occupations. Dr. Lentz forcibly describes the condition as one of *véritable effervescence intérieure*. On the termination of the attack the patient falls into a state of moral weakness, and the patient, conscious of his condition, shuns society, and often seeks admission into an asylum. The medico-legal aspect of dipsomania offers little difficulty; it involves complete irresponsibility. The ordinary abnormal manifestations include an irregular and fantastic character, arrested development, or singular inequality of the intellectual and moral faculties, natural tendency to lying, dissimulation, cruelty, excesses of all kinds, periodical return of various nervous disorders, sometimes always alike, at others variable in their form; with these are often combined physical imperfections, such as malformations of the head, &c. Of course, during the attack the dipsomaniac must be considered irresponsible, but during the remission he cannot be allowed to enjoy the same immunity, although his absolute responsibility must not be assumed without inquiring into the special features of the case.

We have given a full analysis of this very able work on alcoholism, in order that the author's views on so practically important a subject may be accurately followed, and it has been thought that a sketch of the ramifications of alcoholism will prove useful to our readers.

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