PART III.—PSYCHOLOGICAL RETROSPECT.

I. *French Retrospect.*

By T. W. McDowall, M.D.

Annales Médico-Psychologiques, 1875.

On the Inconveniences of Artificial Teeth in the Insane.—It can be easily understood how disagreeable symptoms will follow if false teeth be left in the mouth of a lunatic who has not the sense necessary to remove them at night, keep them clean, and so on. It does appear, however, rather startling to suggest that the employment of artificial teeth can stand in etiological relation to general paralysis. This Dr. Sizaret does, though in an apologetic manner. He says:—"Besides the inconveniences which may be justly attributed to the employment of false teeth in lunatics, it has occurred to me that there may be others less manifest but much more to be feared. This idea has been suggested to me by the cases of general paralysis which I have noticed, and in which I am inclined to see an etiological relation to their use. If this supposition appears far-fetched and without foundation, I think it will find its excuse in the gravity and frequence of the disease and in the necessity of not neglecting any information relating to it."

Reminiscences of 1871.—This short paper is introduced by interesting references to several great historical events which undoubtedly affected the type of insanity occurring among the people subjected to them. It cannot be doubted that the dreadful disasters of 1871 led to the occurrence of numerous cases of melancholia of a peculiar type. This was to be expected of a people "nerveux et impressionnable, qui naguère se regardait comme le premier du monde!"

The case related by Dr. Hospital is that of an officer who became insane after the war, having been disappointed in promotion, and having witnessed the suicide of one of his comrades. His symptoms were those of melancholia. After apparently recovering he resumed his military duties. An application for leave having been refused, he left for home. There he shot his brother without provocation, and without having previously excited any suspicions of danger. Having committed the murder, he surrendered himself to the military authorities and gave up his weapon.

Medico-Legal Case.—Racquin.—The report of this case, as given by Dr. Danby, does not appear to my mind to support his conclusions. A man drinks hard for twenty years, during most of that time is a cursé to his family, who appear to have been far too kind to the scoundrel; at last he stabs his son, who had shown him nothing but kindness, and he escapes the scaffold because he was certified by the

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expert appointed by the court as suffering from "dypsomania, a mental disease caused by alcoholic intoxication. In striking his son he obeyed a sudden impulse resulting from his disease. He consequently cannot be considered responsible for the act which he committed. A dypsomaniac having an irresistible tendency to drink, and every new excess being accompanied by the same dangers, we recommend that the accused be detained in a lunatic asylum."

Space does not permit us to reproduce the history of the case; that is unnecessary, for thousands such exist. Dr. Danby's remarks on it, however, do call for special attention. They contain opinions with which it is probable that few will agree. His statement that "dypsomania is a mental disease caused by alcoholic intoxication" is altogether incorrect and misleading. The description he gives of the man's condition when in the asylum shows that he was labouring under the dementia due to disease of the nerve centres induced by prolonged intoxication.

The manner in which occasional drunkenness, chronic drunkenness, and dypsomania, especially the two latter, are confounded is astonishing. In discussing the aspects of the case it is said, "A prominent fact consists in the change which, by the action of alcohol, occurs in the habits and character of the individual. In this case this transformation presents itself with the special characters of dypsomania. Whilst the confirmed drunkard leaves at each libation his moral sense at the bottom of the glass, and gains from it a certain intellectual excitement, and is merry or depressed as the case may be, and becomes himself again in the interval, the dypsomaniac exhibits a more radical change, which, although more marked during the attack, continues during the period of remission to such a degree as to cause him to be with difficulty recognised. Besides, the dypsomaniac obeys in his cravings a different impulse. It is not only a satisfaction which entices him, and the attraction of a pleasure which drags him along; he suffers from an irresistible tendency which is in him, which constitutes the very essence of his disease, and in which . . . . . will, become powerless, no longer has a part. . . . . The drunkard could not equal these libations (Hacquin's) without rolling under the table and presenting the spectacle of the most abject inertia. The 'alcoholisé' alone possesses this tolerance, and amid so many disadvantages it is one of the privileges of intoxication. . . . . If, after the investigation of the manifestations of the alcoholic intoxication presented by the intellectual and moral state of the accused, there could still remain any doubt in our mind, it could not resist the examination of the organic lesions produced by the toxic agent. These lesions are so pronounced that we have the more pleasure in indicating them, because the physician, from the very nature of mental disease, too rarely has occasion to meet them in aiding him in his difficult task. These pathological disorders affect all the great functions of

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animal life, and may extend from the most simple dynamic disturbance to the most profound organic lesions. . . . . But a last question, assuredly the most delicate, is the following:—What is the nature of the morbid impulses which the accused obeyed in striking his son, and how are they related to the mental affection from which he suffers? Let us say first of all that in a dypsomaniac the mental disorders may, according to the individual idiosyncrasy, and perhaps according to the nature of the liquids absorbed, assume various expressions. We cannot place the accused in the class of hallucinated dypsomaniacs, for in his case the form of the attacks, the nature of the delirium, and the manner in which he committed the crime, all show that he must be classed as an *alcoholisé* with maniacal attacks." And so on.

The report of this case is worth reading, whether we accept the opinions of Dr. Danby or not.

The Pedro II. Asylum and Lunatics in Brazil.—It would appear that this asylum, the first at Rio Janeiro, was opened in 1852, and that since that time others have been built, taking it more or less as a model, in Bahia and elsewhere. From an English point of view there is little worth imitation in the Brazilian asylums and their management. But we quite agree with M. Rey that some continental cities might greatly improve their asylums by adopting some of the good points of l'Hospice Pedro II. Still the following paragraph can be considered but very faint praise indeed:—"Brazil has done much for its lunatics. Its capital possesses an asylum which, in spite of its imperfections, might be envied by many of the great cities in Europe. Many of the asylums in Italy, notably those of Milan, Florence, and Rome, cannot be compared to the Asylum of Pedro II."

On Insanity among Criminals.—This contribution to this most important subject is summarised in the following paragraphs by the author, Dr. Hurch, physician to the large prison at Gaillon. It may be remarked that prisoners who became lunatics were not detained in the gaol, but were transferred to the asylum at Evreux:—

1. In the cases transferred during the last seven years the causes of insanity were chiefly inherent in the prisoners and independent of the imprisonment—at least, in ten of them.
2. Among the causes which induced mental derangement were—age; mental prostration after sentence and vexation thereat; embarrassments and alcoholic excesses anterior to sentence; a wretched and irregular life and the consequent privations; immorality and debauchery; finally, epilepsy.
3. Two prisoners were affected by general paralysis on their admission to the prison.
4. The proportion of undoubted lunatics transferred during a period of seven years was two per 1,000 prisoners.

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5. Besides those transferred, there is in our prison—to use the expression of Dr. Baillarger—"a certain number of persons of peculiar organisation which almost constitutes in itself a commencement of disease, and which predisposes in the highest degree to all derangements of the intelligence."

6. We must separate epileptics from the prisoners.

7. As is usual, simulated insanity was rather frequent, and was observed generally in prisoners whose mental state left much to be desired, and who seemed predisposed to derangement.

On Alcoholic Epilepsy.—The consideration of this subject is divided by Dr. Drouet into the following heads:—Statistics. Rarity of epilepsy in acute alcoholism. What are the causes of convulsive attacks in acute alcoholism? Does the nature of the drinks consumed exercise a leading influence in the production of epilepsy? Epilepsy in chronic alcoholism. Pathological anatomy. Differential diagnosis, prognosis, treatment.

This paper is based on the observation of 529 'alcoholised" lunatics admitted to the Ville Evrard Asylum between February, 1868 and July, 1872. Of these, 442 were men and only 87 women. Fifty-four of these patients, or a little more than a tenth, had attacks at one time or another of their disease, and Dr. Drouet convinced himself that they were due only to acute or chronic intoxication. The proportion of epileptics was about the same in the two sexes. It is interesting to observe that the proportion of epileptics was only 1 in 50 among the patients under 30, but 1 in 8 in those between 30 and 50.

Epilepsy is exceedingly rare in acute alcoholism, but may occur in cases where unusually large doses of alcohol have been swallowed. Convulsions are rarer still in cases of occasional drunkenness. In the immense majority of instances they do not appear as an initial symptom, but rather as late symptoms of alcoholic poisoning. The patients are almost always habitual drunkards. Long before suffering from convulsions they have passed through the various phases symptomatic of chronic alcoholic intoxication. Their diseases have assumed either the gastro-hepatic or the nervous form. Almost all have had at one time or another difficulty in speech, muscular trembling, formication, cramps, partial hyperesthesia, or anesthesia.

Now, though convulsions are rare in acute alcoholism, it is not by any means easy to determine the special cause of their occurrence in each case. It seems probable that they are chiefly due to the original or acquired morbid predispositions which exist in the majority of men, if not in all, through which their organisms present different symptoms under the influence of the same modifying agent. However latent they may be, these varied morbid tendencies exist, and one must be blind to deny them. If an equal dose of any alcoholic fluid be given to ten persons, the effects will vary in each person: in one gastric symptoms will predominate, in another cerebral, and so on.

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In spite of great research the question remains in great obscurity, whether or not the nature of the drinks swallowed exercises a primary influence in the production of epilepsy. Dr. Drouet agrees with Lancereaux, Moreau and others, in opposition to the well-known views of Dr. Magnan, that there is reason to think that the oils or essences contained in alcohols at most only increase the exciting properties of these agents and modify very little the symptoms and prognosis.

As already stated, alcoholic convulsions occur chiefly in chronic drunkards whose brains have undergone a special morbid change. The tendency to convulsions may exist in three degrees of intensity. In the first stage an epileptic attack may occur after an unusual excess in drinking. Later, seizures occur, although the patients drink comparatively moderately and without ever becoming drunk. In the third stage the tendency to convulsions is increased. There is a pretty numerous class of patients who, though confined in asylums and deprived of all stimulants, continue subject to epileptic attacks. When things have gone so far, we may say that the epilepsy is constitutional.

The most various lesions are observed in those who have died during the course of chronic alcoholism. The principal are—Hæmorrhagic pachymeningitis; adhesive inflammation of the pia mater and arachnoid, specially well marked on the superior surface of the hemispheres in the neighbourhood of the great fissure; dilatations of the meningeal vessels, the result of repeated congestions; excess of cerebro-spinal fluid; granulo-fatty degeneration of the cerebral vessels, frequently accompanied by hæmorrhages "en traînées" or "de petits foyers;" abnormal proliferation of the interstitial connective tissue; fatty degeneration and atrophy of the nerve cells or fibres; and circumscribed encephalitis.

Medico-Legal Case.—Manguen.—With the greater part of Dr. Debondt's report most readers will agree. An abandoned woman suffocates her child, and attempts to escape punishment by simulating insanity. However, her acting was so bad that she was easily detected in her imposition, and was sentenced to five years' hard labour, which she richly deserved. On two or three occasions she was observed to drink her urine, and in relation to this it is remarked that this trick is too well known for it to be tried, except by those who have no other resource, and is an act not rarely observed except in some dements, general paralytics, and certain idiots and imbeciles depraved in their most natural instincts. Perhaps Dr. Debondt's experience may be peculiar, but in England it is a fact that urine-drinking is frequently indulged in by acute and recurrent maniacs, and even by melancholics who labour under no excitement. It is also stated that "she complained frequently of indisposition, pains in the back, belly and stomach, of diarrhœa; which is again contrary to the habits of lunatics, who never make the least complaint, even when

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they are affected by most serious diseases." Unquestionably such cases do occur, but they are not by any means the rule.

Hysteria in a Man.—This case has been recorded by Dr. Fabre, because it has appeared interesting to him in more than one respect. It is a disease rarely observed in the male sex, and the cases already recorded have been as a rule so imperfectly described that their authenticity is open to doubt. It is also very unusual to find a case of hysteria in a man passing into demoniacal possession, a combination almost entirely confined to women, and appearing in an epidemic form.

The facts of the case are as follows:—Colin, Joseph, æt. 30, a wood-turner, was born at Nancy of parents who both died of phthisis. He is the only survivor of four children; one died of hydrocephalus, the second from an accident, and the third, a girl, was the victim, according to the patient, of a spell which a woman of immoral life threw over her, so that she died bewitched. This allegation, which gives at once a measure of the intellectual development of Colin, appears to have some relation to the delusions which the patient manifested. His state of mental debility did not permit of him learning much; he can no longer write, and reads with difficulty, although he attended school for seven years. His physical development leaves much to be desired. Of a stature below the average, pale and feeble of aspect, he presents undoubted symptoms of phthisis and anæmia. His feet and ears are deformed, his legs thin, and the tibia strongly curved forward and very prominent, but the thighs are relatively large, the pelvis wide, the genital organs slightly developed, the chest enlarged at its base, and his breasts, overlaid with adipose tissue, appear more voluminous than usual. The whole appearance of the trunk and thighs recalls the female figure; even the quality of his soprano voice has something effeminate; the hair is scanty; his sexual appetite is but slightly developed; he admits having practised masturbation frequently, but he has had sexual intercourse only five or six times. He has pretty often indulged to excess in brandy, and had consequently frequent derangements of digestion, for which he was treated in various hospitals. During these attacks one of his symptoms was frequent spitting.

Having been arrested as a vagabond he was at last sent to Vaucluse, where he presented nothing abnormal in his condition for a few days. On 3rd September he had his first nervous attack which lasted about ten minutes. On the 5th, two attacks, one in the morning and the other at night, each of about forty-five minutes' duration. On the 9th an attack of twenty-five minutes. On the 10th four attacks of about ten minutes. On the 16th, at the time of visit, Colin suddenly lost consciousness, and was attacked by convulsive movements, which began in the lower limbs, soon attacked the whole body, and increased in intensity. The patient twisted about on his bed, his face was distorted, the pupils contracted. There was analgesia of the limbs.

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But above the pubis the least contact provoked cries like those of a pig being killed. When the attack ended, the patient said he felt as if a ball had risen from the genitals to the throat. It was impossible not to recognise the hysterical character of the symptoms; bromide of potassium was given from the beginning, and the dose increased.

Numerous attacks, varying considerably in detail, occurred till the 3rd October, when the following note was made: Five attacks, of which one occurred at visit;—the face was distorted, the mouth open, the tongue was moved about with the point turned up; at the end of a minute the mouth was shut, then the patient clutched with his hands the sides of his bed, and his legs were convulsed for more than a minute; for about the same time he champed with his teeth, and spat often a small quantity of saliva at a time. Sensibility remained perfect. Convulsive movements reappeared after a short interval of repose, and began first in the legs, then in the arms, and lastly in the trunk; the patient continually held fast to his bed, knelt on his mattress, alternately shook each side of his bed; he uttered a few guttural sounds, complained of suffocation and pains in the neck, navel, &c.

During the next few days, the attacks continuing, he complained of pains in the abdomen, and refused to eat or drink. On the 15th October Dr. Fabre noted the following particulars:—Colin is half seated on his bed, his right hand as high as his face, the fingers in rapid movement; the first is his father, the second his mother, the third his father, the fourth is his sister, the fifth God. His fingers speak to him, he hears their voices; *the devil has come to put him all right*; *he has lengthened him, he wished to make a giant of him; there are the marks which he has left on him*, and the patient points to the skin of the scrotum where the cuticle is rubbed off in some places; *he has also reduced his hernia.* (Colin alluded to a remarkable induration of the abdominal muscles, which Dr. Fabre had observed more particularly above their pubic insertion during the majority of the attacks of hysteria at which he was present.) The devil speaks to him, threatens him, *he has* 18,000 *men in his belly*; *his limbs and feet are full of them*; *he has swallowed some and passes them in his urine*; *he should be taken to the university.*

By the 29th the attack had passed off, and he was able to give the following account of himself:—Until I was twenty years of age I had no serious disease, except smallpox. During the last war, at Toulon, where I was in garrison, I was seriously ill; my legs were swelled; I had water in the belly; two years ago, at Meaux, I had violent pains in the stomach, I spat much, I slept almost none, I dreamed much, I saw frightful things, beasts, devils, black clouds. At the beginning of my attacks I felt first a severe pain in the belly, and soon in the whole body, but especially in the throat; I felt as if choking, I could not eat, my head ached very much, I still saw black clouds. When my belly was touched I felt a frightful pain. After-

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wards I thought the devil was in my head, then in my hands and feet. He spoke to me and I heard his voice, also that of God, and of my parents; I saw flashes, flames, I smelt the odour of sulphur, and I seemed to swallow it when I ate or drank.

In his remarks on this interesting case Dr. Fabre refers frequently to the opinions of Briquet, which may be summarised as follows:—

1. Increased impressionability of the affective element of the nervous system constitutes the basis of the predisposition to hysteria.

2. Hysteria is almost peculiar to the female sex, because in it there exists a predominance of this affective element.

3. Nevertheless, hysteria may exist in man, but conditionally to their existing in him the same predominance.

4. The reason of this special tendency in woman is not to be found in her sexual apparatus, but in the form of sensibility peculiar to her.

5. The passions and melancholic mental conditions are the only predisposing causes of hysteria.

As to the relations of insanity and hysteria the author concludes:—

1. During the convulsive attack the patients often suffer from a transient delirium.

2. Insanity may occur in a hysterical person, exhibiting the proteiform neurosis as the determining cause, and as occurring in the varieties of partial or general delirium.

3. In a great number of cases, the hysterical phenomena and the intellectual disorders which accompany them are spread from one person to another, and frequently by imitation, and constitute genuine epidemics of insanity characterised by predominance of religious or demoniacal ideas.

Alcoholism and the Delirium of Persecution.—It cannot be said that all patients labouring under delusions of suspicion have caused their illness by excessive drinking, but it is undoubtedly true that in a large proportion of cases there is this relation, and that they form a most dangerous class.

In this short paper the particulars of four cases are recorded, and Dr. Cullerre tries to show: that the delirium of persecution and alcoholism are sometimes united in the same patient; that their special characters are generally easily distinguished; that either may have the priority of development; and that their union in the same patient is peculiarly dangerous, so far as other persons are concerned.

One of the cases recorded is unusually interesting, as affording an example of the hemi-anesthesic form of chronic alcoholism described by Magnan.

On wandering Lunatics.—As the result of a very careful examination of the history, symptoms, &c., of fourteen patients, Dr. Foville, fils, concludes:

1. Certain lunatics undertake journeys more or less long from the character and development of their insanity. The wanderings of these lunatics are voluntary acts, well considered, and the logical

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sequence of a systematized delirium. They should not be confounded therefore with those unconscious impulses to change of place to which imbeciles, "instinctifs," epileptics, and dements are subject.

2. All the wandering lunatics whom I have observed are hallucinated melancholics. They form two groups: in some there exist only ideas of persecution, and by expatriation they hope to escape their imaginary enemies; among others, to the delusions of persecution are added ideas of grandeur. The latter labour under megalomania, and travel in foreign countries, in the hope of there obtaining the realization of their dreams, and of obtaining that justice which is denied them at home.

3. Nothing could be less justifiable than considering these lunatics as affected by a special form of insanity, the monomania of travelling. Their delirium is not limited to a single point; it is always more or less complicated, and should be classified with lypemania.

Medico-Legal Case.—It may be well to give more details of this case, for it raises the very important question, Is it right to punish those who can be considered only partially responsible for their actions?

A commission was appointed to examine the mental state of C. C., accused of theft. The following is the substance of the report. The accused C. C. is 26 years of age, strongly built, of a stature above the average; he is fair, of a fresh complexion, and of a sanguineo-lymphatic temperament. There is a very marked disproportion between the dimensions of the face and cranium. Whilst the face is unusually developed through the lengthening of the jaws, the cranium is completely flattened behind, and is so reduced in volume as to present the characters of genuine microcephalism. This defect in conformation, which is necessarily accompanied by an arrest of development of the brain, is not merely accidental and peculiar to the defective organic evolution of the person; it is the result of morbid heredity, and is evidently associated with other signs of physical and intellectual degeneration in his family, notably in his mother, who was goitrous, and one of his sisters was a congenital idiot.

In 1866, at the age of 19, C. C. was for the first time prosecuted for theft, but was acquitted, a medico-legal report having been presented, certifying him to be irresponsible on account of his imbecility and monomania of theft. Since then he has been at liberty, and employed in various houses, where his conduct never attracted the notice of the judicial authorities. Lastly, he was employed at the brewery Robert, where the thefts occurred of which he is accused; the articles stolen were a wax ornament and a surplice from two churches.

As to his mental condition at the time of examination, it is certified:—We have examined and questioned C. C. on various occasions, and every time we have found him calm, reserved in his speech, polite and respectful towards us; our general impression was

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at the same time that he could carefully weigh his answers, whose habitual slowness must not only be attributed to the laborious evolution of his thought. At our first visit, we at once questioned him as to the thefts of which he was accused; he immediately denied his guilt with the greatest vehemence. He said he did not know what we meant; he was indignant of being accused not of a simple theft, but of one a hundred times more wicked, of a theft from a church. We insisted upon this point, we varied our questions; we reminded the accused that in January, 1867, he was convicted of thefts, which he had fully confessed, and that his sentence had been remitted on account of his mental state; we even gave him to understand that the same might occur this time.

In spite of all our efforts we did not even get the shadow of a confession: "I am, said he, neither mad nor imbecile, I know what I am doing. If I had not known what I did, and had not been capable of behaving myself, I could not have served in the houses where I did serve; I never put my foot into the churches of Larangeot and Falletans, and those who accuse me are the real culprits." At none of the visits which were made to him did the accused vary in any point in his denials.

Not succeeding in obtaining any confession relative to the crimes of which he then stood accused, we returned to the thefts committed in 1866 by C.; we asked him if he remembered having stolen at that time various articles of clothing, which he afterwards hid in the woods. The prisoner seemed very much surprised at our question, and assured us that he had no recollection of the occurrences of which we spoke. We then showed him his signature at the foot of the examination containing his confessions; he was quite taken aback, got up hastily and appeared to be greatly agitated. This extreme astonishment and sudden agitation were evidently not the result of C.'s learning for the first time that he had been guilty of thefts in 1866. We rather attributed them to his ignorance of the existence of judicial records, and the surprise caused by our unexpected revelation. At any rate, he sat down, recovered his self-possession, and said, "I may easily have forgotten it, for I have no memory."

We continued our investigation, and questioned him as to his usual occupations and actions. His answers were comparatively satisfactory; they were clear, precise, without any manifestation of delirium or other intellectual disturbance. His answers were not those of a genuine imbecile, and he appeared to enjoy at least that common sense which nothing authorised us in denying to him. He gave us an almost exact account of his life during the last two years; if we noticed any inaccuracies, the reason was easy of discovery. Thus for example, C. stated that he had served with Dr. Rouby at 15fr. per month for 10 months. On interrogation he added that he left that house to gain more elsewhere. All that was perfectly correct,

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and indicative of an excellent memory, with one exception—the reason of his leaving. We learned that Dr. Rouby had dismissed him for climbing the wall during the night, and stealing the melons from the garden where he worked. It results from the details which we have given that C. knew how to leave in the shade facts which were unfavourable to him, but that his memory appeared perfect at least in regard to recent events.

There still remains one point for examination. Was the accused under the influence of a moral perversion which, irresistible, impelled him to steal? Ought he, in a word, to be considered as affected by a genuine *monomania* of theft? Upon this point we must state that neither in the depositions, nor in our own investigations, did we find any sufficient ground for this opinion. It is true we know that he was differently judged in a previous report, but this was in January, 1867, the accused was only nineteen years old, he was backward, and presented at that time all the characters of imbecility with want of free will. The recent examination which we have made as to his mental condition obliges us to state that his intellectual and moral faculties have progressively developed since, and that his instincts have undergone a favourable modification at the same time. In an interval of seven years C. C. the accused was not the subject of any judicial prosecution; he appears to have conducted himself almost normally during all that time, and yet, in his capacity of servant, opportunities for stealing cannot have been wanting. If, then, we suppose that the tendencies to theft always existed in him, it did not present on all occasions the character of irresistibility or, consequently, of irresponsibility.

Conclusions.—1. The accused C. C. is affected by congenital and hereditary intellectual feebleness.

2. He knew the consequence of his acts, which were not due to any irresistible influence.

3. His responsibility was limited, as also his moral and intellectual capacity.

This report is signed by Dr. Lizaret, and a note is appended to the effect that C. C. was condemned to six days' imprisonment. One naturally asks, did he deserve it? It is impossible here to discuss adequately the question of *limited* moral responsibility, but it may be asked, what good results from punishing an imbecile? It does him no good, it makes the law ridiculous, and can have no effect in deterring other imbeciles from breaking the law. Very many would, on the strength of the above report, have saved the poor creature being degraded and punished, and have recommended that he should be better looked after. It is really amusing that the fact that his behaviour had been so good so long should have been one of the chief reasons for putting him in prison. He did not steal from his masters (except some fruit) because he was a good creature; he stole some things of no value to him because he was a fool; the nature of the

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theft proved his folly. Why should we be astonished that he stedfastly denied his crimes? Many imbeciles are most amusing liars, who have not the sense to speak the truth even occasionally. If a will by a lunatic stands or falls by its internal evidences of reason, why not treat an imbecile in the same manner? If his acts in themselves (no matter how cunningly devised and dexterously executed) show the mental weakness of the accused, then means should be taken to keep him out of mischief. For medical experts to aid in punishing such miserable objects is not right; it is cruel of the law to be guided by such advice.

Medico-Legal Case.—Railway Accident.—The details of this case are most interesting and amusing; interesting because insanity so rarely immediately follows injuries received in a collision, and amusing on account of the ridiculous conflict of the medical evidence. Dr. Dubiau has arranged the facts of the case admirably, and clearly proved that the patient did not simulate convulsions and insanity. His conclusions, as given in the following paragraphs, indicate sufficiently the nature of the case:—

1. In consequence of the railway accident on the 16th April, 1868, M.D.'s health was seriously injured; his nervous system was shaken, his mental faculties disturbed, and his reason upset to such an extent that he attempted suicide.

2. Various witnesses proved: 1°. That M. D. was quite well, and attended as usual to his business up to the time of the collision. 2°. No mental disorder was observed in him during his residence at Nantes or Bordeaux until the accident.

3. No proof was produced against these assertions. It is, therefore, logical to impute the alteration in his health and mental faculties to the disturbance caused by the collision, the more so as there are on record cases of mental alienation produced by physical causes—such as shocks, blows, wounds.

4. As the result of the accident, M. D. has been incapacitated more or less for a year in his work. Besides he suffers from the social stigma of having suffered from an attack of insanity.

5. Really M. D. appears to enjoy sound mental and bodily health. But by the single fact of his having had one attack of insanity he is predisposed to a relapse, to prevent which he ought to be careful of himself, and avoid too much work and long and violent mental exercise.

Clinical observations on some cases of Locomotor Ataxy in Insanity.—That this is an interesting paper does not admit of doubt, and yet it does not help to solve the difficulties which surround the relations of locomotor ataxy and general paralysis. This, however, is not surprising, as the paper is almost entirely clinical in character, only one *post-mortem* examination being recorded in it. Seeing that authorities differ as to the clinical characteristics of general paralysis, and that locomotor ataxy is frequently complicated by symptoms

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dependent upon lesions other than those of the posterior columns, we must look to pathological anatomy rather than to clinical observation for help to escape from difficulties we experience in differentiating the various symptoms, and to refer each to some nervous area. So confused are we at present in our ideas that some maintain that there is no essential difference, except in degree and locality, between the two diseases. Those holding an opposite opinion fail to convince their opponents of their error; and so the matter stands.

Dr. Rey's position is plain enough when he says: progressive locomotor ataxy, formerly known as tabes dorsalis, has rarely been studied in its relations with mental derangement; the association of the two diseases is not very frequent. His resumé of the literature is short but good, and shows (1) that in cases of simple locomotor ataxy writers have proved the integrity of the mental faculties; (2) that locomotor ataxy may be complicated by various disorders of this intelligence, from simple enfeeblement to complete delirium; (3) that this complication is often general paralysis. Whilst admitting that there are many symptoms common to the two affections, which may account for error in diagnosis, he states that there is a characteristic symptom of locomotor ataxy which he has employed in his observation as a test, the increase of inco-ordination of movements during closure of the eyes. It is scarcely to be doubted that this test will be rejected by many as inconsistent with their experience.

The details of nine cases are recorded by Dr. Rey, and in all of them the disorders of intelligence appeared consecutive to the locomotor ataxy, always after the incoordination of movement, and before the ataxic symptoms became well marked in the upper limbs. The disease was of the usual character, and marked by the common symptoms. All the patients presented a certain degree of muscular enfeeblement, always more marked on one side of the body, on that in which the ataxic symptoms, pains, incoordination were most decided. They suffered from cephalgia, vertigo, buzzing in the ears, for a longer or shorter time before the appearance of the mental symptoms. The inequality of the pupils observed in some of the cases is frequently met with, according to Charcot, in locomotor ataxy, free from all complication.

The drunken habits of case 4 necessitates some remarks upon the relations of ataxy and alcoholism. In alcoholic intoxication, we observe almost always disorder of the sensibility, pains, spasms, formication which give rise to false sensations and characteristic hallucinations. There is also cutaneous and tactile anesthesia, perversion of taste and smell, and disorders of sight, ambliopia, diplopia; besides occasionally disorders of locomotion and awkwardness of the hands. M. Charcot has pointed out the relations of the two diseases.

Intellectual disorders appeared in Dr. Rey's patients when the primary disease was in its acme, and presented nothing peculiar.

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In the cases of ataxy with general paralysis, it was difficult to follow the progress of the two affections, because the muscular symptoms of the latter soon obscured those of the former. Besides, the intelligence and memory changed rapidly, and the patients were soon incapable of explaining their sensations. On the contrary, in the cases where a mental affection other than general paralysis complicated the disease of the cord, it was possible to observe the phenomena proper to each, and their relations. In these cases the ataxy and insanity, considered separately, followed their usual course. Further, where the two diseases presented exacerbations and periods of repose, a direct relation was often noted between the ataxic phenomena and the delirium. Thus two patients (4 and 5) had an attack of excitement on admission to the hospitals, that is to say at an acute period of the spinal affections. In the case of the woman P. (4), the pains diminished, the disorder of locomotion became less, and the mental state improved parallelly. Cases 6 and 7 were also remarkable in this respect. In the former, to the acute state of the spinal affection corresponds the greatest activity of the melancholic delirium; then, perhaps under the influence of the febrile state, the symptoms improved *pari passu*, and the patient was discharged decidedly improved.

In another patient (7) the explosion of the delirium coincided with the loss of vision and the aggravation of the pains. In him the disorders of sensibility had a remarkable influence upon the manifestations of delirium. He believed that they fired balls at his legs and eyes. He saw his feet mutilated with a hatchet; they made him inhale bad odours; eat fæces. These were evidently the delirious interpretations of various ataxic symptoms, lancinating or boring pains, alteration of the senses of taste and smell. In this patient the mind improved, as also the ataxic symptoms. Then the intelligence remaining unimpaired, the spinal disease resumed its progress.

Another patient (5) presented analogous disorders during his period of excitement; then the two diseases had a period of simultaneous calm; finally, the mental state remaining stationary, the ataxy became general.

In case 8 the two affections were stationary, and presented their respective symptoms.

The mental state improved in case 9, and the ataxic symptoms continued with a certain degree of intensity.

To sum up the whole: in nine patients affected by locomotor ataxy with insanity, three were general paralytics. Six suffered from various forms of delirium, independent of that disease.

In all, the mental derangement was developed subsequent to a longer or shorter period from the beginning of the ataxic symptoms, and always at the period of their greatest intensity.

In the general paralytics, the mental disease presented nothing peculiar. The ataxy was of the paraplegic form with its usual charac-

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ters. The general paralysis considerably obscured the ataxic phenomena: it advanced whilst the spinal affection appeared to remain stationary.

In the other cases the ataxy presented its usual symptoms, as did also the mental diseases. The two affections followed at first a parallel course, they became better or worse together, or were stationary. Finally, the mental derangement having been cured or improved, the locomotor ataxy resumed its progress.

2.—*Italian Psychological Literature.*

By J. A. Gasquet, M.B. Lond.

The volumes of the *Archivio*, for 1875 and 1876, which we have received contain an unusually large amount of interesting original matter, which we are unfortunately only able to notice very inadequately.

The "Società Freniatrica Italiana" met for the first time at Imola on September 21, 1874. At this meeting, and also at the second, held at Milan, in July, 1875, the proceedings of the meeting and the class of subjects discussed closely resembled those of our own Society. But in November and December of the latter year, the Society had a series of five meetings, to consider certain proposed changes in the law relating to lunatics, which were subjected to a very minute and searching criticism. The result of their deliberations cannot fail to have considerable weight in guiding the legislature of Italy and public opinion in that country.

There has been much attention devoted to *transfusion of blood*, as a means of treatment, in several Italian asylums. Some physicians have employed defibrinized human blood, but others have preferred to use arterial blood from the lamb, which is allowed to flow directly from the artery through an elastic tube into the vein of the patient. This treatment has been particularly tried in cases of profound melancholia with refusal of food, and of pellagrous cachexia. No evil results have been noted, but occasionally a considerable amount of cyanosis has followed the operation: this has by some been ascribed to vaso-motor paresis, but Dr. Ponza is more probably right in supposing it due to increased pressure on the right side of the heart. The operation has generally been followed by improvement of the mental condition, and this is sometimes considerable and lasting. It does not seem usually to follow so immediately upon the transfusion as to suggest that it is merely a result of the shock of the operation; it seems rather to be generally considered in Italy to be due to the stimulant effect of arterial blood upon the brain. I may take a case of Prof. Livi's as a good example: the patient had been insane for five years, and in a state of complete stupor for ten months. No other treatment having been of any avail, transfusion was tried; after the

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