

**PART III.—QUARTERLY REPORT ON THE PROGRESS  
OF PSYCHOLOGICAL MEDICINE.**

I.—*French Psychological Literature.*

By J. T. ARLIDGE, A.B. and M.B. Lond., M.R.C.P. Lond., &c.

*Annales Médico-Psychologiques.*—The original memoirs contained in the two volumes of this Journal for 1865 are as follows:—In the January number—‘Mental Pathology according to the German Somatic School,’ by Griesinger and Jules Falret; ‘On a New Lesion of the Brain in general Paralysis,’ by Regnard; ‘Observations on the Delirium Tremens at the commencement of Typhoid Fever,’ by Thore; ‘Medico-legal Report on a Man accused of Incendiarism,’ by Parchappe, Blanche, and Rousselin. In the following number for March—‘On Chorea in its Relations to Insanity,’ by Thore; ‘The Pathology of general Paralysis,’ by Sankey and Rousselin (continued in the July number); ‘Some considerations on Sloughs over the Sacrum, especially in Paralytics,’ by Geoffroy; ‘On Medico-legal Inquiries relative to Insanity,’ by Mittermaier and Dagonet; and on ‘Asylums for the Insane,’ by Dagonet. In the May number—‘A Medico-Psychological Study on the so-called Savage of the Var;’ on the ‘Hystero-demonopathic Epidemic of Morzine,’ by Kühn (continued in the July number); ‘Case of Triple Infanticide, in which the Culprit was Acquitted,’ by Teilleux; on ‘The Utility of Seclusion at the Outbreak of Insanity,’ by Rousselin. In the July number—‘On Pellagra in its Medico-legal Aspects,’ by Leon Sorbets; ‘A Medico-legal estimate of the actual Condition of the Insane in France,’ by Brierre de Boismont. In the September number—‘On the Passions—the Influence of the Moral upon the Physical Nature,’ by Tissot; ‘Medico-legal Report on a Parricide,’ by Voisin, Parchappe, and Rousselin; one on ‘a case of Infanticide,’ by Lafitte; one by Bonnet, ‘In Condemnation of Arbitrary Seclusion;’ and a fourth on ‘a Husband accused of Murderous Assault upon his Wife,’ by Daviers and Billod. In the November number—‘On the Effects of Insulation on the Insane’ (pellagra), by Brunet; ‘On Lunatic Asylums and the Laws relating to the Insane,’ by Dagonet; and ‘Medico-legal Reports on three individuals, one of them accused of Forgery,’ by Parchappe, Girard de Cailleux, and Rousselin, and by Legrand du Saulle.

The other contents of these volumes, though subordinate in position to the original articles, are, most of them at least, replete with interest. Among them are included reports of English, German, Italian, and other French journals, which treat of psychiatry or of topics cognate with it; but a still larger space is allotted to the reports of the proceedings of the Medico-Psychological Society of Paris. This society, during the year 1865, was almost entirely occupied with a discussion on the various methods of providing for the insane; but one other subject was interpolated at one of its sittings, viz., on the danger of entrusting tools to lunatics engaged in various industrial pursuits. These and other matters of interest will be best considered after the analysis of such of the original memoirs as demand notice.

The paper on mental pathology, as represented by the somatic school of Germany, is simply a translation, by Jules Falret, of the able introductory discourse delivered by Griesinger, which appeared in the pages of this Journal in January, 1864. M. Jules Falret prefaces his translation by some remarks on the characteristics of the teachings of Griesinger as the most illustrious living representative of the somatic school, which attributes all the aberrations of the human mind to causes operating in and upon the encephalon, and ignores the occurrence of disorder of the spiritual part of man. J. Falret refers to Griesinger's work on mental diseases as the best treatise on the subject, and announces its forthcoming appearance in a French translation annotated by Baillarger. The introductory discourse now presented to the readers of the '*Annales Medico-Psychologiques*' is characterised by Falret as a sort of profession of faith on the part of Griesinger, setting forth not only the ideas of its author, but also the tendencies and aspirations of the German somatic school. On his own part he professes the conviction that the etiological method of classification of mental disorders is insufficient, and that it is necessary to carry out the same process as has been followed in the case of the natural history sciences, namely, to found a classification upon a grouping of physical and moral phenomena, co-ordinated and subordinated as they are seen in nature, and by this means to arrive at the cognizance of true morbid species, based on a collection of phenomena having a common character, and succeeding each other in a determinate order, and possible also of anticipation.

M. Regnard undertakes to demonstrate a novel lesion of the brain in general paralysis. He was led to look for it by an observation recorded by his teacher, M. Baillarger, in 1864, that in some cases of general paralysis of the insane there is an alteration of the white substance of the brain about the anterior lobes, consisting of a species of induration, marked by resistant, elastic eminences of a

yellowish colour, confined, moreover, to the white tissue immediately subjacent to the grey lamina. To discover how far this lesion prevailed in general paralysis was the object of M. Regnard's inquiry. Between January and December, 1864, there were fifty-one cases of the disease among M. Baillarger's patients at the Salpêtrière. Of these twelve died. In eight of them the peculiar lesion in question was clearly marked, in three others it was indistinct, and in the one remaining could not be discovered at all. In this single exceptional case the white substance was in a different condition, and in the three other cases, where the special lesion sought was indistinct, the white matter was in a state of softening; consequently it would appear that this lesion is so much the more distinct in proportion as the medullary matter retains its normal consistence.

A microscopic examination of the tissue involved in the lesion exhibits a proliferation of connective tissue with amyloid bodies, a congested state, and atheroma of the capillaries; in other words, the constituent elements of induration. The morbid change occurs in the superficial portion of the white substance of the anterior cerebral lobes, and appears to exist from the first period of the malady.

Dr. Thore's paper is occupied with the history of a case of delirium tremens, in connection with the onset of typhoid fever. The patient was a quarryman, of strong constitution, but addicted to intemperance. His malady came on with intense headache, a foul tongue, anorexia, and nausea, and on the third day there was delirium with tremor; hallucinations of sight and hearing, injection of eyes, and insomnia, but no fever, the pulse being only sixty, and the skin cool. Opiates gave no sleep. At the end of the week stupor acceded, with dry, harsh, cracked tongue, and purging, with typhoid spots, and ultimately hæmorrhage from the bowels, and death.

Dr. Thore reviews the history of this case in relation to the error, not unfrequently committed, of sending patients so attacked to asylums. The delay of the positive febrile symptoms for a week after the delirium has set in offers the explanation. To avoid the mistake, Dumesnil resorts to an examination of the urine, asserting that where the delirium is associated with fever albumen is discoverable; but where there is simple delirium this abnormal constituent is not present. The value of this diagnostic test deserves further examination, and requires confirmation.

*The Medico-legal Report* by MM. Parchappe, Blanche, and Rouselin, is on the case of a peasant labourer named Leblanc, who was accused of setting fire to a village, and in whose behalf the plea of insanity was set up. The report is much too long to be here copied.

Suffice it to say that the accused was a drunken, lazy spendthrift, who had for a length of time announced to his fellow-villagers that some day their hamlet would be burnt, and some eight or ten days before a fire actually occurred and destroyed several cottages, had expressed a wish that a fire would happen. The fire began in an out-building of his brother's house. The accused was found, at the commencement of the fire, to be completely dressed, and out of doors, although it was in the middle of the night; moreover, he made no efforts to save his brother's goods, but went from house to house asking for drink. Very early on the following day, before the arrival of the authorities to investigate the affair, he took himself off. When captured he at first denied the crime, but afterwards admitted himself to be the author of it, and gave details of his proceedings, which he said he had prearranged a week previously, his motive being revenge upon his brother, who had not duly supplied him with money.

The reporters state him to be a man of small intelligence, of defective education, and of drunken, sensual habits from his youth. When a lad he suffered with tinea, and on that account was subjected to much annoyance from his companions. Feelings of envy, hatred, and revenge rapidly developed themselves in his incomplete and uncultivated nature; and when his brother was officially empowered to control his vicious habits, his animosity and desire of revenge were augmented. He practised much dissimulation, and at the time of the conscription he appears to have successfully simulated nervous attacks and a convulsive seizure, and on this and other occasions to have exhibited much tenacity of purpose where his passions and wishes were concerned. During the earlier part of his trial he showed considerable shrewdness, though he gave contradictory evidence in some particulars; but as the trial proceeded he began to simulate mental disorder, and persisted in so doing when under examination by the physicians.

The reporters observe, in conclusion, that if they do not look upon Leblanc as a lunatic, it is not because the act was premeditated by him, nor because he can display a certain tact and cleverness in evading inquiries, and in attaching the crime to other persons; for the insane are capable of premeditation, of practising a ruse, and of combinations which are often astonishing by reason of the association of ideas they require, and are generally deemed to be incompatible with a state of insanity; but because we have found in the accused no real sign of madness, although he has almost constantly simulated it in our presence; unmindful, however, of the part he wished to play, which is beyond his power, and not perceiving that he played it in an awkward and absurd manner that could deceive nobody; consequently we conclude Leblanc to have enjoyed the free exercise of his intellectual faculties at the time of the criminal

act, and that he was not in a state of idiocy, of imbecility, or of insanity, and was, therefore, conscious of his acts. We would, however, add that his intellectual and moral faculties are limited; that his originally feeble mind has been rendered more feeble by his habits; and that humanity would, therefore, plead in mitigation of his sentence. The sentence was five years' imprisonment with labour, and subsequent surveillance.

*Chorea in its relations to Mental Disorder*, is treated of by Dr. Thore at some length. He reviews the history of chorea, and shows that, until the time of Sydenham, this disorder was classed with vesaniæ, but that Sydenham rightly referred it to the group of convulsive maladies. Its relations to mental disturbance were recently ably considered by Marcé, in a memoir published in 1860, and since reproduced in his treatise on mental disorder. Marcé asserted that the cerebral functions are affected in two thirds of the cases of chorea; sometimes nothing more than a simple modification of the moral sensibility and of the intellect is present, but at other times these alterations are much more profound and resemble the pathological elements of insanity, as for instance, in the presence of hallucinations and of maniacal delirium.

After citing instances of chorea accompanied by mental disorder from various French writers, Dr. Thore relates two examples that have fallen under his own observation. In his first case the chorea and hallucinations of sight occurred in the course of a third attack of acute rheumatism complicated with double pleurisy and endocarditis, in a young girl fourteen years old. The second case was that of a young woman, aged seventeen, who, since an attack of typhoid fever with cerebral disturbance, had been somewhat melancholic, and in whom the chorea was preceded by a sudden suppression of the menses in consequence of cold. When the convulsive movements were at their height, hallucinations of sight and hearing supervened, together with a disposition to suicide and destructive tendencies.

Upon reviewing the particulars of his own cases, Dr. Thore inclines to regard the chorea as having no actual etiological relations with the development of the mental disorder. Furthermore, he remarks that, among Marcé's cases, the chorea was only once in every four instances the sole antecedent of the disturbed mental state, but that in the rest typhoid fever, rheumatism, hysteria, meningitis, &c., were concomitant. Finally, simple, uncomplicated chorea is rarely accompanied by delirium.

The consideration of questions like the foregoing in the manner pursued by Marcé can evolve no actual pathological truth; for the fact is that the irregular muscular movements, though grouped under the name of chorea, have no single pathological basis, and are not indicative of a special pathological lesion or true morbid entity.

*The Pathology of General Paresis*, by Dr. Sankey, is a translation by Dr. Rousselin. The value of Dr. Sankey's memoir (which appeared in the number of this Journal for January, 1864) is fully appreciated by our readers, and it must be highly gratifying to Dr. Sankey to find an equal appreciation of it shown by the psychiatrists of France and Italy, as evinced by the complete translation of it in the section of the 'Annales Médico-Psychologiques' under notice, and in the 'Archivio Italiano per le Malattie Nervose' for March, 1864.

*Considerations on Gangrenous Sores of the Sacral Region, and particularly in cases of General Paralysis.*—Dr. Geoffroy, the author of this paper, confines himself to the consideration of sores produced by pressure, and coincides in the opinion of M. Nélaton that such sores are the immediate consequence of interruption of the capillary circulation. In paralytics, as in the sufferers from fever, the insensibility of parts and the mental dulness allow the injurious pressure to continue and produce the mischief, which, by its extension at times, goes on to perforation of the sacro-coccygeal membranes, and to the consequent intrusion within the arachnoid sac of the cord of the sanious purulent discharges. Geoffroy states that cases of this sort have occurred in which the whole of the cerebro-spinal centres have become affected with gangrene.

He narrates five cases of severe gangrenous sores; three of them from his own observation. The first two cases present no extraordinary features; in the third one the dura mater of the spinal cord, from the neck to the sacrum, was covered with a purulent layer and false membrane closely adherent to it, the origin of which was attributable to the entrance within the spinal canal of sanious discharge through an opening in the fibrous membrane over the sacro-coccygean articulation, in an advanced case of general paralysis with bad bedsores.

The fourth case is taken from the 'Bulletin of the Imperial Academy of Medicine, and is from the pen of M. Baillarger. It was that of a paralytic female who had died after long progressing marasmus with extensive gangrenous bedsores over the sacrum. At the post-mortem examination the base of the cerebrium, and to a great extent that of the cerebellum exhibited a slate colour, a condition associated, as M. Baillarger had from previous observations convinced himself, with a gangrenous change of brain tissue. Moreover, the cerebellum exhaled a distinctly putrescent odour, although the autopsy was made twenty-four hours after death, and no trace of decomposition was visible about the body. The spinal cord was covered with a purulent layer resembling a soft false membrane, and, like the cerebellum, exhaled a gangrenous smell. There was also an infiltration of gas beneath the membranes of the brain, and on

submerging the brain in water, bubbles of gas escaped from the ventricles. In this case the bedsores were the point of departure of the spinal meningitis, and M. Baillarger holds the opinion that there is a direct relation between bedsores and the attacks of meningitis and subsequent slaty colour of the encephalon found in company with them, the spinal canal being perforated by the advancing gangrene. It must, however, be admitted that the slaty discoloration of brain matter with cerebral gangrene is not peculiarly the effect of bedsores, but may be an idiopathic condition or result from calcification of the arteries.

As a pathological fact this relation of cerebral gangrene and spinal meningitis with bedsores is noteworthy, but the fact of its occurrence may, as a well-nigh universal rule, be taken as evidence of bad nursing, of defective appliances, and of inadequate medical superintendence. In other words, such horrid penetrating bedsores, even in paralytics, discredit the institutions in which they occur.

*On Medico-legal Inquiries relative to Insanity*, is the title given by Dagonet to an analysis of a work on the 'Jurisprudence of Insanity,' by Prof. Mittermaier, of Heidelberg. The preface to this treatise assumes that injustice is frequently done the insane in courts of law, and that the legal profession and juries are especially to blame. The principal causes of the miscarriage of justice, apart from those due to prejudice and to erroneous legal maxims and precedents, arise from a faulty selection of professional men to examine and give evidence; from the employment by such individuals of means inadequate to arrive at an appreciation of the mental state; from the imperfect knowledge possessed by very many medical men of the results of the progress of psychiatry, and from the defective recognition by experts of the indications of insanity.

There is, Mittermaier observes, no provision and no security for the employment of medical experts well versed in psychiatry, although the highest skill and the largest experience are needed in investigating the mental state of a criminal, with the view of discovering his responsibility for his actions, and particularly so when insanity is feigned. A judge may be very competent to detect obscurity in evidence or contradictory statements, or the incomplete examination and enunciation of certain circumstances; but he is incompetent to decide whether the report of an expert is up to the mark as regards psychological knowledge and extent of observation. In fine, a decisive and exact report of the mental state of an accused person can only be looked for when an experienced psychiatrist is employed to draw it up, and after that, in the most important and serious cases, the individual concerned has for some time been placed under observation in an asylum. In all cases, the Government should choose as experts to give evidence only those that have

acquired large experience. Mittermaier remarks upon the insufficiency of the customary interviews and conversations with prisoners to afford matter for a decision as to their mental condition, and also upon the details gathered by examination in court, details more or less marred by the results of prejudice, of ignorance, and of misunderstanding upon the part of witnesses. Other obstacles to a correct representation of the mental condition arise from the manner in which the questions by the court are submitted to the medical experts, and Mittermaier rightly takes objection to such a putting of the question as that, whether the accused is suffering with mania or is a furious lunatic. He moreover points out that the question as put in English courts respecting the ability of a prisoner to distinguish between right and wrong, results in exclusive estimates and in erroneous judgments. It restricts the decision to one issue relative only to the power or freedom of volition, and ignores the operation on the mind of fixed ideas confusing the natural opinions respecting right and wrong, as also of the possible influence of irresistible impulse.

Dr. Dagonet's paper on "Lunatic Asylums" is occupied by a defence of the French Law of Lunacy of 1838, by which the existing asylums were instituted and are now regulated. The attacking party is a coalition of the supporters of priestly power and of demagogues. The former section profess to regard a lunatic as an individual with a sound organism, but having a spiritual essence disordered, and who therefore requires spiritual medicine, administered by ghostly hands in a conventual establishment. The democratic section, on the other hand, raise the cry of the unlawful and unnecessary detention of thousands of citizens on the ground of insanity imputed to them. A Dr. Turk has, in a recent pamphlet, made the astounding assertion that the number of actual lunatics in France at the present time is not greater than it was in 1838, and that the enormous augmentation in the number of inmates in the asylums is a result of the mischief-working law of 1838. This assertion M. Dagonet undertakes to disprove; an undertaking of no great difficulty when numerous public documents exist to be appealed to, with confidence to sustain it. M. Dagonet further defends asylums as places of cure, and shows that by the law every precaution is taken against unnecessary detention on the ground of insanity. To give greater confidence to the public in the administration of asylums, he proposes the appointment of a managing committee of disinterested persons of position, and of district inspectors, subordinate to the chief inspectors already appointed, chargeable with the supervision of asylums within the area of their authority. In conclusion, M. Dagonet reviews the propositions to establish village colonies for the insane, and farms for their employment apart from asylum accommodation, as usually provided. He



is opposed to farming out the insane, as at Gheel, with cottagers, and prefers the immediate connection of the farm with the central asylum.

In the November number of the 'Annales' M. Dagonet returns to the discussion of the law relating to the insane, and to lunatic asylums. He briefly re-enters upon the question of the increase in the number of the insane, and affirms his belief in it, and then passes to the question whether asylum accommodation for them is adequate, but fails to consider it on account, he admits, of not having the requisite information. However, he advances the statement (on what authority is not mentioned) that in Belgium there are 51 establishments for the insane, or one to every 88,000 inhabitants; in Russia 65, or one to about 215,000; in England, 181, or one to every 88,000, and in France, 104, or one to every 336,000. It must (he remarks) be borne in mind, however, that the greatest number of private asylums is to be found in England.

The subsequent portion of his paper is occupied with the discussion of the modifications called for in lunatic asylums. The ardent love of country betrays him into a little glorification, of doubtful authenticity as to its basis, respecting the initiative by France in erecting special institutions for the insane, and in framing laws for their governance and for the protection of their inmates. The French law of 1838 acted, he tells us, as a mighty impulse to the study of mental disorder, and furnished the example of legislation for the should-be-grateful imitation of Belgium, Germany, England, Italy, and elsewhere. Whilst fully appreciating the many excellencies of the French lunacy code, our convictions are that the English code is not a copy of it, but that our lunacy laws acquired cohesion and a definite form when those of France were in a chaotic state. In 1815, and subsequently, very searching Parliamentary inquiries took place respecting the condition of the asylums then existing, and during the reign of George III county asylums were established by law, and subjected to supervision and control. Further, by an Act passed in the next reign returns of the lunatics and idiots throughout the kingdom were ordered to be regularly made, and numerous further regulations to asylums and the insane were enforced. Additional enactments were passed in the reign of William IV, amending and extending the lunacy laws; and thus, before 1838, the principal clauses of the existing lunacy code of this country were in full operation, and a body of commissioners appointed to inspect and report upon their due observance.

To return. In pursuing the subject of inquiry relative to the modifications of the existing law demanded at the present day, M. Dagonet briefly narrates the principal features of the French law, and follows this account by a very short notice of the leading principles pursued in several countries of Europe, in providing for the

security and well-being of their insane. After this sketch of the prevailing state of the law in France and elsewhere, M. Dagonet proceeds to examine the defects found in the French Code of 1838, noticing first the discussion that has of late taken place relative to the intervention of the administration, in directly consigning persons to lunatic asylums upon its own authority. He advocates the continuance of this power in the hands of Government, and regards the right of appeal to a court of law against its exercise, as possessed by the person secluded and by his friends, to be a sufficient guarantee against the abuse of such power. The complaints raised against this exercise of Government authority he considers to be exaggerated, and holds that such authority should be lodged in the hands of the administration, to obviate the otherwise very serious inconveniences that would ensue. To guard against its abuse, he proposes that the judicial authority should be invoked to sanction the seclusion, by sending to the "Procureur Imperial" a note drawn up by the physician of the asylum, and sanctioned by the administrative committee, setting forth the indications of insanity and the circumstances connected with the removal of the individual to the asylum. This done, the "procureur" would be free to institute such proceedings or to call for such explanations as he might consider necessary.

The next topic for legislation adduced by M. Dagonet is the care of drunkards. In Sweden, he states, every individual found for the fifth time in a state of intoxication is shut up in a house of correction, and if he again fall into the same state he is confined for a year.

The provisions of the law relating to criminal lunatics call for amendment, and Dagonet proposes that when a patient belonging to that class recovers, he should be set free upon the certificate of the physician of the asylum setting forth the acts of which he was guilty and the premonitory symptoms of mental disturbance, and upon his friends undertaking his surveillance, and the responsibility of reporting the first symptoms of mental disturbance. If no relatives be found to undertake this charge, the patient might be placed under the surveillance of the local authorities, and be visited from time to time by a medical man appointed for that purpose.

The continued enlargement of asylums demanded, and the accumulation of incurable patients within them, call for some remedy. Dagonet rejects the cottage-system, and is opposed to the erection of distinct establishments for incurables; but he proposes to separate idiots and epileptics from lunatics in special asylums; and a large number of inmates collected in asylums, and loosely classed as insane, labouring under various cerebral lesions, he proposes to transfer to wards of hospices specially constructed for their resi-

dence. "If," he writes, "it be admitted that among the population of our asylums, 6 per cent. are epileptic, 10 per cent. are idiots, or imbeciles, and 25 per cent. demented, or paralytic, then somewhat more than 40 per cent. of their inmates are unnecessarily accommodated within their walls." For an asylum, as Griesinger has remarked, is rightly an hospital for the treatment of cerebral disease, and consequently should possess the characteristics of an hospital, and not be converted into a school, a manufactory, or a prison, as has happened more or less with lunatic asylums generally.

The several modifications and reforms in lunacy regulations referred to as necessary by M. Dagonet have at various times, and for years past, engaged the attention of British asylum superintendents; and we commend to his perusal the various articles on such matters as have appeared in this Journal. In fact, English lunacy legislation is in the matter of some of the arrangements he discusses in advance of French, and he may learn from our Commissioners' Reports, and other sources, with what success.

An account of the *Wild Man of the Var* is given by Dr. Mesnet, who visited him in his sylvan retreat near Hyères. This so-called wild man was the subject-matter of some sensation in Paris a year or two ago, and an interesting history of him was artistically dressed up in the journals for the delectation of the lovers of the marvellous. But this "wild man," after all, proves on examination to be a very tame one. His nails have not grown into claws, nor have his canines developed into tusks; neither does he seek to devour his fellow-men, or to scare them by any exhibition of outrageous animal propensities and vigour. In short, he is not half so perfect a specimen of a wild man as was many a now canonized hermit who had his habitation in some rocky cavern, and fled the fellowship of his sinful neighbours. For this pseudo-savage of the Var mixes with his fellow-labourers in the forest, though he chooses to pitch his cabin apart from theirs; and, as M. Mesnet's visit proves, delights in a gossip with a marvelling visitor, and altogether is evidently pleased in attaining notoriety. There is, moreover, no mystery about him or his origin; he has had a name duly imposed upon him in his infancy, knows his relatives, and the place of his birth in Savoy; whilst, to spoil the beau ideal of his wildness, officious people have, at some early period of his life, taught him his letters sufficiently to enable him to read and to write a little, and to speak French with much correctness. Further, like a civilised slave, he works for wages, and buys from those near him what he covets. But that he may not completely collapse into a common labourer of the everyday type, he exhibits peculiar tastes in regard to food, and is a believer in the Darwinian hypothesis. Like certain French sages of the last century, he, however, regards the perfectibility of

human nature to be realised in an assimilation to what they fondly designated the state of nature and of innocence. Laurent, for so is our savage friend named, abhors whatever tends to restrict liberty of action, and consequently, as the possession of a wife and the procreation of a family are, unfortunately, inimical to perfect freedom, he eschews such impedimenta. Another offensive custom, too much in vogue, is that of work; consequently Laurent would aim at a state of life without work, and without the encumbrance of property. Unluckily, at present he is compelled to work in order to obtain certain articles necessary to him, but he has already invented an expedient for saving the cost of clothing, by preserving all the hair that falls from his uncropped head and beard, with the view of weaving it into a comely garment, for he feels called upon to sacrifice so much of his perfectibility to the usage of society as to forego the gratification of a state of nudity.

M. Mesnet delivers himself of a brief peroration on the psychologic state of this strange being, the sum and substance of which is, that he is the victim of a single idea, or a sort of monomaniac.

Dr. Kühn is the author of a long notice of an *Hystero-demonopathic Epidemic* that prevailed for several years at Morzine, in Upper Savoy. Dr. Constans drew the attention of the French Government to it in 1861, and Dr. Kühn was sent in 1864 to report upon it. The prominent symptom is that of the belief in demoniacal possession, not as a monomania, but as the product of a pre-existing nervous derangement, originating in the foolish teachings of the priests in the district. Neuropathic affections, in the form of hysteria and hypochondria, have long prevailed endemically at Morzine; the former among the female, the latter among the male population. These nervous disorders may be regarded as hereditary among the inhabitants of the commune, and have been intensified among them by intermarriage, and by consequent physical and moral degenerescence. Their food, moreover, is poor, consisting of rye-bread, potatoes, smoked meat, often decomposing, with milk and cheese. Their cottages are miserable cabins, and they are in a state of great ignorance, and cut off from intercourse with other more civilised localities.

In many cases a single predisposing cause sufficed to originate the convulsive hysteric malady, but far more frequently several such causes concurred. Preceding the actual outbreak of the endemic, the hysterical, chlorotic, and ill-nourished condition of the inhabitants was, from various causes, more developed, and hallucinations and illusions prevalent among them, particularly among the females. The preparations and ceremonies of a "first communion" supplied the torch to kindle this smouldering state into a flame, and to give birth to the convulsive attacks dependent on the belief in diabolical

possession. The young women rolled on the ground, struck their breasts to knock out the devil that choked them, and screamed and shouted in the most approved manner. The first girl attacked was a child of a lunatic father and an hysterical mother. The priest pronounced this case, and others that quickly succeeded, to be one of diabolical possession, and prescribed exorcism as the only correct and canonical remedy; but notwithstanding the zealous practice of exorcism by the priests, day and night, oddly enough the devil seemed to gain the mastery, for his tormented subjects augmented in numbers daily; his subservient imps being, without doubt, encouraged to secure their master the complete dominion of this interesting village, notwithstanding the heavy discharges of curses, with bell, book, and candle, against them, by the brave priests, who stoutly stood their ground. And well-nigh the powers of darkness prevailed, for, excepting two or three sceptical inhabitants, the whole population became impressed with the conviction that the devils indeed were making themselves at home with them. But, as Dr. Kühn jocosely remarks, the devil, having taken up his habitation among the Morziners, was not content with half measures, for he most unkindly pounced upon their cows, cats, dogs, pigs, &c., and incited them to unusual conduct, requiring the strong measure of exorcism by the priest for relief. Nor was relief always withheld. A poor possessed pig having, after some trouble, been got on his way homeward as far as a bridge, refused, in spite of all his mistress's encouragement, to cross the bridge; whereupon the thoughtful proprietor of the pig, leaving him bewitched where he was, made the best of her way to the most active young priest, and brought the reverend gentleman to the spot. With alacrity he exorcised the afflicted porker, and, to add to the virtue of the ceremony, placed his sacred stole around the pig's neck, and, happy result! Mr. Pig immediately recovered his legs, and obediently trotted over the bridge. As bad luck would have it, success did not invariably attend upon priestly exorcism and holy water, and the consequence was various individuals attacked resorted to unauthorised persons, who professed to cast out the demons. In spite, however, of priestly and other professors of exorcism, the malady continued to prevail, and only received its first check when the province fell under French rule, when the civil authorities interfered, and in some way so affected the intelligence of the priests as to open their eyes to perceive that what they had supposed to be a demoniacal possession was, after all, a bodily disease.

In 1861 the malady was fanned into more violent activity by a "mission" of priests among the people, followed by the appearance of the Archbishop of Ancecy, to receive repentant sinners, to confirm the younger people, and in general to perform various exciting ceremonies. The Minister of the Interior sent a commission to in-

investigate the affair, but the successive appearance of two detachments of troops had a wonderful effect upon the possessed community, and led to an emigration of a considerable number who were swayed by certain fears respecting the purpose of the introduction of the soldiery among them. Dr. Kühn, who was now in Morzine, took advantage of the presence of the troops, and, with the aid of the commandant, instituted singing-clubs, had the band play, and instructed the younger people in music.

The crisis of the malady is ushered in by tonic or by clonic convulsions, though the one form may alternate with the other in the same individual, and even in the course of the same paroxysm. These convulsions are preceded by pallor, fixing of the eyes, partial convulsions of the face, spreading to various parts of the body; afterwards cerebral excitement, loquacity, and at length furor with hallucinations and illusions of various kinds, those about the patients appearing changed, and generally black in colour. The sufferers now no longer recognise their relatives, and see nothing around them but devils, whom they seek to strike, shouting out at the same time the number of devils they themselves are tenanted with, and bewailing their own condemnation to eternal fire. The devils speak within them, and so quickly, they state, that they cannot follow their words, and in consequence are incoherent. Some feel great oppression of the chest, and fight to relieve themselves of it. During the crisis they require careful watching and care, to prevent them injuring themselves or others.

Dr. Kuhn speaks of three classes of cases—one of simple “hystericism,” without convulsions; a second of “hystericism” by imitation, in which the sufferers fall into convulsions on seeing others in them; and a third, of constitutional “hystericism,” in which the convulsive features and the hallucinations are fully developed.

The remedies to stop the epidemic were, the soldiers and their band, above spoken of, an importation of new priests to replace the old, the intermingling of fresh civil servants, and the dissemination, as widely as possible, of those attacked over a large area.