

which invites, but has hitherto defied, the investigations of the psychologist. In it personal identity is altered, for the individual is separated into two distinct beings. He feels the promptings of two different natures; he remembers two different trains of thought, and conceives that he is two persons at the same time, or at different times. Or, which is more rarely the case, but more immediately connected with this inquiry, all remembrance of the one state is lost when the mind passes into the other, and the two periods of existence are in no way bound together by consciousness or memory. One of these states may be healthy, characterised by the exercise of sound sense and generous affections; the other may be diseased, disfigured by folly or passion; or both may be diseased, but distinguished from each other.

The further consideration, however, of this most instructive duality of mind, together with the consideration of the other modifications of personal identity, must be deferred until I have next the opportunity of saying a few words on the subject in the 'Journal of Mental Science.'

(To be continued.)

Excerpta from Foreign Journals. By DR. ARLIDGE.

In our last abstract from German and French works, we noticed the appearance of two new French journals devoted to psychological medicine, and made some general observations upon the character and purpose of each as set forth by their respective editors. We have now collected the numbers for the whole of the past year, and will attempt to cull from them what appears likely to interest our readers; and as the subject matter before us is on the present occasion to a large extent of a clinical character, our excerpts must largely partake of the same, a circumstance which we trust will not render them the less interesting.

The 'Archives Cliniques des Maladies Mentales et Nerveuses,' edited by M. Baillarger, is, as its title imports, restricted to the recording of clinical observations. The monthly numbers collected together for the past year form a volume of 575 pages, and contain numerous well narrated cases of great interest. And with this collection before us, proceeding from the industry and research of the asylum physicians of France, we cannot avoid lamenting that no similar attempt to give the results of observation and experience has been yet made by the superintendents of our asylums in Great Britain, although they have this journal to serve as a most appro-

priate medium, a field of observation quite as extensive as their French brethren, and institutions in which they take pride as unsurpassed in the civilized world. If psychological medicine is to make progress, and to keep pace with general medicine; if its obscure pathology is ever to be cleared up, and its therapeutics to be placed on a more rational and efficient footing; it must, as a science of observation, attain these advantages by the combined labours of its disciples in observing and in recording the fruit of their observations. Even these comparatively few reports furnished by our fellow-workers in the asylums of France, afford opportunities for the comparison of cases presenting similar pathological phenomena, for collecting hints as to the psychological changes attending them, and for supplying suggestions in the matter of their medical and moral treatment. What might not be effected in the ample sphere for observation existing in our own asylums, were their medical officers to take up the study of selected cases under their charge, and to detail the result of their labours for the benefit of others? certainly, some such thing is done by a few superintendents, who publish short notices of interesting cases in their reports; but this work is of a casual and incidental nature, for it is rarely that cases are recorded on any pre-arranged plan, or to illustrate any presumed hypothesis or fact. Moreover, the cases, however valuable or curious, so printed, are virtually lost, for the pamphlet-like report is a privately circulated document, it falls into the hands of a few only, and in its mongrel character of a report on the building projects of the year, the medical transactions, the religious history, and the financial and domestic returns, it rarely so far finds favour with its recipient as to secure its perpetuation and careful deposition in book-covers on his library shelves.

These remarks are a digression from the business we have in hand, though suggested by the journal under notice, yet we feel that every well-wisher for the progress of English psychological medicine will pardon this, and unite with us in the desire to see more concerted action among English asylum superintendents in its clinical study, and in the collection of facts from the vast field of observation at their command.

Hypochondriasis as premonitory of general paralysis.

Asylum superintendents have for years past noticed the occasional association of melancholia with general paralysis, either during a part or the whole of its course, but M. Baillarger goes much farther in endeavouring to show that a form of hypochondriasis is a frequent prelude to its first appearance, and symptomatic of it. A brief paper in support of this hypothesis was contained in the 'Annales Medico-Psychologiques' for 1860 (p. 509), and several illustrative cases are

reported in the 'Archives Cliniques' for 1861, by M. Baillarger and other physicians. M. Baillarger asserts that the connection of hypochondriacal delirium with paralysis is close, and may serve as a diagnostic of the precursory stage of the latter malady. At the same time, he adverts to this association not as constant but as frequent. Such hypochondriacs usually agree in the character of their delusions, which refer to partial or entire changes in their bodily structure, to destruction of organs and functions. Some assert they cannot swallow because the œsophagus is closed; others that their bodies are in a state of decomposition wholly or in part; others that they have lost the faculty of vision, or of some other sense, or the power of locomotion, whilst some will maintain that they are actually dead. Moreover, a distinction is attempted between this and the ordinary type of hypochondriasis, and also between it and the delirium of melancholy not uncommonly seen among paralytics. Such hypochondriacal symptoms in paralytics are unfavorable as to prognosis; the disease advances more rapidly, is more speedily fatal, and complicated with a greater tendency to gangrene of the tissues.

In these views M. Baillarger has received the support of M. Legrand du Saulle, who carried on a discussion with M. Linas respecting them in the 'Annales Medico-Psychologiques' for 1861. S. Casimir Pinel in the 'Journal de Médecine Mentale' (1861, p. 15) disputes their correctness, and considers the existence of a *special* hypochondriacal delirium, separate from ordinary hypochondriasis and from melancholia, not established. On the contrary, he believes that a delirium marked by mental depression, assumes at one time a hypochondriacal, at another a melancholic form, and that at other times the two forms occur simultaneously, and further, that this mental state may alternate with the expansive delirium, and precede, accompany, or follow general paralysis, without furnishing any positive ground of diagnosis.

In reading over the cases of general paralysis recorded in the 'Archives Cliniques,' we find twelve in which hypochondriacal or melancholic symptoms were associated with it. Of these, four presented at their outbreak symptoms of melancholia or of hypochondriasis. The first of these was that of a man, æt. 35, who, after a short period marked by numberless extravagances and follies, fell into a state of mental prostration (torpor), with melancholia, remarkable especially by the complete absence of the power of the will, and by hypochondriasis, with the delusion that he was dead, or dying, or was deprived of his limbs. Dirty habits, a suicidal tendency, and refusal of food followed, but after six months his reason and health were so far restored that he was discharged recovered, and resumed his occupation. Five months afterwards he was readmitted, but at this time, the mind was in a highly excited condition, and his delusions were of an ambitious character, and the symptoms of

general paralysis became more and more pronounced. In this state he lived a year, melancholic delusions from time to time intervening, until dementia became fully developed.

A second case occurred also in a man thirty-five years old. Long immersion in water at first induced an attack of aberration, marked by distressing delusions and a suicidal impulse. After three months he was so far improved that his friends removed him from the asylum, and he entered again on his occupation. However, instead of manifesting a coldness and dulness of character as heretofore before his illness, he was unusually gay and loquacious, and pursued his avocations with excessive ardour and at the cost of great bodily fatigue. A fall from his horse, attended with a great fright, about a month after his discharge, produced a state of unconsciousness with general convulsions; and from that time epileptic fits continued to recur. His conduct now became dangerous to others, and very shortly the physical signs of general paralysis made their appearance, without, indeed, the ambitious delirium generally accompanying that disease.

In the third case, the existence of general paralysis was not positive. The patient was twenty-seven years of age, and attacked suddenly with acute melancholia and a tendency to suicide. From this state he recovered after the lapse of three months, when again, nine months afterwards, he was seized with a maniacal attack; was noisy and incoherent, and in his ravings talked of the immense wealth he possessed, of his high dignities and magnificent projects. His speech became rather embarrassed, but the question arose whether this was not attributable rather to the overflow of ideas crowding his mind, and the inability of his organs of speech to utter them fast enough. Yet the course of the disease was in many respects abnormal, and the pupils were unequal. In about four months after his admission the maniacal excitement abated, he gained flesh, and the physical symptoms of paralysis decreased, although the ambitious delirium persisted. Three months afterwards there was a sudden improvement, which having continued, he was discharged recovered from his mania and the paralytic symptoms.

The fourth case is narrated by M. Baillarger himself. It was that of a woman aged forty, who for eight months before her admission into the Salpêtrière suffered very marked hypochondriasis. When admitted, there was great mental excitement, and in a day or two the symptoms of general paralysis were observed in the hesitation of speech, unequal pupils, and obtuse sensibility. The same fancies about her health persisted as before for a time, but before the end of the first month of her residence in the hospital, she became more calm, and very shortly afterwards she went out recovered. She subsequently presented herself to the authorities as quite well, with her mind clear and her speech unaffected.

On looking over the narrative of these four cases, the hypochon-

driacal delirium insisted on by M. Baillarger as a precursory diagnostic of general paralysis, can be predicated of two only of them; viz., in the first and last. In both these, recovery took place to a greater or less extent after a short time, followed in the former by a speedy relapse, when general paralysis for the first time manifested itself. In the last case the restoration to health continued at the date of its report, but it may fairly be questioned whether it was at any time a case of general paralysis. The woman had absurd fears about her health, and acted extravagantly wildly in consequence of them, but such were not symptomatic of paralysis. The hesitating, difficult, and jerking speech, unequal pupils, and diminished sensibility, might or might not be symptoms of the disease; and in deciding this point, it is necessary to notice that she was guilty of self-abuse, and that there were daily intermittent attacks of agitation in the afternoon, a circumstance most probably dependent on the former, as well as, we are disposed to think, much of the impediment of speech and diminished sensibility. On this point we may quote a remark by M. Baillarger himself ('Ann. Medico-Psychologiques,' 1862, p. 5), namely, that "we must be on our guard in concluding that general paralysis exists on account of embarrassment of speech; and that in all cases it is necessary to have the lesions of intelligence distinctly manifested."

In the eight other cases, where hypochondriasis or melancholia was associated with general paralysis, it was an after event, and when the disease was fully established, after having been ushered in by maniacal excitement, or at least by extravagant conduct and notions. In two of the instances narrated, the early history was not known, the patient coming under the narrator's observation when dementia and paralysis were manifest. In neither of these, therefore, can a precursory hypochondriacal delirium be predicated. In another, ambitious delirium alternated with melancholic delusion; in another, again, recovery ensued after a maniacal attack, and then followed melancholia and paralysis. Two other cases in which maniacal excitement attended the development of the paralysis, and melancholia afterwards supervened, are worth a particular notice, inasmuch as they occurred in two brothers, nearly at the same time; the succession to an inheritance being the apparent exciting cause. The course of the disease was similar in the two, but more violent and more quickly fatal in the younger brother.

It seems to us, then, that so far as the experience recorded in the 'Archives Cliniques' can be quoted, it affords no support to M. Baillarger's notion of the association of a particular variety of hypochondriacal delirium with general paralysis, as a precursory symptom available in diagnosis. We might add, moreover, that of several other cases of paralysis recorded, an antecedent or an intercurrent melancholia or hypochondriasis is mentioned in none, and, on the other hand, that several instances of hypochondriasis are noted without

any coexisting or subsequent paralysis; and, as Dr. Casimir Pinel remarks, most practitioners can adduce examples of hypochondriacs, having precisely that particular class of delusions respecting themselves, to which M. Baillarger would attribute a special significance, in whom no paralysis was ever manifested.

The Water Cure in the treatment of Insanity.

The employment of water, in the form of baths and douches, has always been much more extensively resorted to on the Continent than in this country. The use of prolonged baths, though sanctioned and advocated everywhere else in Europe, has never been adopted in this country, though doubtless valuable and active as a means of treatment. Douche baths are very much more frequently resorted to by foreign physicians, and their place largely supplied among ourselves by the shower bath, and, at the present time, Dr. Lockhart Robertson is most vigorously at work in testing and recommending from experience, the use of the Roman, or as they are better known, the Turkish baths. And doubtless much more may be done with baths and other modes of applying hot and cold water to the body than most of us are disposed to believe. Every year hypochondriacal, morbidly affected, and half-crazy men and women, find their way in multitudes to water-cure and bathing establishments at home and abroad, and, as every one's experience can testify, are for the most part improved, if not cured, by their excursion, dippings, and washings. And we find that some of the asylum physicians of France have thought so favorably of the water cure, as to try it with some of their patients. Four instances of its employment are reported in the 'Archives Cliniques' for 1861.

The first one, at Charenton, was that of an officer, who entered the army at nineteen; was drafted immediately to Africa (in 1832), and there exposed to all the dangers of the field, and the excitement of a soldier's life. In 1844, he had symptoms of tapeworm, and did not get rid of it until 1851; he was afterwards run over by a carriage, had a slight attack of cholera, and after that a sun stroke, and in 1856 began to exhibit symptoms, which eventuated in general paralysis, of which he died in 1858. It was not until the beginning of 1858 that the water treatment was commenced, and when paralytic dementia was far advanced; and it is, therefore, not surprising that this means should fail to benefit. This case, therefore, cannot be cited for or against the advantages of the water cure, for it was one beyond the power of remedies of any sort.

The second case was one of recovery, and occurred at the Asylum of Quatre-Mares, under M. Dumesnil. It was that of a young man, eighteen years old, a victim to masturbation, and predisposed by maternal descent to insanity. He fell into a state of melancholia with stupor (*melancholia attonita*), and was admitted into the asylum

in March, 1860. He rather got worse than better, and fell into almost a typhoid state, when, on June 15th, he was tightly enveloped in a wet sheet, and over it three or four blankets. Reaction ensued in an hour and a half, and he was replaced in bed. On the 17th a seton was inserted in the neck, and the wet sheet repeated daily, an improvement manifesting itself after its application, but it was not until the 24th of the month that this was maintained; after which date it became progressive. With the hope of accelerating recovery, electricity was tried on the 12th of July, but as it seemed to do no good, this was omitted on the 24th. And on the 1st of August the seton, which had almost ceased to discharge, was withdrawn. The wet sheet seemed to promote his recovery, and was continued until the 11th of October. A month afterwards he returned home quite well.

Another case is referred to by the same reporter, where the mental and physical symptoms were the same, and where also the same mode of treatment was employed with equal success. This patient, after his recovery, stated that he was sensible of amendment after the use of the wet sheet was begun, and the seton introduced in his neck. The measures previously employed, electricity, baths, coffee, and stimulants of all sorts, were of no efficacy at all.

The third instance of the employment of so-called "hydropathy," was in an unmarried woman, aged forty, whose habits had changed, and who had become morose, indifferent, and torpid, averse to movement and occupation of all sort. On her admission into the asylum at Maréville, she appeared to suffer with melancholia with stupor, and notwithstanding the treatment adopted, the stupor advanced until she became completely cataleptic, and might be placed in any attitude without resistance and without change. Stimulants and antispasmodics, particularly ether, purgatives, derivatives, and affusions, and afterwards tonics and stimulants together, were employed without advantage. At length the water treatment and electricity were tried, and very soon effected an improvement, and ultimately a cure. The wet sheet was used, and besides this friction with snow. M. Auzony attributes the recovery equally to the hydro-therapeutic treatment and to the electricity.

The fourth case was also one of melancholia with stupor, and occurred under M. Auzony's care, at Maréville. It was that of a young man, aged twenty-six, admitted in the spring of 1859, in a state of most complete moral and physical torpor, yielding automatically in his movements to others, and quite taciturn. Stimulants were at first resorted to, of every sort; then affusions, the douche, blistering the head, purgatives, and urtication. Moreover, a trial was several times made of etherization, carried only so far as the stimulating stage, but without durable effect. Electricity was now tried, and with so much success that he began to take some gymnastic exercise in the gymnasium attached to the asylum. In the autumn

he was sensibly improved, and then vapour baths were superadded, and seemed to afford relief by the free transpiration induced. This suggested the employment of the water cure, which was carried out by vigorous rubbing with snow, followed by wrapping in the wet sheet, and enveloping him then in blankets. The abundant sweating produced by this means had a most favorable effect, and the patient became much more sensible to the electricity (faradization). In February, 1860, gymnastics and faradization were alone continued to hasten the patient's convalescence, which had distinctly set in since the adoption of the cold water cure.

Insanity by imitation.

A remarkable case of insanity by imitation or simulated insanity, in two sisters, is recorded by M. Combes, from the Asylum of St. Gemmes. They were two country girls, and admitted at the same time after all the legal formalities of medical certificate, procès-verbal, or inquest before a magistrate, and order of admission, had been complied with. The elder sister was thirty-eight years old and unmarried, and had been disappointed of marriage. The disease showed itself by eroto-mania, then by destructiveness and wandering, but though she often was threatening in manner and language she did no harm to any one. She dragged about with her, her younger sister, who appeared as crazy as herself, and partook in all her irregularities. On admission, the two sisters were separated, but the elder made no inquiries after the younger. She was treated principally by prolonged baths, and after a time recovered. The younger sister was also single, and thirty-five years old. The only abnormal condition discoverable was a certain degree of mental weakness, although to establish her insanity it was affirmed that, instead of being an industrious woman as previously, she had suddenly laid aside all labour without appreciable motive, had not opposed the destruction of their furniture by her sister, and had followed her sister in her vagabondage and irregular life. She was also accused of having similar delusions as her sister with regard to impossible marriage schemes, and of lewdness, and was stated to have said that, "as for me, I have no need of so many husbands, I shall be quite content with my sister's." Lastly, there was no question that when at length taken in charge, she was as completely naked as her sister.

When questioned relative to these circumstances, and her previous life, she answered quite rationally; but remarked that she was not strong in the head, that she loved her sister so much that she voluntarily associated herself with her in all her caprices, although conscious of their insanity, and chose to imitate her and to be accounted a lunatic. The circumstance of being found naked she explained was that she and her sister being imprisoned in a room at

the Mairie, all their clothes were removed to prevent an attempt to escape, but that they did escape from a window nevertheless; an explanation which was confirmed. She acknowledged she was much to blame, and, unlike her sister, when first seen exhibited no signs of sexual excitement and libidinous expression, but a sense of shame when interrogated respecting her joining her sister in her irregular and immoral conduct. During her stay in the asylum she showed no signs of mental disturbance, conducted herself with propriety, and always manifested the greatest interest in her sister's health and progress.

At page 29 of the 'Archives Cliniques,' M. Dagrón, of the Asylum of Napoleon-Vendée, reports another interesting case of two sisters affected with similar monomaniacal delusions, and placed in confinement at the same time. The unmarried elder sister, thirty-eight years of age, played the most prominent part and her history only is detailed. Her sister had been married, and was thirty-six years old. Both lived with an aged father, and for some years were the source of great trouble to him on account of their eccentricities; these at length became unbearable and dangerous. The elder unmarried sister was under the delusion that she had been violated during sleep, and insensibility induced by a noxious drug, and that her father was privy to it. After seeking interviews with her supposed seducer, and being disappointed, she manifested a desire to revenge herself on him, and at one time sought to decoy him into a house, where she and her sister were prepared, armed with pistols, to murder him. Moreover, she never walked out without arms, and used the greatest precaution to safely lock herself in when at home, to save, as she said, herself and her sister from those who had designs upon their virtue. A brother she accused of exercising the art of magic and of allowing her no repose. At length M. Dagrón was called upon to arrange for the removal of these two afflicted ladies to the asylum, and he naively relates the difficulties and danger he had to encounter in effecting this object, and of the subsequent annoyances he had to undergo at their hands, when by his skill their mental state had been improved.

In this last-quoted case there was no question as to the insanity of both sisters; the principal point to be noted is the concurrence of the two in the same delusions, a circumstance of only occasional occurrence among the insane and therefore deserving to be recorded. The simultaneous occurrence of similar aberration and eventual general paralysis in two brothers, has already been noted above.

Recovery as a sequel to incidental disease.

It is a well recognised fact that insanity, even when of an unfavorable type, is every now and then seen to disappear, or to be greatly ameliorated, after the attack of some grave bodily disorder.

We have ourselves witnessed this occurrence after smallpox, erysipelas, and pneumonia. In the first volume of the 'Archives Cliniques,' several examples are recorded. For instance, in a man, aged forty-four, admitted into the Blois Asylum with ambitious delirium, muscular tremor, and stuttering, hesitating speech, or, in short, with the symptoms of general paralysis, recovery which lasted four years appeared to supervene upon an abundant suppuration from sloughs on the two elbows. A second instance occurred at the same asylum, where a man, thirty-one years old, was seized with suicidal melancholia, and severely bruised and cut his scalp by beating his head against the wall. From these injuries a large formation of pus resulted, and incisions were required involving some loss of blood, which with the suppuration reduced him to a state of excessive feebleness, with symptomatic fever. On the occurrence of free suppuration an improvement at once showed itself, and in eleven weeks from the date of his admission, the patient went out well.

M. Dumesnil reports a case of melancholia cured after an attack of scarlatina intentionally contracted. The patient, a farmer, was seized with suicidal melancholia, when thirty-eight years of age, and was transferred to Charenton, where his case was viewed unfavorably on account of a strong hereditary predisposition to it. After seven months' treatment no marked improvement was effected, and he then came under M. Dumesnil's notice. After a time he somewhat improved, but then again relapsed, and was transferred to the infirmary just at a time when two cases of scarlatina had made their appearance. After three or four days' residence in the infirmary the idea occurred to M. Dumesnil that possibly an attack of scarlatina might bring on a crisis in the patient's malady, and as the disease was mild and uncomplicated, he, with the sanction of his colleague, determined to let him remain exposed to the contagion of the fever. The patient took the fever, and even before the characteristic eruption was well out, he announced to his physician that his morbid depressing ideas had left him as if by enchantment, and from this time his mental state underwent an entire change; he passed through the fever without untoward event, and in six weeks from his febrile attack returned home well, and has continued so for the three years which have since transpired.

Dysentery proved critical in two cases. The first was that of a married man, aged forty-two, who became suddenly maniacal upon hearing of the loss of 3000 francs, and was excessively violent, destructive, and incoherent. Two days after the outbreak he was admitted into the Asylum of Rodez, and on the following day was seized with dysentery, which was then prevailing in the institution. During the course of this malady the delirium and agitation gradually decreased; he seemed to insensibly awake from a state of dreaming, and by the first of September was cured of the dysentery and restored to reason. It should be mentioned that besides the dysentery the patient suffered

from various cuts and bruises about his body, and especially with a deep gash, self inflicted, across the back of the neck. M. Renault du Motey, who reports the case, attributes the recovery in some degree to this large suppurating wound, as well as to the dysentery.

The second instance in which an attack of dysentery appeared to be curative, was that of a lady admitted into Maréville Asylum February 4th, 1861, aged forty-nine. She was predisposed to insanity, her mother having been insane, and her mind gave way on the occasion of a judicial search being made in her house respecting some stolen property. She fell into a state of melancholia, with aversion to her husband and partial stupor was superadded, to this disorder some short time after her admission into the asylum, followed by refusal of food, and much excitement and destructiveness, against which the camisole was employed. In May her condition had become worse, and a seton in the neck, previously applied, was removed. In the middle of June she got an attack of dysentery with frequent vomiting, but this was relieved in about ten days, and a marked improvement occurred in her whole condition. She became quieter, slept well, took food readily, and requested employment. Contemporaneously with all this it was observed that she had profuse sweats regularly every morning; these however, produced no exhaustion. On the 8th of July she was alarmed at the escape of an epileptic female in a state of nudity, and the reaction of this on her mind completed its restoration to health. The morning sweats continued, and it was now discovered that the catamenia had left her six months before her admission into the asylum and two months only before the outbreak of her insanity, and that she had suffered on their disappearance from fulness of head, faintness and vertigo. On the 28th of August she was discharged cured.

Dysentery, followed by acute rheumatism, was apparently the cause of recovery in a woman, attacked with monomania in her thirty-eighth year, and after four years' persistence of the disorder. There was no appreciable cause of the attack, which commenced with sadness, and the delusion of persecutions and conspiracies. After cherishing her project for some time, she murdered one child and would have killed a second if not prevented, by dashing out their brains against the ground; her desire being that she should be executed for the murder. Being acquitted on the ground of insanity she was transferred to the Asylum of Napoleon Vendée, and there about a week after admission, almost succeeded in committing suicide by cutting her throat. If not perpetually watched she attempted self injury in every conceivable manner, and was a cause of the greatest anxiety in the asylum. Prolonged baths, hot and cold, according to the season, continued irrigations on the head, douches, opiates, derivatives, &c., &c., were successively employed during more than three

years, without benefit, when in October, 1858, she was seized with dysentery, then prevailing in the asylum. After some days' refusal of the means of treatment prescribed, she at last willingly submitted to them, and from this time convalescence set in, but was interrupted by an attack of rheumatism, which was got the better of in October, 1859, when she appeared quite recovered in mind, though still detained in the asylum.

Another case is recorded by M. Berthier, from the Asylum of Bourg, where recovery ensued three years after an attack of religious monomania, with melancholy and stupor, in a woman thirty-nine years of age. About three years after admission she eluded her nurse and precipitated herself from a window, causing, among other injuries, a comminuted fracture of the elbow. No improvement in her mental state followed, whilst her bodily condition became deteriorated by hæmoptysis, intense fever, and then signs of purulent absorption and an apparently dying state. However, she revived, took nourishment, and although an attack of dysentery supervened in the following year, and ended in chronic diarrhœa, she slowly acquired strength. After a time the diarrhœa ceased, and an evident mental improvement occurred; her sleep returned, she took food well, and employed herself. Her delusions of being lost, and of unpardonable wickedness, were elicited only by interrogation; she desired to see her husband, and in a short time more her mind appeared recovered and she returned to her home. Nine months afterwards she remained quite well. In this case the attempt at suicide happened in March, 1858, but it was not until the autumn of 1859 that improvement showed itself, when the vigour of the body had been all but annihilated.

Profuse intestinal hæmorrhage ushered in recovery in a case of painful hallucination of vision consequent upon an injury from a railway accident. The report is by M. Baillarger. The patient was fifty-two years old, and met with an accident on the railway near Nancy, which rendered her insensible at the time and delirious for several days afterwards. She was twice bled after the accident, and when consciousness returned was haunted at short intervals by the appearance of a train about to crush her, and the hallucination induced general tremor, with a sensation of fright, lasting several minutes. She sought to go to Paris, but would not again venture on the railway and determined to walk there. However, her strength was unequal to the task, another attack of delirium seized her, and she was found wandering in a wood and exhausted. She was brought on to Paris, and was then found a prey to the same hallucination, followed by universal trembling and a sort of convulsive motion. Apart from this, her reason seemed to be sound, and she was able to go on with her employment in the market. Nevertheless her hallucination exposed her to great dangers, for she was prompted by it to throw

herself before carriages and many times scarcely escaped being crushed to death. Very soon delirium was again superadded, and then she became haunted by other painful hallucinations, as of reptiles and all sorts of animals tormenting her, and of objects being overturned, cut in two, or enormously enlarged. The mental disorder became general, she tore her clothes, and acted so wildly that she was taken to the Salpêtrière. Here on admission her attention could for a time be fixed, but when left to herself she was incoherent. Under improved regimen, repose and quinine, a speedy amelioration of her condition ensued, excepting in respect to her hallucinations. She continued the same until October 29th, when a copious hæmorrhage from the bowels took place, with immediate mitigation of her hallucinations. A few days later, however, these recurred as vividly as ever, when, on the 19th of November, they were replaced by a vision of a collision and a conflagration, followed by strong emotion, vomiting, and a cutaneous eruption. On the next day, there was pain in the liver, which was evidently enlarged, and a jaundiced hue of the skin and conjunctiva. Twenty leeches were applied over the liver, and soon after a second attack of intestinal hæmorrhage came on. From this moment the hallucinations decreased in frequency and vividness, and after five or six days' repose in bed, they disappeared altogether.

Derivative Treatment by Blistering in Melancholia.

The above-quoted cases of incidental disease and injury followed by recovery are examples of what is hypothetically called derivative action; the one following is another instance of the same action, obtained purposely, and attended by an equally favorable result. The patient, aged thirty-six, unmarried, a governess, was under the care of M. Petit, at the Nantes Asylum. After living fifteen years governess in a family, her services were no longer required, and although a home was still offered to her in the family, she declined it, and went to live with some friends. In a very short time her manner began to change; she became dull, susceptible, and scrupulous, and at length entertained fears for her personal safety, and brusquely quitted the house to go to her brother's. Here the same sombre disposition was manifested; her scruples went on multiplying, and her mind, preoccupied with the delusion that she was lost for ever, was the cause of all the evils which had befallen her family, and that she ought to die. Her next act was to endeavour to poison herself with laudanum, after which she was removed to the asylum. Baths were ordered, and other treatment resorted to, but her condition grew worse; she required constant watching, as she sought to destroy herself; she refused food, and had to be fed at

length with the œsophageal tube. Baths, douches, and affusions with hot and cold water failed to benefit her, and the coldness of the season rendered their employment less expedient. Recourse was then had to the derivative treatment, not, as M. Petit remarks, from a belief in its influence on the cerebral disease, but as a means of fixing the attention of the patient, who necessarily desires to be released from a painful or uncomfortable mode of treatment. It was accordingly impressed upon her that, as her brain was diseased, a rigorous but also a very efficacious means of removing irritation must be adopted. A blister, about four inches in diameter, was accordingly applied to the calf of one leg, and she was told that if this did not serve the purpose another would be placed on the other leg on the following day; she complained much of her blister, which pained her, and prevented her walking. However, as she did not yield in any way, a second blister was ordered. The next day she made loud complaints, sat quietly on account of the pain, and took some food without the œsophageal tube, and she was told her blisters should be diminished in size if she did well. On the subsequent day she was better, and only one blister was continued; this in another week was omitted, the improvement having steadily advanced, and in another month she was discharged cured. Five years afterwards, at the date of the report to the Journal, she continued well.

On the Sequestration of the Insane.

Dr. Casimir Pinel has published in the 'Journal de Médecine Mentale,' a series of papers on the "Sequestration of the Insane," and on the modes in which it may be most advantageously effected in respect to the different classes of such sufferers. He reviews and discusses the advantages and disadvantages of home treatment, of surveillance in private houses, of confinement in asylums, public and private, and of travel. He commences by showing that mental differ so materially from other disorders, that treatment at home under the usual conditions is almost always impracticable and mischievous. Even treatment apart by isolation of the patient in his own house, where this is practicable, is rarely desirable. Still this rule has exceptions, and, by way of trial, home treatment is permissible when the attack is recent, and presents no grave features; as when there is only slight maniacal excitement, monomania or melancholia, or certain hallucinations and delirious conceptions not relating to the family, or a state of hypochondriasis, or of dementia devoid of agitation. If, under such circumstances the attention of relatives is duly appreciated, thankfully received, and ardently desired, then the removal of the patient is not only not necessary, but also cruel; for naturally none can and will do so much for his comfort and well being as his

relatives. Where entire restriction to his own apartment is required, some trustworthy attendants, strangers to the patient are needed, and the visits of friends and of persons of the opposite sex interdicted. The exclusion of the wife or of the husband, as the case may be, is often absolutely necessary, to avoid sexual excitement; and under the most favorable circumstances, numberless inconveniences and annoyances will attend the detention of a patient in his own house. These are well pointed out by M. Pinel, but neither they nor the circumstances which should induce the abandonment of the attempt at home treatment, need be repeated in these pages.

The next plan of treatment considered is that in private houses, where the necessary means are provided. It is more available than home treatment for the insane, but from its cost, is necessarily so only for the richer classes. The house should be in the country, and be detached and surrounded by a good garden or pleasure-ground. It should not be the property of the patient; it should be secure, and provided with all appliances for treatment, such as baths; constant surveillance by trustworthy attendants should be provided; if possible a medical man should reside with the patient; but if not so, a neighbouring practitioner should daily, or at least frequently, visit him. Another essential condition is, that none of his family should reside in the same house, unless under some exceptional circumstances by permission of the physician in attendance, to whom the whole direction and control must be confided. Provided these conditions be complied with, this plan may, under certain circumstances, be (says M. Pinel) equally advantageous with those supplied by an asylum. In fact, such a house is a small asylum, but exempt from those impressions attaching to an asylum, and excluding all fear of contact or of the moral influence of other lunatics; matters, by the way, concerning which the public makes a great outcry, though really rather favorable than otherwise to most insane patients.

A private house organized to meet all the legitimate requirements of the case, at whatever expense, yet involves the patient in complete isolation, and deprives him of the influence of a multitude of conditions, which together concur to render the moral and physical regime more perfect, and more successful in practice. And moreover, a thousand incidents are perpetually occurring of an irritating and wearying character for the medical attendant, and perpetual annoyances from attendants and from the relatives of the patient, with whom there is almost always a division of opinion relative to the mode of treatment adopted. These drawbacks to the plan of sequestration in a private house are graphically and truthfully detailed by the writer.

When patients have been unsuccessfully treated, and have become calm and inoffensive, or are demented and paralytic, and therefore

require only general attention to hygiene, their care in a private house is available; and except where hereditary predisposition exists, separation from their family at large is not required. Nevertheless, it is prudent not to subject children, especially young girls, to the moral contagion of intercourse with their afflicted relative. On the other hand, this sort of provision cannot be entertained where there is violent mania, melancholia, suicidal tendencies, epilepsy, or homicidal or instinctive monomania; for with the best intentions, the measures necessary for the safety and treatment of such cases cannot be resorted to without detriment to the patient. Other disadvantages are pointed out, and M. Pinel concludes that treatment in a private house is only exceptionally preferable, but that the majority, including necessarily all those of moderate means and the poor, are best cared for in asylums. He discusses at large the objections made against asylums, shows how worthless they are in almost every point, how largely asylum treatment has improved, and to what perfection it is brought, and what care has been taken by the State to guard against improper detention and improper treatment. He examines the relative advantages of private and of public asylums for those classes of patients competent to pay for their maintenance, and decides on the superiority of private establishments, defending them and their proprietors from popular calumnies so frequently current with the public. He inquires, lastly, why asylums do not effect more good, and by way of conclusion remarks, that "in the interest of the insane, of families and of society, both from a medical and a philanthropic point of view, a more prompt resort to treatment than is usually the case should be insisted on; that delay in the sequestration of lunatics is a cause of incurability in a multitude of instances, and an occasion of accidents, and that it is right that the law should insist in some cases on the confinement of insane persons in asylums."

The utility of travel to insane patients is well discussed by M. Pinel, who whilst recognising the many difficulties which surround the plan, and its mistaken adoption in many cases, agrees with Esquirol and others on the great benefits which ensue from it in properly selected cases. The circumstances which are favorable to the trial of travelling as a means of treatment in insane cases, are thus set forth:—
 "In threatened but not developed delirium, the result of excessive intellectual work, of abuses of any sort, of violent griefs, of disappointed love, or of any other vehement passion or emotion. In such the removal from the scene of excitement or toil, and the brusque interruption of fatal habits by travel may turn aside the threatening attack. 2. In melancholia, without incoherence of ideas. 3. In the lucid intervals of certain intermittent mental disorders, to prevent the recurrence of the paroxysm. 4. During convalescence, to confirm the recovery, and especially to avoid the too speedy resumption of

labour, or return home. 5. Lastly, in intellectual derangements of an inoffensive character, and which have resisted the course of treatment in an asylum for a long time."

Epithelial Granulations of the Arachnoid.

Dr. Ludwig Meyer has presented a complete history of these granulations in Virchow's 'Archiv,' Band xvii. These granulations, noticed on the arachnoid in the brains of many insane, occur in large numbers, are small, and look, when viewed obliquely under a direct light, like so many opaque elevations. When seen by a magnifying glass, many of these granulations are found to be connected together by flat processes, whilst in other places they appear to form various intersecting lines. They are, as a rule, found on the convex surface of the cerebral hemispheres, but occasionally occur at their base, and also on the cerebellum. The arachnoid, when so affected, is always opaque, and thickened at parts, and frequently the well-known granulations of the spondyma of the lateral ventricles are also met with in connection with the meningeal granulations of the cerebral surface. No such growths were met with on the arachnoid in individuals who had died from typhus and tuberculosis. A microscopical examination showed that these granulations are composed of large, dark-outlined, opaque, or granular cells, which burst on the application of acetic acid, and allow their granular contents to escape. No actual connection can be found between them and the connective tissue of the arachnoid itself. Their granules are disposed concentrically, or in longitudinal lines, or at times in heaps, and their form does not admit of their being confounded with the granules of the connective tissue. Meyer's conclusion, therefore, is that these granulations originate from a sort of hypertrophy of the epithelium of the arachnoid.

In many specimens the cells were found to be undergoing metamorphosis, and presented in their interior collections of fat-cells or of calcareous matter in the form of granules, or more frequently, of concentric spherules. The last-named were noticed as first appearing at the apex of the granulation. Meyer, moreover, found in the normal condition of the arachnoid a collection of small, uniformly rounded cells, under its epithelial layer, which he looked upon as the analogue of the *rete Malpighii*.

The granulations of the arachnoid are met with in cases where delirium tremens, chronic epilepsy, or progressive general paralysis have existed, and have brought about also other considerable changes in the brain and its membranes. Similar granulations were, moreover, observed in the epithelial layer of the dura mater.

Case of the presence of Cysticercus cellulosus in the Brain.

This case is reported by Dr. Snell, of Hildesheim ('*Zeitschrift für Psychiatrie*,' Band xviii, p. 66, 1861). It occurred in a young man, aged twenty-four, a linen-weaver, who also in the winter was partially occupied in slaughtering pigs. In April, 1857, he had an attack of intermittent fever, with great congestion about the head and chest. Strong doses of quinine removed the paroxysms for a time, but at intervals, longer or shorter, they recurred, and he did not completely recover his health. In the summer of 1857, the patient suffered from frequent and periodic severe pains of the head, especially of the occiput, with weakness of vision, dilatation of the pupils, noises in the ears, vomiting, anxiety, a feeling of weakness, and of loss of power in the extremities. The mental state was also very often confused; and sometimes the patient had to keep his bed, at others, engaged in some light work. About the end of September he was suddenly seized with a maniacal attack, and had to be restrained from violence. He had hallucinations of balls of fire falling around him, which he endeavoured to catch and to extinguish. He next thought himself pursued by monstrous forms, which endeavoured to seize upon and chain him in fetters, scattered around in every direction. More cheerful hallucinations were exchanged for those terrible ones; he imagined himself in company, and travelling sportively over hill and dale. After this state of excitement had lasted three days and nights without any sleep, he fell into a deep sleep for twenty-four hours, and then awoke quite conscious, having, however, no distinct remembrance of the excitement and mental disturbance he had passed through. He now again suffered from headache, with a feeling of a ring tightened round the head, noises in the ear, indistinct vision, and more or less paralysis of the voluntary muscles. The excitement recurred during the next two months several times, passing through the same course as before. In November and December the mental disturbance became more continuous, and the paralysis, with mental stupor, augmented. Appetite and nutrition, however, remained normal.

At the end of December he was taken to the asylum. His gait was then faltering; the pupils unvarying and dilated, and the left one rather larger than the right, and he was getting blind fast. Pulse 96. Severe frontal headache complained of. Anaesthesia of the skin was not discoverable. He could comprehend and answer questions directly addressed to him only when they related to objects and circumstances immediately under his notice. All the bodily functions of nutrition and circulation appeared healthy. He slept well on the first night, and appeared rather better next day; but at night the paralysis became so much worse that he could neither stand nor

move his arms. After a tranquil night he was better on the 29th. He walked across the room, moved his arms quite freely, and gave intelligent answers; at the same time the rigidity of the pupils and blindness persisted. Towards evening the paralysis increased, and at 10 o'clock was very restless. He got out of bed and groped for the walls of the room, telling the attendants he must get away out of the churchyard. After three hours this excitement passed away and coma followed, which ended in death three hours afterwards.

Autopsy.—Body well nourished. Brain weighed fifty-four ounces. Throughout the brain numerous cysts were discovered, which proved, under the microscope, those of *cysticercus cellulosus*. Five of these cysticerci were affixed by pedicles to the inner surface of the dura mater; all the rest occurred in the gray matter alone, and in this wherever it existed, whether on the surface of the convolutions, or in the ganglions, or in the commissures. By far the largest number existed in the gray lamina of the hemispheres, and here and there were collected in dense groups. The gray substance of the optic thalami, and corpora striata, was closely beset with them. In the cerebellum only four were met with, whilst in the medulla oblongata they were entirely absent. They were not seen anywhere within the white substance, although at some points where very numerous in the gray lamina they had penetrated it.

The entire number of cysticerci encountered was 200. They were for the most part fully developed, and contained watery fluid; however, there were some in process of degeneration, containing opaque, yellowish, or purulent matter. In size they were mostly about that of a small pea, but some were not larger than millet seed, whilst the largest did not exceed the dimensions of a full-grown pea. The brain was otherwise firm, and quite normal in appearance; nothing like inflammatory action showed itself in the neighbourhood of the cyst, or, indeed, any other change. The arachnoid and pia mater were normal.

Excepting in the brain, no cysticerci were discoverable in any part or tissue of the body elsewhere, and no pathological change of any sort; wherefore all the morbid symptoms and the cause of death can be attributed to nothing else than the presence and pressure of these parasites in the brain substance. It is well to observe the entire absence of spasm in the history of this case; and another very remarkable circumstance were the variations, not only in the psychical symptoms, but also in the degree of paralysis; the fluctuation in the latter condition being most distinct in the last stages of the disease. The cysticerci presented, when detached, placed in lukewarm water, much more active movements than they generally have credit for, particularly in their capacity of contraction. Could such movements stand in any immediate relation with the fluctuations in the symptoms? Stich inclines to this opinion. In his meritorious

essay on cysticercus (in the 'Annalen des Charité-krankenhause,' Berlin, 1854), he has collected the history of fourteen cases of this parasitic growth in the brains of man. Some of the descriptions he makes use of, from various writers, are in parts very defective; but he deduces the usual indications of the presence of cysticerci to be mental disorder, convulsions, and paralysis. In four cases, epileptic convulsions were noted. Twice intermittence in the symptoms was noticed, as in the preceding case, which began as intermittent fever. In some few cases, where the number of cysticerci was small, no morbid results were connected with their presence.

The Temperature of the External Surface of the Head in the Insane.
By Professor J. F. H. ALBERS.

Professor Albers, taking as his starting point the thermometrical observations of John Hunter on the comparative temperature of the body in health and disease, and the admitted elevation of the temperature of the external surface in some fevers, in pneumonia, and other diseases, proceeded with a series of original researches on the temperature of the head among the insane, the internal disordered action of the brain being in some cases, at least, referrible to altered circulation, to congestion, if not to inflammatory action. Admitting an abnormal circulation to prevail within the cranial cavity, he argues from analogy with other inclosed organs, that this disturbance must be manifested externally on the surface of the investing structure.

But before he could carry out his plan with reference to the temperature of the head in insanity, it was necessary to know what might be the usual temperature of that region in healthy people; a piece of information he could nowhere discover in books. Accordingly he was compelled to commence *ab initio*, and to collect data with respect to the sane to serve as a standard of reference for his enquiries relative to the insane. In order to secure as much correctness as possible with such data, it was necessary in exploring the temperature of the head and other regions to discover the differences, if any, dependent on age, sex, the surrounding temperature, the variations of warmth attendant upon clothing, the time of day, the state of health and constitution, the state of repletion or of fasting, the quality of the food, or the medicinal agents taken, &c. On these particulars he does not go into detail, and the leading results narrated are as follows: Of all the external parts of the body the highest temperature is met with in the axilla and in the triangular space on the front of the neck inclosed between the two sterno-mastoid muscles. In this region the temperature was 29° R., more rarely 28½ or 28°. Taking the parts of the head, the heat in the temporal region varied from 24° to 25° R., and behind the

ear from 27° to 28° . These are the usual ranges of temperature in adults of from twenty-two to thirty-five years of age, and calculated from between 300 and 400 observations. As general facts it may be stated that the degree of warmth immediately over muscles exceeds that in spaces adjoining them, and, what is remarkable, that the right is appreciably warmer than the left side of the body. This latter holds as an almost universal rule, the exceptions being so few. These facts hold good of the human subject both in health and in disease.

Professor Albers, after establishing these general data, proceeds to give a daily record of observations made in a case of religious melancholy attended with great restlessness. The patient was twenty-four years of age, and had been ill five months. The irritation was accompanied with plethora and with hæmorrhoids. The temperature of the room was kept at the time of observation, which was between half-past nine and half-past ten in the morning, an hour and a half after breakfast, at a uniform temperature of 15° R.; and the patient out of bed and dressed. The thermometer was applied to the temples, behind the ear, on the fore part of the neck, and to the hands. The figures representing the temperature of each of these regions are daily recorded, together with the mental condition of the patient, the amount of sleep he took, and the medicine administered; these particulars we cannot here reproduce, and it must suffice to notice Professor Albers' conclusions from them.

The heat of the temporal region is normally 24° or 25° , but in the young man in question it was rather higher, viz., 26° . In a young officer of sound mind, in the temporal region the thermometer stood on the left side at 26° R., and on the right at 27° ; the mastoid region showed 27° on the left, and 28° on the right side; while the temperature of the neck reached 29° . The heat of the temporal region is less than that of the mastoid, and still less than that of the front of the neck; the variation equalling two degrees between each region.

Other series of observations were carried on in two cases of chronic dementia, and in one case of hysterical insanity, and the same general results were arrived at, together with the following: that maniacal excitement in any form or degree is accompanied by an elevation of temperature in the frontal region, and in a lesser degree in the temples, and under and behind the ears. The fact that the sufferers from dementia present as high a temperature of the head as the non-demented insane is one of much interest, particularly as from the less active and complete nutrition of the brain in the former it has been generally supposed that there must be a diminution of cutaneous warmth. The increase of temperature consequent on mental excitement, if dependent on an augmented supply of blood, implies that such excitement is attended by an increased

determination of blood to the head. 2. That the increase of temperature is greatest in the temporal region. For the differential amount of heat, about two degrees, between that and the mastoid region, is decreased when any amount of excitement occurs, a circumstance equivalent to a positive rise in the cranial temperature. 3. The figures denoting the heat of the head and of the neck respectively, are, 24 or 25 in the former, and 28½ or 29 in the latter. But if there be an accession of heat in the temporal mastoid region, the augmentation in the neck is not proportionately great, the temperature rarely exceeding 29°. The normal difference, therefore, between the head and neck is diminished, and the more so as the frontal heat is greater; and the conclusion may be drawn that the temperature of the head is abnormal when there is a difference between it and that of the neck of less than three degrees. 4. With reference to the difference of temperature between the two sides of the head, of from ¼ to 1½ under slight emotion, this becomes inappreciable under strong excitement.

Two other sets of facts occurred to Professor Albers from these researches on animal heat; one bearing upon the rapidity with which an elevation of temperature is accomplished, and the other on the inequality in the radiation or diffusion of the warmth. On measuring the heat of the head in sudden paroxysms of passion, when the countenance, the head and neck had momentarily reddened, he found the temperature rise from one to two degrees. Such results are best and most witnessed in the sudden outbursts of rage in the insane, and, though in a less pronounced manner, in that passing irritability attended with redness and heat of face, noticed in women at about their climacteric period. And it is instructive to notice both that insanity is liable then to occur, and that when it does happen, it follows the psychical type of that period, when the mind is imbued with distrust, is irritable, morose and enfeebled, and disposed to despondency.

The other phenomenon noticed was the unequal length of time which transpired before the thermometer marked its highest point. On some days, under precisely the same conditions of surrounding media, of the time of day and of thermometrical reading, the maximum heat of the part was not indicated until after the lapse of three or four minutes, whilst on others this was accomplished in a minute or a minute and a half. This circumstance is explicable only on the supposition of an unequal rate of radiation of heat from the body on some days than on others, for the moisture or softness of the skin did not exhibit any modifying effects in this phenomenon. It moreover appears from the many measurements made upon patients, that the radiation of heat from the body varies at different parts of the day, and under various conditions of health. Whilst putting forth these facts as well worth attention, Professor Albers

confesses that similar observations need be repeated, and the variations caused by food, sleep, motion, external temperature, barometrical pressure, the evacuation of the bladder and rectum, and other conceivable disturbing causes, allowed for and duly appreciated.

As to the effects of different diseases, as far as observed, no difference obtains in melancholia and in dementia; except when there was much torpor, when the rise of the mercury took place more slowly. This fact suggests the question as to the difference of radiation of paralysed and of non-paralysed parts. The variation in radiation at different parts of the day, and on different days, suggests this inference—that the need of clothing and of warmth must likewise vary even where external atmospheric conditions are unchanged as to temperature. Indeed, it is a well recognised fact, that we may feel warmer on one day, when the temperature is even lower, than on another in which the heat has been greater.

Sixteenth Report of the Commissioners in Lunacy to the Lord Chancellor. 1862, pp. 225.

Fourth Annual Report of the General Board of Commissioners in Lunacy for Scotland. 1862, pp. 248.

Eleventh Report on the District, Criminal, and Private Lunatic Asylums in Ireland, with Appendices. 1862, pp. 60.

RESERVING for another occasion an analysis of the general contents of the official Reports which head this article, we shall at present restrict ourselves to a sketch of the comparative statistics of lunacy in the three divisions of this kingdom.

According to the returns of the English Commissioners in Lunacy, there were 24,845 lunatics in asylums, hospitals, and licensed houses on January 1st, 1861, and 26,200 on January 1st, 1862, showing an increase of 1355 in the course of the year. Of this increase 128 occurred among private, and 1227 among pauper lunatics.

The Scotch Commissioners' returns are upwards of a year old, and unlike those of the English Board present the statistics of 1860. However, on the 1st of January, 1861, there were in public and district asylums, and in private asylums and licensed houses together, 2619 lunatics, being an increase of 80 in public, and of 55 in private institutions, and together of 135 in the course of the year 1860.