

3. Italian Retrospect.

By J. R. GASQUET, M.B.

The chief feature in the psychological literature of Italy since my last report has been the multiplication of periodicals devoted to it. Thus we have received copies of the following new journals:—"The Annali di Freniatria," of Turin; "Il Manicomio," of Nocera Inferiore; "Il Pisani," of Palermo; and "L'Anomalo," a "Gazzettino," published at Naples. On the other hand, I regret to say that no copies have been sent since 1888 of Lombroso's always interesting, if sometimes paradoxical, "Archivio di Psichiatria ed Antropologia Criminale." To some extent these periodicals may be considered as equivalent to our Asylum Reports; and they doubtless show the great activity and zeal with which our specialty is studied in Italy. But from another point of view they seem to me no unmixed advantage. Each periodical is starved by the scattering of so much ability, which was formerly concentrated in fewer journals; and the space left vacant has been, to a great extent, occupied by matters of local, temporary, or secondary interest. When allowance is made for this, Italian psychological literature will be found quite equal to the high level it has attained in former years.

The principal subjects of interest in the *Archivio* are the following:—

Prof. A. Verga describes the fear of falling from a height, which he terms *acrophobia*, thus associating it with agoraphobia, claustrophobia, and the like. The interest of this condition is its frequent occurrence in persons of otherwise sound mind, as is shown by the learned author being himself an instance of this irrational fear.

Dr. Frigerio relates a case of syphilitic insanity, in which refusal of food was the most prominent and obstinate symptom. This was found to be due to *megalopsia*, which enormously magnified the bulk of the mouthfuls presented to him, so as to lead him to suppose he was unable to swallow them. Ophthalmoscopic examination showed the existence of syphilitic retinitis, which was not relieved by treatment.

Dr. Baronicini gives an account of the *granulated*, shagreen-like appearance of the *ependyma*, which has been remarked by Rokitanski and other pathologists. He has observed it in 32 out of 650 post-mortems in the asylum at Imola. Of these, 21 were males and 11 females. One of these was a case of alcoholic insanity, four were instances of secondary dementia, while the remainder had been general paralytics. These results are in opposition to the statement of Joire, that this condition is invariably associated with general paralysis. He is equally mistaken in supposing that it is an invariable accompaniment of the disease; for these 27 instances were the only ones observed out of 62 autopsies of paralytics. It was found almost equally commonly in cases which had run a rapid course, as in chronic ones. The morbid appearances with which it was almost always

associated were thickening of the cerebral membranes, and sub-arachnoid and intra-ventricular œdema.

Prof. Raggi has described a case of *unilateral auditory hallucinations*. The patient was a drunkard, suffering from delusions of persecution. He ascribed the voices he heard to some poison, which, he alleged, had been poured into his left ear by his wife. No disease of the ear could be discovered on examination; but the patient also complained of a constant inarticulate noise in the ears. He had bilateral hallucinations of sight. In another case, a woman of 70, hallucinations of sight occurred in the right eye which was affected by cataract, disappearing after operation, but recurring with greater intensity.

Prof. Bianchi, of Palermo, has studied the *tremor of general paralysis by means of Marey's graphic apparatus*. I wish I could reproduce his very interesting tracings. The following are, however, his chief results:—1. The most characteristic point about the tremor is its great inequality; it is non-rhythmical, and oscillatory rather than vibratory. 2. It ceases during repose, unless the patient is fatigued, but reappears on voluntary movement, even of distant parts of the body. Violent efforts may exaggerate the tremor until it becomes a spasm. 3. The patient had considerable power of temporarily arresting or disguising the tremor by an effort of the will. The author infers that in this form of tremor the successive stimulations which produce a voluntary movement are greatly slackened. This condition is, of course, common to all tremor; but this further point is characteristic of general paralysis, that the stimuli directed to any given muscular group are not fused together as in health, but the psycho-motor force is diffused and discharged by other channels, often distant ones, in an irregular and non-rhythmical manner.

Dr. Guicciardi gives an account of the effects of *massage* as tried in the Reggio Asylum. Ten cases are described in detail, the general results being decided improvement in the bodily condition of all, but mental amelioration only in slight cases of melancholia. In one case melancholic symptoms were replaced by maniacal excitement. As the author remarks, these results are the same as have been obtained in this country.

The amount of the *cerebro-spinal fluid* has been measured in 152 autopsies at Mombello by Drs. Gonzales and G. B. Verga. It was found always greater than in sane persons, being largest in all conditions of dementia. The sp. gr. was also higher than the normal, varying between 1,010 and 1,017.

Dr. A. Verga gives a careful analysis of the *statistics* of insanity in Italy for 1888, from which I borrow the following:—The number of persons of unsound mind recorded at this date was 22,424, of whom 11,895 were males, and 10,529 females. The proportion of the insane to 100,000 of the general population has gradually risen from 51.00 in 1874, the first year which admits of comparison, to

71·01 in 1888. Verga considers that this apparent increase is, in great part at least, to be accounted for by the increased asylum accommodation; the number of asylums having advanced from 43 in the former of these years to 82 in the latter. The proportionate increase is greater in males than in females; the difference being, however, very slight. Insanity is relatively most frequent between the ages of 41 and 60; is more common in the single than in the married or widowed; more Jews are attacked than those of any other religion; more persons slightly educated ("non del tutto illetterati") suffer than either the illiterate or the well-educated. The proportion is highest in the Emilia, the Marches, and Liguria; and lowest in Sardinia, Sicily, and the province of Naples. As to the prevalence of the several forms of insanity, it can only be said that states of exaltation are slightly more frequent than those of depression.

Prof. Tamburini's periodical, the "Rivista Sperimentale di Freniatria e di Medicina Legale," fully maintains its high character. The following are some of the most important articles:—

Dr. Vassale proposes the following modification of *Weigert's process for staining the nerve-centres*: The sections are first immersed for three to five minutes in a one per cent. solution of hæmatoxylin in distilled water; whence they are transferred, for a like time, to a saturated solution of neutral acetate of iron, in which they become very black. After washing they are plunged in a solution of two parts of borax and 2·5 of prussiate of potash in 300 parts of water. The ganglionic cells, the neuroglia, and the degenerated portions lose their colour, the medullary fibres remaining a dark violet. After careful washing the colourless parts may be stained with picrocarmine according to Pal's method.

The same author writes on the relations of *renal disease and insanity*. He gives particulars of four cases, in which the first symptoms observed of sub-acute nephritis, or of an exacerbation in chronic kidney disease, were mental. In only one of these was there any other uræmic symptom. The obvious moral which he draws is, that the urine should be carefully examined in every suspicious case, where no other cause can be assigned for an attack of mania or delirium; also if there are any symptoms, such as intestinal catarrh, which are often associated with granular kidney. Dr. Belmondo describes the *spinal complications of Pellagra*. Degeneration of the posterior and lateral columns, and atrophy of the cells in the gray matter of the cord, are very frequent, with the corresponding symptoms of loss of power, exaggerated tendon-reflexes, paralytico-spastic walk, and tremor of the upper limbs.

In an article of great ability, Prof. Tamburini examines the nature of the bodily symptoms of *Hypnotism*. It is well known that the rival schools of Nancy and Paris have given different answers to this question; Bernheim, on the one hand, affirming that the three stages described by Charcot and his followers are merely artificial results of suggestion, while the Parisian school, on the other hand, hold that

the only true hypnotism known to science is "la grande hypnose," of which the bodily symptoms have been studied so exhaustively at the Salpêtrière. I may be excused for transcribing the conclusions at which this eminent author arrives:—

"1. The bodily phenomena of hypnotism, which are described as belonging to the so-called stages of lethargy, catalepsy, and somnambulism are met with in a few cases of hysteria major, independently of any suggestion.

"2. But these bodily conditions do not justify a nosographical division of hypnosis into three distinct stages, or rather 'three nervous states quite different from one another, each provided with its own proper symptomatology' (Charcot), because these symptoms may be found mixed and confused in the different stages, and also because they only represent so many manifestations of exaggerated reflex excitability, the variety of which is determined solely by the varying nature, intensity, and duration of the stimuli which are employed to bring it into evidence.

"3. These bodily phenomena are not characteristic of the so-called major hypnotism, because they are also observed independently of it, and of any suggestion, when fully awake, in cases of hysteria major, where they are present as so many 'hysterical stigmata.'

"4. Hence, in the few cases where they are observed during hypnotism, they are not the results of this, but are merely manifestations peculiar to hysteria, which are brought into evidence then, either by the increased reflex excitability, or by the stimuli employed, which act like injuries and other agents which reveal the latent hysterical diathesis.

"5. Hypnotism is not then a neurosis, since, in the few cases in which it seems to be such, it only displays pathological conditions which belong to the hysterical neurosis, either as pre-existing or latent, for which hypnotism is but a delicate test or revealing agent.

"6. Hypnotism is nothing but a simple state of induced sleep, which has no pathological character, but has the double property of increasing reflex excitability and suggestibility, which two conditions supply the key to all the bodily and mental phenomena of hypnotism.

"7. The conditions observed in the hypnotic state may vary indefinitely with the different condition of the subjects, whether healthy and robust, or feeble, or sick, or neuropathic, or hysterical to a slight or a serious degree; but all that in such cases gradually complicates the scene is due, not to hypnotism *per se*, but to the pre-existing morbid conditions which hypnotism merely brings into evidence.

"8. Hence the innumerable apparent forms of hypnotism, which have given rise to the divisions into major and minor hypnotism, and the like, are only due to artificial suggestion or to pre-existing pathological conditions superimposed upon different degrees of sleep."

Prof. Morselli has studied the *cranial anomalies* of 200 skulls preserved in Italian asylums. His main conclusion is that the occipital bone is more frequently anomalous than any other, and that fusion of

the atlas with the occipital is also much more frequent than in normal crania. He remarks that Lombroso came to the same results from his examination of the skulls of criminals.

The most interesting articles in the new "Annali di Freniatria" are two on *acetonuria* in the insane. Having examined the urine in 87 insane persons, Dr. Rivano found it to contain acetone 37 times; most often (nine out of ten times) in general paralytics, but also frequently (13 times in 21 cases) in melancholiacs. He connects its presence with malnutrition, and in melancholiacs found it particularly associated with refusal of food. The subject is continued in a subsequent number of the same journal by the editor, Dr. Marro, of Turin. He has found acetonuria especially frequent in cases where there has been terror, frightful hallucinations, etc.; and he believes the connection between them is a causal one. He refers to Prof. Lustig's recent experiments, in which faradic stimulation of the coeliac plexus has produced temporary acetonæmia, and suggests that fear acts in the same manner.

Dr. Bozzolo gives, in the "Rivista Clinica," an interesting account of a case of *Hereditary Chorea*, which I notice because of the unusual association of this variety of chorea with mental disturbance. The case recorded had all the typical characteristics described by Huntington and others since. The voluntary inco-ordinated movements differ from those of ordinary chorea only by the possibility of checking them for a time by an act of the will. The disease attacks males and females alike; and appears between 30 and 55. It is transmitted from parents who have suffered from it. The mental symptoms seem to have been maniacal excitement with delusions.

4. *American Retrospect.*

By FLETCHER BEACH, M.B., F.R.C.P.

State of New York.—First Annual Report of the State Commission in Lunacy.

The asylums of the State are divided into the public, the quasi-public, and the private. Exclusive of idiots and feeble-minded women, the number of insane under custody on the 1st of October, 1889, was 15,507. The Commission consists of three members, a physician, a barrister, and "a citizen of reputable character." The medical and legal commissioners are required to make 132 visits each year; the medical commissioner is expected to make 22; and the whole Commission, or a majority thereof, have to make 106, being a total of 260 visits to the various State institutions during the year. Literal compliance with the requirements of the Act of 1889 is physically impossible, and the Commissioners detail certain arrange-