

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

I. *French Psychological Literature.*

*Annales Médico-Psychologiques, Fifth Series*, vols. i. and ii., 1869.

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*Study of the Character of King Lear.*—M. Brierre de Boismont continues his sketches of celebrated characters, real and fictitious. In his conception of the mad king, as in that of Hamlet, he adopts to a great extent the opinions of Dr. Bucknill. “Shakespeare has undoubtedly put on the stage,” he says, “one of the most clearly defined types of insanity, such as may be seen now-a-days in public and private asylums. From the origin of the malady, up to the death of the king, one may recognise the series of all the important symptoms of mania. One may find, indeed, the predisposing and exciting causes, the prodromic period, the maniacal exaltation, the disorder of the emotions, the alterations in the intellect, such as delusions, the illusions, the alternations of reason and madness, incoherence, and even the recovery of reason, and all this without the patient having been secluded. It is, in a word, the complete picture of a disease thoroughly established, and which has for long had its determined place in the nosological series. As a general conclusion from these two powerful conceptions of Shakespeare, connected with insanity, it may be affirmed, without fear of error, that physicians versed in the knowledge of mental diseases have the scientific elements necessary for the expression of a deliberate opinion on the value of these two compositions; and we hope that we shall not be disavowed by them when we say that Hamlet is a very learned study of the morbid melancholic condition, ready to grow into insanity without actually doing so; and that King Lear is a not less remarkable study of confirmed insanity—two examples which show how high the analysis may be carried when directed by true genius.”

*Pathological Physiology of Convulsions.*—This paper forms part of the article "Convulsions," by M. Achille Foville, in the *Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques*. He divides convulsions into three classes according to their origin. "1. Convulsions determined by a direct excitement of a motor nerve outside its course in the medulla; we call these direct convulsions. 2. Convulsions determined by the spontaneous action of the motor power proper to the medullary centre, to which may be given the name of central, spinal, or medullary convulsions. 3. Convulsions determined by the transmission to the medullary centre of an impression coming from the sensory nerves or the brain, and which we indicate by the name of reflex convulsions."

The aura which accompanies certain convulsions, he shows to be neither exclusively peripheral, as some have maintained, nor exclusively cerebral, as has been held by others, but it may arise from either source; and it is by no means to be regarded as occupying a causal or prodromic position, being merely a commencement of the morbid manifestation. We may also quote his remarks on the use of the terms "tonic" and "clonic." "There has been based on the facts of the rigid immobility or the displacement of the regions affected, the classification of convulsions into tonic and clonic. According to all authors, the first are those in which the convulsed members remain immovable and stiff; the second those in which they are agitated by movement. But there has been hitherto confounded in the latter class all kinds of movements, both those that result from alternations of rigidity and relaxation of the same group of muscles, and those that are caused by the successive contractions of different and antagonistic muscles.

"In order to put an end to this confusion, we would propose to call—

"1. Continued tonic convulsions, those that affect constantly the same group of muscles, and give to the member a permanent attitude, and succeed each other sufficiently rapidly to render it immoveable in its stiffness.

"2. Remittent tonic convulsions, those which, like the preceding, always affect the same group of muscles, but which do not succeed each other rapidly enough for their independent occurrence to be unobserved, and for the prevention of relaxation of the organ during the intervals. They impress on the members rhythmical, oscillatory movements or shocks, resulting from the passage successively of the same group of muscles from the state of contraction to that of relaxation, and *vice versa*.

"3. To reserve the name of clonic convulsions for those which, affecting successively opposite or antagonistic muscles, cause the limbs and the body to perform extensive and ungovernable movements.

"It will be seen that in this new classification we separate from the old clonic convulsions those of our second category, which differ greatly from them, and place them along with tonic convulsions, with which

they are identical in kind, and from which they are only to be distinguished by the less rapid succession of the muscular contractions. But we at the same time separate them from the latter by the addition of the epithet remittent in opposition to that of continued."

*Rabies and Hydrophobia.*—Dr. J. Christian, of Bischweiler, records a case of rabies, and uses it as a text for a criticism of the prevailing views regarding the malady. "Rabies, properly so-called, is," he says, "a virulent malady such as syphilis; it is a true poisoning (*intoxication*) by a special virus." The opinion prevalent among the public, and adopted by many physicians, is that "the unfortunate victim is a furious patient in whom the conservative instincts are perverted, who is impelled to injure whoever approaches him."\* The view of the author is, however, that the mental symptoms have no special character, but vary according to the circumstances of the patient. He insists also on the unsuitability of the term hydrophobia as applied either to the genuine disease or its counterfeit, the so-called "nervous non rabic hydrophobia," the prominent symptom of rabies being a painful convulsion produced by the idea of swallowing, and there being frequently the greatest thirst and desire for water in spite of the impossibility of gratifying it. He proposes to call the nervous hydrophobia "lyssophobia," from it being essentially a state of fear of being affected with the graver malady.

*Bromide of Potassium in Epileptic Insanity.*—M. Bécoulet records several cases in which this remedy appeared to be of use both in diminishing the frequency of the fits, and in lessening the intensity of the mental disorder. It is merely another contribution to the mass of evidence pointing in the same direction of which we are already in possession.

*Cretinism.*—M. Lunier has reprinted in the *Annales* some portions of his article on this subject contributed to the "*Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques.*" We select his remarks on heredity as a good *résumé* of what appears to be the truth in this matter. "The greater number of authors, following the example of Fodéré, consider cretinism as essentially hereditary; several, indeed, do not hesitate to say that cretins are always born of parents who are semi-cretins, cretinous, or simply goitrous. 'Goitre is the father of cretinism,' said Fabre (de Meironnes). This doctrine, supported by authors who, like Fodéré, make no distinction between cretinism and the idiocy which occurs in the same localities, appears to us to rest on a false interpretation of the facts; and we believe, on the contrary, that heredity plays only a secondary part in the genesis of cretinism. We base this opinion on the following considerations:—

"1. Healthy parents who have previously had well-formed children in a country not subject to the affection, sometimes have cretin children born to them after a residence of some years in a locality where the

\* Girard de Cailleux.

endemic reigns ; and they produce only healthy children if they again remove from the infected locality (Coxe, Cerise, Morel, Niepce, Dalève, Koeberlé). Ackermann has even seen cretins born of women who had come during pregnancy from healthy districts into infected localities. 2. It is not rarely in the homes of the endemic that children born of well-formed and intelligent parents, though long resident in the district, become cretins. (Coxe, Rambuteau, Esquirol, Niepce, Skoda, Bassereau.) On the other hand, they never become so if the parents go to live in a healthy district (Cerise). 3. It appears, indeed, though Fabre has disputed the accuracy of the statistics given by Niepce in regard to the point, that children born in healthy countries, but nursed in infected localities, sometimes become cretins (Maffei, Niepce). 4. Semi-cretins, cretinous, or goitrous persons, who have had cretin children in an infected district, have only well-formed children after having left their native country (Dubini), though they sometimes produce idiots and imbeciles. 5. From time immemorial, in the Valais, in the canton of Berne, and elsewhere, it is notorious that children, whose mothers, whether affected by cretinism or not, have passed the last months of their pregnancy in the high lands, and who, besides, have been nursed and brought up there till the age of three or four, do not become cretins, while those for whom this wise precaution has not been taken are frequently attacked by the endemic. (Haller, Coxe, de Saussure, Fodéré, Zschokke, Clairvaz, Schneider.) 6. Though idiocy or insanity occurs among the descendants of semi-cretins or cretinous persons, it is, I believe, unexampled for idiots or insane persons beyond the influence of the endemic, to give birth to true cretins. It is not usually thus with truly hereditary diseases. 7. It appears equally established that marriages contracted in endemic districts by semi-cretins or cretinous persons of either sex with healthy persons from a healthy district, produce as many, if not more, cretins than unions of semi-cretins and cretinous persons in the same locality (Rambuteau, Esquirol, Saint-Lager, Lombroso, Billiet). Is it necessary to add that, with very rare exceptions, which cannot be alluded to here, all the facts cited by the partisans of the doctrine we oppose, may be explained by the influence of external or endemic causes alone.

“ We believe, then, that we have established—1. That cretinism may be developed in children who show no trace of hereditary predisposition. 2. That heredity alone cannot produce cretinism properly so-called, as it produces idiocy and *folie raisonnante*; it only acts an adjuvant and secondary cause. We also think that cretinism is only rarely congenital. Children who have even borne from their birth a rudiment of goitre, which is regarded by some authors as a certain sign of cretinism, do not become cretins if they are placed in good hygienic conditions; some only become idiots or imbeciles.

“ It results equally from what we have observed in the Pyrennees and the Alps, in the departments of the Puy-de-Dôme, of the Meurthe,

and of the Bas-Rhin, and from facts recorded by authors, that cretinism is not, as has been maintained, the last stage of a transformation—of a progressive degeneration of the organism of which goitre forms the hereditary point of departure. According to our belief there is between the cretinism, goitre, deafmutism, &c., of infected localities only an etiological connection. They belong, indeed, from this point of view to the same morbid group; but they none the less constitute distinct diseases.”

In regard to the causes of these maladies, he says, “it appears nearly established that, 1, endemic goitre is produced by the habitual use of certain waters, which contain a special principle, probably of organic nature; 2, that this principle is developed on contact with the air, and perhaps also certain mineral substances (salts of lime, magnesia, iron); 3, that iodine prevents its production, or at least neutralises its effects; 4, that this principle also plays an important part in the genesis of cretinism, especially when it exists at the same time both in the drinking water and the surrounding air, as must be whenever the water flows in the open air; 5, but that causes of another order, which are found almost constantly, either isolated or united, in the countries suffering under cretinism, contribute to a certain extent in producing that disease. We would mention, in the first place, humidity and a want of aeration, and of sunlight, which is chiefly observed in narrow and deeply shut-in valleys, and among secondary causes might be placed unhealthy dwellings, poverty, bad food, and improper modes of bringing up children.

“As to the mode of action of these causes we are absolutely ignorant. The nature of the symptoms and the anatomical lesions furnish a presumption that they act on the nutrition of organs through the ganglionic nervous system, and this not only after birth but also sometimes during intra-uterine life.”

*The Insanity of Gout.*—M. Berthier has collected 22 cases in which gout and insanity were associated. One was a case of stupor, 1 melancholic delusions, 2 suicidal melancholia, 3 simple dementia, 4 in which the features of the malady were not well defined, 5 paralytic dementia, and 6 general mania. Of these 8 have been observed by the author himself, and in 6 of them hereditary predisposition was ascertained. In 12 cases the insanity was consecutive to disappearance of the gout; in 8 cases it alternated with it; in two cases it accompanied the gouty condition. The great majority occurred among males. He draws the following conclusions. 1. If the gout has a marked action on the mind of its victims and a special predilection for the nerves, it may, under the influence of the predisposition, become the source of every kind of neurosis, and chiefly those affecting the sight. 2. The psycho-neuroses dependent on the gouty diathesis are sometimes, and more commonly, metastatic and alternating, and sometimes connected with a specific condition which disposes the system to the development of a latent or larval vesania. 3. Gouty insanity,

though generally associated with fixed gout, will, when its study has been completed, be frequently recognised in union with wandering or anomalous gout. 4. Sometimes the gouty symptoms disappear, and become lost in the insanity, which then passes into the chronic and incurable state of dementia. 5. Gouty insanity must henceforth be regarded as having an established place in science, and is to be classed along with dartsous, syphilitic, rheumatismal, &c. 6. It shows a preference for the form of general mania. 7. The diagnosis of gouty insanity is to be drawn from the heredity, the antecedents of the patient, the connection of the insanity with gout, and the presence in the urine of the characteristic chemical ingredients. 8. The treatment of gouty insanity consists especially in "localising its effects away from the nervous centres, and particularly in the limbs, by means of attractives, and in maintaining equilibrium among the fluids of the organism by the aid of exercise and sudotherapeutics."

*Glycosuria among the Insane.*—M. Lailier, *pharmacien en chef* at the asylum of Quatre Mares, draws the following conclusions from his investigation of this subject. "1. The pathognomonic characters of diabetes may, with the exception of the presence of sugar in the urine, be absent when the disease occurs among the insane. 2. Diabetes has not so grave a significance as is usual, when it occurs in conjunction with insanity. 3. Diabetes is more frequent among the insane than among those who have remained in healthy mental condition. 4. The etiology of saccharine diabetes among the insane is connected with their neuropathic condition." Among 400 patients taken indiscriminately he found three cases of diabetes; and in all the cases the sugar either ceased to appear after some time, or very decidedly diminished in quantity.

*Dangerous Lunatics.*—M. Lunier discusses at considerable length the clinical, administrative, and medico-legal relations of this class. The object of the enquiry is to ascertain on what materials our judgment should be based when deciding as to the dangerous or harmless character of a patient, and what treatment ought to be adopted, both by the state and by the physician, towards those who are considered dangerous. The investigation illustrates, in our opinion, the difficulty, if not impossibility, of arriving at any reliable general rules which could be useful as guides; but the paper is exceedingly interesting, from the complete view which it affords of the legal position of asylum inmates in France, and of those under whose charge they are placed. As an illustration of the difficulties which meet the author, we may extract the paragraph which deals with the preliminary question of whom we must regard as the insane. "I consider as *aliéné*," says M. Lunier, "every individual who suffers from any lesion whatever, congenital or acquired, acute or chronic, primary or consecutive, of the intellectual and moral faculties, and of which he is not conscious, or who commits acts which are considered unreasonable, and of which he is conscious, but which his will is unable to control."

But in another part of the paper we find that "delirium tremens is not, properly speaking, insanity, but it is no less certain that those individuals who are affected by it are dangerous to themselves and others, and that the nature of their derangement scarcely permits of their being placed elsewhere than in asylums for the insane."

*Genealogical Study of Hereditary Insanity.*—This essay, by M. G. Dautreberte, obtained the *Prix Esquirol* for the year 1868. It consists of a collection of cases with a commentary, intended to support M. Morel's idea that there is a special and recognisable disease entitled to the name "hereditary insanity." He regards it as manifesting itself in vicious conformation of the head, ears, and limbs. There is generally a bilateral flattening of the head, and relative exaggeration of the antero posterior diameter, co-existing in most cases with a frontal depression which is known as the "*front fuyant*." In a large number of cases the ears are badly placed; the lobule is wanting, or is adherent to the skin of the superior parotidian region. Mentally they are characterised by "a tendency to fixed ideas, the periodical return of certain morbid phenomena, the facility with which some of them confess their illness and its cause, and their instinctive impulses towards murder or suicide." Among the conclusions which he draws from his investigation, he believes that "the reproduction of similar types among the descendants can only be established in the case of suicidal insanity, and cannot be so for epilepsy and other morbid conditions of the nervous centres. The morbid hereditary germ undergoes transformations, or progressions, as it passes through successive generations; it does not remain stationary. It may also be asserted that progressive or accumulated morbid heredity produces a special form of insanity—*hereditary insanity*, just as alcoholism, lead poisoning, and the neuroses, hysteria, epilepsy, and hypochondria, produce forms of insanity to which are given the names of alcoholic insanity, epileptic insanity, hysterical insanity, and hypochondriacal insanity." He also considers it possible, after prolonged, though sometimes superficial observation, to recognise in an insane or merely nervous person (*nevropathique*) the morbid hereditary influence, and to pronounce a consequent prognosis.

*Cancerous Insanity.*—In this article M. Berthier seeks to ascertain how far the cases in which the concomitance of cancer with insanity occurs present features in common which may be accepted as the basis of a pathological species. Of 36 cases of cancer of the encephalon which he has collected, there were 31 in which the cerebrum was affected, and 5 in which the lesion was in the cerebellum.

The 31 cases of cancer of the cerebrum presented the following somatic symptoms—apopleptic or apoplectiform attacks, epileptic or epileptiform convulsions, general paralysis, hemiplegia, lesions of sensibility, sensory disorders, neuralgia of the scalp or face, embarrassment of speech, giddiness, vertigo, &c. In one case there were hydatids, and in another syphilis, so that it is difficult to determine

whether the morbid symptoms were due to these or to the cancerous condition. There was cephalgia in 15 cases, and facial neuralgia in six, hemiplegia in twelve, convulsions in ten, and lesions of sight in ten. The apoplectic or congestive attacks, the difficulty of speech, the mutism, the deafness, and the anosmia occurred only rarely. The pre-eminence belongs to the pain in the head—cranial, facial, intermittent, or remittent; and in the second place comes hemiplegia, with or without convulsions, and in the same rank functional disorder of the organ of vision, from hallucination or illusion to blindness. Hyperaesthesia of the skin was only met with twice, and insensibility once. The average age of the patients was about 40; out of 15, whose ages were known, the youngest was 16 years old; the oldest was 77. Among ten cases none reached their sixtieth year. The mental symptoms, though diverse, were much less varied.

Dementia was the condition in six cases; “but if one includes under this designation conditions which approach it, and end in arriving at it, such as certain kinds of stupor, intellectual obtusion, simple melancholia, irritability, combined with incoherence, maniacal delirium followed by stupidity, we might assert that mental enfeeblement should occupy the first place.” Except one case, which, indeed, is believed by Berthier to have been really melancholia with stupor, there are no other states recorded, but febrile maniacal excitement once, mild delirium twice, and loss of consciousness three times. On the other hand, complete absence of mental disorder was recorded in nine cases, and in several the weakening of the intellect only characterised the terminal phase, differing in no way from what is found in every other disease. In one case the cancer of the cerebrum was unrecognised during life, having produced no appreciable nervous disorder, either physical or moral; in one case it was merely accompanied by satyriasis, which might have been referable to prostatic hypertrophy; in one case of stupidity no physical symptom was presented.

The five cases of tumour of the cerebellum presented the following symptoms—cephalalgia, embarrassment of speech, weakness of sight, hemiplegia, and epileptiform convulsions. One of these took the form of general paralysis. The symptoms were about equally frequent, though the pain in the head was the most constant. The mental symptoms were idiocy, strange incoherence, mental perversion, and mental enfeeblement. The enfeeblement was the chief characteristic.

The conclusions drawn by M. Berthier from his enquiry, are as follows:—1. “There is not, though stated by Guislain, any pathognomonic sign of cerebral sarcoma, which is a rare affection relatively to the experience of each practitioner, but not so where the number of cases recorded by different authors is taken into account. 2. Contrary to the opinion of Calmeil, we have seen it attack both sexes equally; and, contrary to the opinion of Grisolle, it does not appear to attack by preference persons of advanced age. 3. Cephalalgia is the earliest



and most frequent physical symptom, as has been hitherto commonly asserted. 4. Partial paralysis, accompanied by convulsions and lesions of sight, constitute, along with cephalalgia, the pathological triad which best characterises this essentially intermittent malady. 5. Disorders of the motor functions are more frequent than those which affect the sensibility or the intellect. 6. Cerebral cancer takes a long time, often years, to show itself by physical signs; and the mental symptoms which result from it may be entirely wanting. 7. Mental derangement, observed in the initial or prodromic period of cerebral sarcoma, is constituted by a condition partaking somewhat of general, and somewhat of febrile delirium, which passes on inevitably to stupidity, and ultimately to dementia. As a phenomenon consecutive to congestions or convulsions, it is constituted either by general subacute transitory delirium, or by the torpor of epileptics. 8. It never exhibits itself under the form of hypochondria, or of the happiness peculiar to paralytic insanity. 9. The expressions mania and idiocy, employed by Delpech, Cayol, Roche, and Sanson, are deficient, perhaps, in precision as to terms. But they are accurate if they signify the commencement of the mental lesions which are connected with cerebral sarcoma. 10. If it produces a group of symptoms resembling those of paralytic dementia, the organic lesions of the senses are all that admit of a differentiation. 11. Cancer of the cerebellum only gives rise intellectually to stupidity, and physically it is only distinguished from that of the cerebrum by a less intense manifestation of the same group of symptoms. 12. Delirium associated with cancer is pretty frequent."

"Cancerous insanity, properly so-called, rather rare, is a diathetic affection of incontrovertible existence, but still enveloped in great obscurity, both as to diagnosis, etiology, and treatment."

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## II. *German Psychological Literature.*

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*Archiv der Deutschen Gesellschaft für Psychiatrie und Gerichtliche Psychologie* (concluding No. for 1869).—"The Psychological Clinique" Erlenmeyer. "The Erection of an Asylum for the Province of Cassel," Welter. "On a new Apparatus for the forcible administration of food in Insanity," Koch. "On Microcephalus," Vogt. "The Colony of Reckwitz at Hubertusburg," Ehrth.

*Allgemeine Zeitschrift für Psychiatrie*, Vol. xxvi., part 6, 1869.—"Observations on the Pulse in Insanity," Wolff. "Report of the proceedings of the German Society of Alienists at Innsbruck." "Pro-