

A Short Account of the Transactions of the Mental Diseases Section at the International Medical Congress held at Philadelphia in 1876. By FLETCHER BEACH, M.B. Lond., Medical Superintendent of the Clapton Idiot Asylum.

Having had the opportunity of attending the International Medical Congress at Philadelphia in the capacity of a delegate, by the kind invitation of the Committee of the Congress, it has occurred to me that a short account of the proceedings in the Mental Diseases Section may perhaps be interesting to members of this Association.

The Congress was held in the University of Pennsylvania, the class rooms being devoted to the use of the various sections. Papers of much interest were read. The following were the officers of the Section:—Chairman: John P. Gray, M.D., of Utica, New York. Vice-Chairmen: E. Grison, M.D., North Carolina, and I. Ray, M.D., Philadelphia. Secretary: Walter Kempster, M.D., Wisconsin.

The Section opened at three o'clock in the afternoon of Monday, September 4th, with a paper on "The Microscopical Study of the Brain," by Walter H. Kempster, M.D., Physician and Superintendent of the Northern Hospital for the Insane, Oshkosh, Wisconsin. He first gave a brief statement, outlining the progress made by recent investigators in studying the pathological histology of the brain in insanity, and the following subjects were introduced:—

The importance of microscopic observations of the several cerebral membranes, to determine their pathological condition, and the relations that the various pathological states hold to the forms of mental aberration:

The abnormalities in arterioles and capillaries, including the various deposits on the walls of the vessels; engorgement and its consequences; the several changes observed in the coats of the vessels; occlusion from minute thrombi and embolism; alterations in the course of the vessels, and the effect these conditions have upon the surrounding brain tissue:

Miliary aneurisms and miliary hæmorrhages; the effect they have in the production of brain disease:

The perivascular sheath and perivascular canal, as they are found in cases of insanity, considered in their relations to adjacent brain tissue:

The various alterations of structure and form noted in nerve cells and nerve fibres in the several forms of insanity.

The abnormalities in the neuroglia, and the conditions called "miliary sclerosis" and "colloid degenerations" were described, and the influence each condition has in impairing normal cerebral action was discussed.

The various pathological conditions found in the microscopic examination of the brain in a number of cases of insanity were illustrated by means of photo-micrographs and lantern views made from fresh and prepared specimens. The pathological states observed were considered with reference to the mental symptoms noticed during the course of the various forms of insanity.

On Tuesday, September 5th, a paper on the "Responsibility of the Insane for Criminal Acts" was read by Isaac Ray, M.D., of Philadelphia, of which the following is a summary:—

Great differences of opinion still exist among physicians, lawyers, and men of the world on the question how far insanity shall be admitted as an excuse for crime. Lord Hale's doctrine that partial insanity—that in which the patient is reasonable and correct on many subjects—does not necessarily exempt one from the penal consequences of crime still shapes the decisions of English and American courts. Tests for determining what kind of partial insanity does and what does not excuse for crime are diverse, unsatisfactory, and none supported by correct scientific knowledge of insanity. Delusion has been decided to be a sufficient excuse only when the criminal act committed under its influence would have been legally justified had the delusion been true. Notwithstanding many of the insane think and act correctly to some extent, yet it is impossible to say, with any near approach to certainty in any given case, where sanity ends and insanity begins. Two mistakes are made by lawyers in estimating the responsibility of the insane, viz., they define the scope of the influence of the mental disorder in an arbitrary manner, unsupported by the facts of psychological science, and they regard the affective faculties as without any part in the play of disease. The latter mistake pervades the theories of the law and the judgments of those who pretend to no law. Wrong as our present mode of procedure is, no change for the better seems very practicable, unless it may

be that which takes the question of insanity entirely from the court and gives it to the jury as one exclusively of fact.

The Section adopted, by unanimous vote, the following conclusions:—1. There is at present a manifest tendency to hold the insane responsible for criminal acts. 2. That this tendency is unjust, unphilosophical, and contrary to the teachings of pathology, which clearly points out that insanity is but the expression of disease.

On Wednesday, September 6th, Dr. C. H. Hughes, of St. Louis, Missouri, read a paper on the "Simulation of Insanity by the Insane."

The following is a brief summary of his remarks:—

The feigning of insanity by the sane has been long recognised as a practical fact. The possibility of similar efforts on the part of men really insane has been ignored or forgotten. The fact that the proof of simulation possesses no real practical value in the case of a person already adjudged to be insane, is probably one cause of the rareness of recorded cases. Advanced general dementia is incompatible with simulation. Acute and general mania is also incapable of coexistence with feigning. In recovery from the latter condition, circumstances might easily give rise to simulation of a state recently passed through. Experience and observation might certainly help to an excellent imitation of a state so lately endured.

Simulation requires and implies some degree of rationality, and usually some motive. This is by no means incompatible with insanity. In the remissions of periodic mania, in certain cases of chronic general mania and certain forms of hysterical mania, and especially in affective or moral insanity, without distinct intellectual impairment, simulation is perfectly possible and practicable. The existence of susceptibility to ordinary motives is recognised in the management of every insane asylum. Striking instances of success in the simulated abandonment of delusions, so common in alienistic literature, suggest an equal facility at invention or pretence.

The criminal classes of our great cities are born and trained to deception. Simulation might very naturally be added to constitutional infirmity. Such cases probably occur oftener than is supposed. Many famous and historic cases might be most correctly characterised as compounds of simulation with active disease.

Rarely does insanity affect all the faculties alike. Among the rational acts ~~done by the insane man~~ simulation may happen to occur. Especially probable is it that a man recovering from mania might imitate the crazy acts recently prompted by disease, if adequate motive existed.

Simulation is peculiarly practicable in those forms of insanity which involve the affective faculties, leaving the intellect comparatively untouched.

The question of responsibility in cases where simulation is mingled with actual disease is a very difficult one. The ancient legal test, "knowledge of right and wrong," is here wholly inadequate.

The motive for simulation in the insane of hysterical tendencies is often the craving for sympathy and attention. Occasionally, however, it seems to be wholly motiveless—a mere freak of disease. We should beware of inferring, because of detected simulation, the non-existence of disease.

The following was adopted as the conclusion of the Section:—

It is not only not impossible for the insane to simulate insanity for a purpose in any but its greatest forms of profound general mental involvement, but they actually do simulate acts and forms of insanity for which there exists no pathological warrant that we can discover in the real disease affecting them.

On Thursday, September 7th, a paper on "The Best Provision for the Chronic Insane" was read by C. H. Nichols, M.D., Physician and Superintendent of the Government Hospital for the Insane, Washington.

The reader of the paper was strongly of opinion that it would be inadvisable to erect asylums for the chronic insane, partly because, to save expense, such an asylum ought to be placed where patients could be sent from two or three States, and they would thereby be removed long distances from their friends; and partly because the medical officers attached to such an Institution would, in his opinion, become depressed and likely to become apathetic in their duties in consequence of the little chance of improvement likely to take place in the patients confided to their care.

An animated discussion took place on the numbers which a hospital for the insane should contain, so that it might be efficiently superintended, and the cases resident therein might be properly studied and treated. The older members con-

tended that the limit should be placed at 250, but the majority held that, provided a sufficient number of Assistant Physicians were appointed, the number might be extended to 600 or more.

The Section adopted the following conclusions:—

1. That provision for the chronic insane should be made by constructing buildings in connection with the several hospitals for the insane.
2. That it is not desirable to construct institutions solely for the care of the chronic insane.

On the morning of Friday, September 8th, a masterly "Address on Mental Hygiene" was delivered by John P. Gray, M.D., Superintendent and Physician to the New York State Lunatic Asylum, Utica, Hunter McGuire, M.D., of Virginia, in the chair.

In the afternoon Dr. Edward C. Spityka, of New York, read a paper "On the Methods of Examination which will reveal a clear and decisive connection between the Symptoms of Insanity and the Pathological Lesions on which they depend."

This closed the proceedings of the Section.

CLINICAL NOTES AND CASES.

Case of Insanity with concomitant paronychia. Recovery.
(under the care of R. H. B. Wickham, F.R.C.S.Ed.).
By WILLIAM J. BROWN, M.B., Assistant Medical Officer
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H. S. (No. 809) was admitted to this asylum 26th February, 1876. The statement contained the following particulars:—Æt 77 years. Widow. Poor. A nurse. First attack, and had lasted for ten weeks before her admission. Cause, unknown. Not subject to epilepsy nor suicidal. Said to have been violent, and used threats, but not considered dangerous to others. Medical certificate:—Refuses to speak; makes vague and unmeaning motions with her hands; has a vicious expression, and appears to watch an opportunity for doing violence. Her sister states that she is at times very violent, requiring constant watching and occasional restraint, as she bites those about her, and has threatened to cut her sister's throat. Mrs. G—, with whom she has resided for three years, states that for some weeks past she has been dangerous to others.

On admission she was placed in the Infirmary Ward, and slept in