

trolled by any reference to the conditions in the family history of the sane. And a still more serious source of fallacy is the failure to distinguish in the facts the part that is due to imitation and to the influence of the milieu from that which properly belongs to heredity. The need of such a distinction is at once suggested by the significant fact that in the most striking cases of hereditary disease, those, namely, where there is apparently a direct transmission from one member of the family to another, the forms of insanity or of nervous disease that are so transmitted are usually those without known anatomical basis; general paralysis is rarely hereditary, the systematised deliria are often so; hysteria is frequently communicated, but epilepsy is not.

It is his early education which in a great measure gives the individual his way of reasoning and his way of reacting to emotions. Growing up amongst people who exercise no restraint on their feelings, who practice no intellectual discipline, the child of the neurotic parents becomes, like them, subject to obsessions, prone to irrational and paradoxical thought.

In illustration of these views, some observations are quoted of the communication of delusions between relatives and between persons of different families.

In the same order of facts may be counted the suggestive influence of medical examination, of the perusal of medical literature, and of the vulgarisation of imposing medical words, to which in recent years we owe such artificial diseases as neurasthenia. As the practical corollary to these arguments, the authors insist on the importance of a specially adapted education as a means of preventing the development of mental disease in predisposed subjects.

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## 6. Clinical Psychiatry.

*A Case of Moral Insanity with Repeated Homicides and Incendiarism and Late Development of Delusions.* (*Amer. Journ. of Insanity*, vol. lxi, No. 2, 1904.) *Stedman.*

The subject of this observation was the daughter of an eccentric and intemperate father; one sister became insane, and another was a prostitute. The patient herself, though remarkably intelligent and quick to learn, was distinguished from childhood by a passion for deceit and aimless lying. At the age of 32, having undergone four years' training in a hospital, she took up private nursing, and followed it for some thirteen years, until in 1901 the mysterious deaths of four of her patients within the space of a few weeks, after short illnesses with symptoms suggestive of narcotic poisoning, led to her arrest and prosecution. She unhesitatingly admitted her guilt, and confessed further to having poisoned several other patients in a similar manner, the total number of her victims amounting to twenty. There was every reason to believe that all these admissions were true, and that she had besides that made four attempts at arson in the houses of patients and friends. In reference to these crimes the woman showed a total absence alike of remorse and of

fear. Her account of her motives was very variable and inconsistent, and in some details obviously false ; but it appeared probable that the acts were the outcome of obsession ; she asserted that their completion was followed by a peculiar sense of relief. Her intelligence was perfectly lucid, and there was no indication whatever of delusions or hallucinations. Physical examination failed to show the presence of any stigmata of degeneration, or of any signs of hysteria, or of any organic disease. Her menstruation had been irregular, but no relation was traced between this function and the disorder of conduct.

In accordance with the medical evidence that she was suffering from moral insanity, she was found irresponsible, and was committed to an asylum. Towards the end of her first year there she began to show distinct evidence of mental failure with some emotional depression, to which definite persecutory delusions were soon added. These delusions were at times sufficiently pronounced to lead her to refuse her food for long periods.

Discussing the case, the author draws special attention to the late development of the delusional symptoms, pointing out that their occurrence, which is not infrequent in the course of moral insanity, is a strong argument for the contention that intellectual involvement in some form is an essential feature of the disease.

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*Dementia Præcox. (Journ. of Ment. and Neur. Dis., June, 1905.)*  
Sachs, B.

This paper was read by the author before the American Neurological Association in September, 1904, to open the discussion on "Dementia Præcox."

He enters a strong and much-needed protest against the tendency of present-day alienists to diagnose a vast majority of the cases of mental diseases in youthful individuals as cases of this form of insanity.

There are definite cases which fit in admirably with the description as given by Kraepelin, and this is particularly true, he thinks, of the earlier forms of mental derangement occurring in members of families in which there is a very marked psychic taint, but even in such individuals many years may pass before appreciable dementia sets in. In his opinion the term should be carefully restricted to such cases in which mental deterioration at an early stage of the disease is clearly recognisable, and should be carefully considered, and possibly avoided, in those cases in which a dementia may possibly be developed in the far distant future. He considers that making the diagnosis of dementia præcox puts the stamp of an incurable malady upon persons who may be sufficiently alert to be useful to themselves and others for a long period of years, and in that sense does them distinct injustice. He cannot see the gain in grouping widely different conditions under one heading simply because the individuals so afflicted are in the first third of life, and therefore thinks the older plan of clinical sub-division to be the more commendable, and that the tendency to dementia should be insisted on only when there is reason to think that a deterioration is certain to develop at a relatively early period.

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