

itself would be without motive. 2. During the state of high maniacal excitement which sometimes follows an attack, and in the otherwise insane precedes it, in which case the act would be indeterminate. 3. During the state of unconsciousness, resulting or attending upon the paroxysm. In this case there would be no subsequent recollection.

We consider the preceding extracts sufficient to indicate the nature of the case, and the value of Dr. Hammond's observations in connection with it. The prisoner was convicted of murder in the first degree, although several experts gave their evidence in support of the plea of insanity.

(To be concluded in the next number.)

3.—*Italian Psychological Literature.*

The numbers of the "Archivio" which have come to hand since our last notice do not contain the usual amount of interesting original matter. One reason for this is much to be regretted; the death of Professor Castiglioni in October, 1871, deprived the periodical of an able editor, whose own contributions were always of value.

Dr. Castoldi has published an excellent monograph on *Alcoholism*, as observed by him in the Ospitale Maggiore of Milan. This state has become far more frequent in Italy since the grape disease has prevailed there, and led to the use of spirits instead of wine. Maniacal attacks following a drinking bout seem to be relatively more frequent there than with us; they are of sthenic character, resembling meningitis in the general character of the symptoms, which are aggravated by opium. *Delirium tremens* (which he describes very carefully) he treats usually with chloral-hydrate, reserving opiates for those cases where the tremor and weakness are particularly prominent; he usually combines the opium with bark.

There are some sensible remarks on the *therapeutics of insanity*, in the triennial report of San Servolo's at Venice, by Padre Salerio, the medical superintendent. He attaches the greatest importance to abundant food, which needs to be more substantial than in health, and has comparatively little faith in drugs; however, he considers cinchona, administered for a long time, to be the best sedative of the nervous and vascular systems, and relies on a combination of digitalis and opium in melancholia accompanied by hallucinations.

An interesting case has occurred to Prof. Buresi, in which a young man received a stiletto wound in the dorsal region close to the right side of the vertebral column. The symptoms immediately produced were those of *spinal hemiplegia*, and a careful examination distinguished them as follows:—In the right lower limb, power of voluntary motion was lost; reflex movements normal; tactile and thermic sensibility were preserved, and the sense of pain was increased as far as the groin. In

the left lower limb, on the other hand, the power of voluntary and reflex motion was intact, but sensibility to tactile, thermic, and painful impressions was abolished, the muscular sense only being intact. This case bears out, in an interesting manner, Brown-Séguard's experimental semi-sections of the spinal cord, the only point in which it seemed opposed to his results being that the temperature was always found to be about 0.5° C. lower in the right than in the left ham.

There is a good sketch of *moral insanity*, by Dr. Brugnoni, of Bergamo, who gives a remarkable case of a woman who had tried to castrate her children, to poison her family, to blacken the characters of others by false accusations, and had committed other acts of the like enormity, but who concealed or explained them away with such consummate art that her condition could not be established until she had been placed under continued observation in his asylum. He points out that "moral insanity" is almost always hereditary, and being, therefore, due to some congenital malorganisation, has no stages of incubation, development, or recovery, but is essentially chronic and continuous, admitting of improvement, but not of cure. In those few cases where it is not hereditary, it occurs (the author considers) in persons of a hysterical or hæmorrhoidal diathesis, and is of very short duration.

Dr. Verga has begun to give an account of *General Paralysis*, which is interesting. His experience seems to have led him to believe that the melancholic variety of this disease is more frequent than is generally supposed, at any rate in England. He has observed certain prodromata in general paralysis which are not seen in ordinary insanity, viz., headache, epistaxis, heat of head, redness of face, somnolence, fornication, convulsive, apoplectiform, or syncopal attacks, &c.; rather later, the character may be observed to be completely changed, or there may be a notable exaggeration about everything that the patient says or does. The hereditary affinities of general paralysis are not with ordinary insanity, but with paralysis, apoplexy, and other brain diseases.

We have received, for the first time, the "Rivista Clinica," of Bologna, for the year 1872, the second year of its existence under its present management. It is a monthly periodical of considerable merit, and, although most of its contents cannot be noticed here, it may be confidently recommended as a very favourable specimen of medical journalism. There is an article by Dr. Meriggi, of Paria, on the *Influence of Variola on Insanity*, which is important. The author has observed variola followed, in four cases, by insanity: two of these appear to have been cases of maniacal delirium in patients enfeebled by the previous disease, and speedily recovered; the other two were of a melancholic type, and one of these died, the other remaining in a very unpromising condition. In one case of epileptic mania an attack of variola was followed by a great diminution in the number of the fits, and considerable mental improvement; and in two other cases

chronic maniacs were considerably better after having small-pox. Finally, Dr. Meriggi gives two cases from his own practice, and quotes one of Dr. Lombroso's, in which insanity, supposed incurable, completely passed away after an attack of the same disease. He points out that this is exactly analogous to the relations between typhus and insanity recently described by Nasse of Berlin in his monograph

Two interesting cases of progressive muscular atrophy are described by Dr. Riva, in one of which mania, in the other melancholia, accompanied the other disease. Galvanization of the sympathetic in the neck cured the latter case; the maniacal patient dying of intercurrent pneumonia, but considerably improved under treatment.

The "*Rivista di Discipline Carcerarie*" gives an interesting account of a paper, by Dr. Biffi (also contained in the "*Archivio*"), on the provision which should be made for criminal lunatics. In the main his conclusions are optimistic; he believes the proportion of lunatics in the Italian prisons to be extremely small, and considers that they do not "present such alarming moral conditions" as at Broadmoor and Perth. He objects very strongly to all the criminal lunatics in Italy being collected into one asylum, and thinks that, as a matter of justice, all those persons who are recognised by the law as having been insane before the commission of the criminal act, should be confined in the ordinary asylums, public or private, but subject to special police supervision. Those only who become insane after a crime has been committed should be placed in a separate asylum, after some observation in the prison infirmary.

This paper was read before the Institute of Lombardy, and elicited some judicious criticisms from Prof. Lombroso, who believes that the number of lunatics not recognised as such, and detained in the Italian prisons, is very much larger than Dr. Biffi supposes. As to the more favourable moral character of Italian criminals, he believes Dr. Biffi to have been led into error by having seen only the prisoners in the reformatories and houses of correction: had he had to deal with convicts he must have come to a very different conclusion. His own examination of the Italian prisons has proved that in all of them there are lunatics confined in strong cells.

It is to be feared that, in the present political and financial condition of the kingdom of Italy, no change will yet be made. On the other hand the existing asylums are being improved, and fresh ones are being erected, under the self-government of the different provinces; the details given are most gratifying, and show that no expense or pains are spared to provide suitably for the insane. Southern Italy is much worse off at present than the north or centre; and unfortunately a war was waged for some time, as to the management of the new asylum at Madonna dell' Arco, between Dr. Micaglia, who is known to our readers, and the authorities of this house, as to the merits of which we cannot judge, but which seems to have ended disastrously for the good government of the asylum.

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