

and on every point he decided against the Parish Council. In the course of the debate the question arose whether the Rules which had, in accordance with their powers, been framed by the General Board and had received the approval of the Secretary of State, had been laid before Parliament as the statute required. This question not having been formally raised in the "summons," Lord Low did not then deal with it; but on the General Board and the Parish Council agreeing to the "summons" being amended so as to bring the matter formally before him he appointed 7th March last for the resumed consideration. The result of the resumed consideration (not the "appeal" as it was erroneously called in our paragraph) was that Lord Low decided that the Rules had not been submitted to both Houses of Parliament as required by statute. In this contention, therefore, the Parish Council were successful. We understand that the omission to submit the Rules to Parliament has now been repaired. They were revised by the General Board, who made some amendments upon them, among others one requiring the Managing Committee to submit their minutes for approval to the Parish Council. They then received the sanction of the Secretary for Scotland, and were duly submitted to both Houses of Parliament before the end of last Session.

PART II.—PSYCHOLOGICAL RETROSPECT.

AMERICAN.

By Fletcher Beach, M.B., F.R.C.P.

American Journal of Insanity, April and July, 1895; *Alienist and Neurologist*, July, 1895; *The Journal of Nervous and Mental Disease*, June, 1895.

Dr. Clara Barrus writes in the *American Journal of Insanity* an article on "Gynæcological Disorders and their relation to Insanity." She tabulates one hundred cases in which examinations were made whether the patient presented symptoms calling for uterine examination or not, and is of opinion that a thorough physical examination is necessary in all female cases, since the manifestations which would lead to examination were only noted in three patients. Very often the pain and discomfort felt by insane patients is misconstrued, and so, while we get no expression of pain itself, we may find the patient suffering from delusions that she is pregnant, that she has been violated during the night,

and so on. A synopsis of the table is given, and shows the age of the patient, whether married or not, the presence or absence of menses, leucorrhœa or masturbation, of anomalies and new growths, the condition of the uterus and external genitalia, and the kind of mental disease which is presented. The gynæcologist who learns that it is the exception rather than the rule to find an insane woman with normal pelvic organs must be careful not to assign these abnormal conditions as a cause of insanity, but to keep an open mind, suspending his conclusions until further data can be examined. No doubt the causes of insanity in women are as varied and many of them are identical with the causes of insanity in men, but women have an additional physical and mental strain resulting from the crises which they have to undergo, such as the establishment of puberty, the monthly period, pregnancy, the puerperal state, and the climacteric. None of these by itself is sufficient to produce insanity, and when any of these experiences are said to be the cause of mental disease, we must acknowledge that though these may be the exciting cause, yet the predisposing one is an unstable organisation, causing the patient to be disturbed by occurrences which would only temporarily upset a healthy organism. As regards the table itself, one must guard against the erroneous opinion that the lesions which present themselves are associated more frequently with certain forms of insanity than with others, for although there were thirty-six cases of melancholia and twenty-one of dementia, and only nineteen of mania, ten of paranoia, and twenty-four of miscellaneous mental disorders, we must remember that cases of melancholia and dementia are more tractable and more easily examined, while those of acute mania, paranoia and sexual perversion are examined with difficulty. The author concludes that each case on admission should be examined, and if there is any abnormality present it should be removed if possible; by this means the degree of nerve irritation will be lessened and one of the "stumbling blocks" in the way of the patient's recovery will be removed.

Dr. Percy Wade gives his experience on "Chlorobrom as a Hypnotic in the Insane." This drug is a mixture of equal parts of bromide of potassium and chloralamid dissolved in water, and was first introduced to the medical profession by Professor Charteris of Glasgow. The solution was first used by him for the prevention and alleviation of sea-sickness, for which it is said to be an excellent remedy owing to its hypnotic action; acting upon this latter suggestion Dr. Keay employed the drug in the treatment of mental disease. It does not depress the circulation and the heart so much as the bromides, sulphonal or other allied drugs, and is less disagreeable to take than paraldehyde, which has an objectionable odour and is often followed by lassitude, sickness, and headache in the morning. Chlorobrom is not disagreeable to take, leaves no after ill effects, and causes no derangement of the

stomach or bowels. The drug was administered by Dr. Wade ninety-six times to sixteen patients, including three cases of acute mania, three of melancholia, seven of dementia, and one each of active melancholia, epilepsy, and periodic mania. As a rule, the dose was an ounce and was found sufficient to produce sleep in most cases. It was found very useful in simple melancholia, but failed to act in acute melancholia. In acute mania it was found to quiet and produce sleep, although taking longer to act, the sleep being as refreshing as that produced by other hypnotics. In seven cases of dementia the drug did not produce the required result in a single case, but in one of insomnia after epilepsy the action was very favourable.

Dr. James Burton describes "The Blood in the Insane." In this paper the condition of the blood in several forms of insanity is pointed out, with particular reference to the leucocytes as seen in specimens stained with Ehrlich's triple stain. The "heat" method was used in fixing the blood on the cover glasses at a temperature of 120° C., the staining and mounting being carried out in the usual way. In some cases, as a means of comparison, Dr. Gowers' instruments were used in estimating the hæmoglobin and number of red and white discs. The cases consisted of three of senile dementia, four of general paralysis, one of Graves' disease, one of chronic mania, one of katatonia, one of acute mania, two of stuporous melancholia, and one of acute melancholia. The history of the fourteen cases is given and the result of the examination of the blood in each case. The author noticed that in the cases of senile dementia there was, as a rule, increase in leucocytes; while in cases of general paralysis, with one exception, they were markedly decreased; and that in cases with a tendency to maniacal excitement the number of leucocytes was greatly decreased. Some coloured illustrations, showing the condition of the blood in four cases, add to the interest of the paper.

Mr. W. P. Gerhard, C.E., at the request of Dr. Henry Hurd, the Secretary of the American Medico-Psychological Association, gives a description of the "Rain-Bath" as employed in public institutions. The rain-bath, particularly as a form of public bath, had its origin in Germany, one of its chief advocates being Dr. Oscar Lassar. In the United States it was brought to the notice of the engineering profession by descriptions in the *Engineering Record* as far back as 1875, but it was not until 1889 that rain-baths attracted more general attention, the first one being installed at the suggestion of Dr. Baruch at the New York City Juvenile Asylum. In August, 1894, the first large bath-house fitted up entirely with rain-baths was completed at the Utica State Hospital. The novel feature of construction in this bath is the inclination at which the overhead douche is placed, the object being to avoid a vertical stream from the douche striking the head of the bather. The lukewarm water strikes the body from the

neck downward and the head is not wetted, unless the bather purposely places the same under the shower. Mr. Gerhard enumerates eight reasons why the rain-bath should be used, one of them being that its stimulating and invigorating influence is much higher than that of a bath taken from a tub. An illustrated description is then given of the new bath-house at the Utica State Hospital, at which rain-baths are in operation, and we learn that the bath-room is fitted up with thirty overhead nickel-plated brass douches which run at the rate of $2\frac{1}{2}$ gallons per minute. Besides these there are nine hand sprays which are used for patients who need the assistance of attendants in bathing. An ingenious form of hot-water apparatus, called a "Gegenstrom Apparat," which is extensively used in Germany, was used to heat the water, and it does so instantaneously, uniformly, and without noise. The water is not heated above 110° F., and the water and steam valves are so placed that it is impossible to turn on the steam without first turning on the water.

"Bright's Disease and Insanity" is the title of a paper by Dr. Bondurant. For the last four years a large amount of work bearing on the question of the relationship between nephritis and insanity has been done at the Alabama Insane Hospital. About 1,700 cases of insanity have been subjected to at least one careful physical examination and analysis of the urine; while the cases that exhibited bodily disease of any importance, renal or otherwise, were followed with care, and repeated examinations of the urinary secretion were made. The renal lesions found post-mortem have been studied by the microscope in about 200 cases. It was found that albumen, together with renal casts, could be detected in more than half the cases of chronic insanity treated in the asylum, and in the urine of 75 per cent. of the cases recently admitted; that a large proportion of those whose renal secretion is abnormal exhibit at some time or other evidence of renal disorder; that 25 per cent. of the patients whose urine contains tube casts and albumen present such clinical evidence of nephritis as would enable a practitioner to make the diagnosis of the disease without examining the urine; and that 75 per cent. of the kidneys examined post-mortem showed pathological changes. The author draws the conclusion from these facts that many of the patients in whom insanity and nephritis co-exist are insane in consequence of the nephritis. This opinion has been objected to by physicians attached to other hospitals for the insane, and the author is of opinion that the reason for this is that these gentlemen fail to find them, *i.e.*, casts and albumen, where they do exist, rather a bold assumption one would think for the Assistant-Superintendent of an Insane Hospital to make. Dr. Bondurant then discusses the question whether Bright's disease does or does not cause insanity, and supports his opinion that uræmia not only produces transient mental symptoms, but true insanity,

by quoting the opinion of other authors who have written on the subject.

Dr. Peterson writes a paper full of facts entitled "Cranimetry and Cephalometry in relation to Idiocy and Imbecility." He refers to a former paper in which a brief description was given of the instruments needed, the methods employed, and the facts to be gained by a study of the conformation of the head and skull in criminals and the insane, and says that as in idiocy, and particularly imbecility, remarkable deviations from the normal type of head and skull are met with, he thinks more attention should be paid to a study of cranimetry in this class of cases than has hitherto been the case. The facts related in the paper are given as a guide to the study of the kind of disease under consideration. The common or well known cranial deformities are platicephalus or flat-headedness; leptocephalus or narrow-headedness; macrocephalus or large-headedness; microcephalus or small-headedness; oxycephalus or steeple-shaped head; scaphocephalus or keel-shaped head; and plagiocephalus or oblique deformity of the head. The two systems of measurement—the cranimetrical and cephalometrical—differ only slightly from each other, but the former is the more exact since every portion of the naked skull is attainable. The author passes over the long series of cranimetrical measurements and the thirty-eight cephalometrical measurements recommended by Benedikt and selects only those which are absolutely necessary to form a just idea of the capacity and symmetry of the head. The measurements he recommends are eleven in number, viz., 1, the circumference; 2, the naso-occipital arc; 3, the naso-bregmatic arc; 4, the bregmato-lambdoid arc; 5, the binauricular arc; 6, the antero-posterior diameter; 7, the greatest transverse diameter; 8, the binauricular diameter; 9, the two auriculo-bregmatic radii; 10, the facial length; 11, the empirical greatest height. In addition to acquiring these mathematical data, cephaloscopic drawings are invaluable as exhibiting deformity clearly to the eye; hence the horizontal circumference, naso-occipital curve and binauricular curve should be taken with a strip of lead or a conformateur, while the mathematical data are obtained by a pair of calipers and a tape measure. Six per cent must be deducted from the measurements of the circumference, the naso-occipital arc, and the binauricular arc to allow for the scalp and hair. The author has prepared two tables containing the measurements just noted, one consisting of the measurements of normal heads, the other those of eleven adult male and eight adult female paralytic imbeciles. On examining these he comes to the conclusion that in all the cases the skull is more or less diminished in size on the side opposite to the paralysis; that there is a pronounced tendency to diminution in all dimensions and capacity; and that while all of the heads are below the normal averages, more than 75 per cent. are

below the lowest limit of physiological variation in some of their dimensions. The paper is interesting, but the author omits to mention the work of Shuttleworth in the same direction, besides which it is necessary to add that outlines of heads have in many cases been made and measurements of the circumferential, transverse, and antero-posterior diameters, both by tape and caliper measure, have been taken in every case admitted into some of the asylums for idiots in England for many years past.

Dr. Martin W. Barr writes an interesting paper on "Moral Paranoia" in the *Alienist and Neurologist*. The author gives a definition of the word paranoia and the authors who have used it, most of whom have been of German origin. There are two classes of paranoia, the mental and the moral; in the former the intellect is dominated by one or a set of fixed ideas and delusions, and gradually weakens and degenerates, and the ethical sense is not necessarily implicated; in the latter, the ethical sense is either weak or wanting, and it may or may not be associated with intellectual deficiency, but often there is intellectual precocity. This moral form of paranoia is better known in England under the name of moral imbecility. Moral paranoia is divided into two kinds; in the first, the moral sense has not been developed, or through accident or disease has been arrested, but it is capable of development through training; this class is comprised of people not wilfully bad, but of weak wills, easily led astray, and whose weakness of will develops and grows with their physical growth until they astound society with some sudden outbreak. There are many at present under training in various institutions in England and America, in which they become useful members of society, and as they are totally irresponsible they should always be under restraint, so that they may not become vagrants or criminals or the tools of wicked men. In the second class, owing to degenerative tendencies and practices through successive generations or through the taint of some remote ancestor, the moral sense is absolutely wanting. In this type the intellectual faculties may be found defective, but more frequently are unnaturally developed, so that a person of this sort is dangerous to himself and his fellow citizens. The worst class of criminals, the murderer and the harlot, are examples of this type. Patients of this class are in this condition from birth, and even as children are self-willed, obstinate, and delight in sulking, in annoying children, and in torturing animals. According to Lombroso, physical anomalies, such as cranial and facial asymmetry, premature synostosis, unusual frequency of left-handedness, large orbits, prominent zygoma, nervous contraction of face, and a cold, glassy immobile look are found in this class. The line that separates these patients from criminals proper is distinct and has long been recognised by alienists, but unfortunately the lawyers do not appreciate the nature of delusional diseases, nor the frequency of

instances in which men not only lose all sense of responsibility, but are regardless of harm to themselves. Children of this class should be placed in special schools adapted to their needs in order that a firm and well directed discipline may enable them to attain some degree of self-helpfulness, and the State may be spared the ignominy and cost of criminal trials and punishments. They should be detained for life, and as it has been found they can be trained, this treatment should be put in practice, so that their lives may be made happy and useful and they may become docile and harmless. Education does the greatest harm as it fosters the ill we would cure; in teaching them to write, we give them increased power of mischief, and therefore instruction should be given only in physical work. To prevent moral imbecility is a larger question still; the public require to be educated and informed that the intermarriage of persons tainted by insanity must be prevented, and that during the period of pregnancy great care should be taken to keep the future mother in a tranquil condition. The author is of opinion that castration should be adopted in cases of this kind, and mentions that the late Dr. Kerlin before his death strongly advocated it.

Dr. Barr is also the author of a paper on "The Influence of Heredity on Idiocy" in the *Journal of Nervous and Mental Disease*. He commences by quoting the opinions of various writers on heredity who all agree that peculiarities and abnormalities are apt to recur in descendants for many generations. The reason why only one in a family may be insane or idiotic, showing that the taint is concentrated, may be partly due to surrounding conditions and the temperament of the parents at the time of conception, and partly to prenatal influences acting on the child during the mother's pregnancy. Moreau of Tours pointed out that neuroses are interchangeable in transmission from generation to generation, and on examination we find that there are two laws at work; the first is a reversion to the original healthy and perfect type, so that the taint becomes less noticeable and after many generations is not found at all; the second causes the taint to become more pronounced, and a simple nervous disease may appear in successive generations in the form of a pronounced neurosis. After references to the work on the subject done by English authors, Dr. Barr refers to the results of the Commission appointed by the Legislature of Connecticut to investigate the cause of idiocy. The Commission reported that out of 164 cases, heredity was undoubtedly the cause in 70; this is much the same percentage as was found in the census of 1873, taken at Berne, when 55 per cent. of the idiots were noticed to come from neurotic families, and Dahl, of Norway, came to the same conclusion. Dr. Barr gives four genealogical tables, one by Dunlop, one by the author of this retrospect, and two by himself, which show how the predisposition to idiocy can be traced through three or four

generations. Consanguinity, the author finds, is not a common cause, and this agrees with the opinion of the English and French authors who have examined into the subject, although idiocy no doubt frequently appears where intermarriage has been frequent. An appalling example is that of the family known as "The Tribe of Ishmael," whose history traced through a period of forty years shows that from one neurotic man descended by consanguineous marriages two hundred and fifty families, numbering altogether five thousand individuals whose continuous criminal record has poured out a flood of imbecility and crime.

"*Merycismus* or *Rumination*, with a report of two cases," is the title of a paper by Dr. Riesman in the same journal. The first author to mention this disease was the great Italian anatomist, *Frabicius ab Aquapendente*, the teacher of *William Harvey*, who lived at *Padua* towards the close of the sixteenth and the commencement of the seventeenth century. The literature since then has been carefully reviewed by *Johannessen* and *Singer*, who both wrote monographs on rumination and to which those who are interested in the subject can refer for a very extended bibliography. *Rumination* is defined "as a periodic regurgitation of the food unattended by nausea, retching, or disgust, the regurgitated material being either voluntarily ejected from the mouth or again swallowed, remastication not being an essential part of the act." This regurgitation is analogous to the process of rumination in the lower animals, and the factors which cause this process are two—a lessening of the intra-thoracic pressure and an aspiration of the gastric contents. The stomach itself is passive, as *Majendie* proved in his famous experiment on vomiting, but writers are not in agreement as to whether abdominal pressure is necessary or not. *Rumination* is a reflex act and is presided over by a centre in the *medulla oblongata*, but though the mode of its production has been fully explained we are as yet ignorant of its cause. Pathological anatomy throws no light on the subject, for although *Arnold* and *Luschka* found in their respective cases dilatation of the lower end of the *oesophagus* and an unusual thickness of the internal branch of the spinal accessory nerve, yet the same condition has been noted in cases that did not present rumination during life, while in other cases the *oesophagus* was normal, and with respect to the hypertrophy of the nerve, its size is known to vary under normal conditions. The condition therefore must be looked upon for the present as a functional disorder of the stomach, and considered as a motor neurosis. The neurotic constitution is an important element in its causation, and a German physician, *Näcke*, who suffered from the affection, is of opinion that it is closely related to *neurasthenia*, for when his nervous system was most unstable, the rumination was most energetic. The disease is more common in males than females, and as a rule causes no serious disturbance unless the patient continually brings up the

regurgitated food. The treatment is very unsatisfactory and very few cases of cure have been recorded. Carminatives, electricity, and nerve sedatives have been employed, but with only temporary results. In one case, however, in which hyperacidity of the gastric juice existed, treatment of this condition permanently stopped the disorder.

GENERAL.

By J. F. G. Pietersen, M.R.C.S.

Epilepsy.

Reference to Flechsig's Bromo-opiate Treatment of Epilepsy was made in the last number of this Journal. Though the results chronicled have so far been few in number, the adoption of this form of treatment in severe or obstinate cases of epilepsy, especially when associated with pronounced mental disturbance, appears worthy of consideration. In the *Zeitschrift f. Psychiatrie*, Bd. lii., two communications have appeared, each of which gives most favourable results. Linke has administered opium and bromides in succession to seven epileptics, six males and one female, in all of whom marked psychical aberration existed. In rapidly increasing doses he exhibited opium first for six weeks, suddenly changing the medicament to large doses (7.5 grms.) of bromide, which being continued for another period of six weeks was then reduced to a daily dose of 5 grms. This is the method advocated by Flechsig, though other therapeutists have lengthened the periods of administration of each drug. Linke found that during the opium course the epileptic seizures increased greatly in number, and that the body weight in some cases showed a marked diminution. As soon as the bromides were substituted for the opium the fits immediately diminished in frequency, and the body weight in the affected cases increased again. The ultimate result of the treatment was that in one patient the seizures had not recurred from the commencement of the bromide course until the date of his paper; in another, one fit occurred on the third day after beginning the bromides, and then after an interval of freedom for nine weeks two seizures ensued; a third patient had a fit on the first morning of the bromide treatment, after which an interval of sixty-five days without fits elapsed, when the bromide had to be discontinued owing to bromism; five days after its withdrawal the patient had another fit. With reference to the mental condition two patients showed a comparative improvement, they became more cheerful and patient of control; one of these, who had been subject to accessions of intense furor, subsequently remained quite free from them. Two of his seven patients died during treatment, one apparently by reason of deleterious action of opium on an affected cardiac