

## PART IV.—NOTES AND NEWS.

## MEDICO-PSYCHOLOGICAL ASSOCIATION.

A quarterly meeting of the Medico Psychological Association was held in the College of Physicians, Edinburgh, on Thursday, the 26th November, 1874. Dr. Lowe occupied the chair during the early part of the proceedings, and Dr. Howden, Montrose, afterwards took his place. The following members were present:—Drs. Aitken, Clouston, Ireland, Batty Tuke, Brodie, James Maclaren, Sanderson, Thomas Howden, Rorie, Yellowlees, Anderson, Fred. Skae, and Campbell.

## BLOOD CIRCULATION OF THE BRAIN.

Dr. J. BATTY TUKE exhibited a series of injected specimens illustrative of the circulation in the brain. In the course of his remarks, he said that he, along with Dr. M'Kendrick and Professor Dewar, had directed their attention to the injection of the brain, and by a very ingenious process, devised by Professor Dewar, injections could be made with the greatest ease. These he now placed before the meeting, and although the results of the experiments were not yet perfect, and although he was not able to say what the total results would be, he was able to demonstrate certain points of interest. The specimens on the table represented the bottom of the *sulcus*, in which they would see the transverse cut end of a vessel from which came off a series of vessels starting to the right and left at right angles. From these secondary vessels they had three series of arteries; first a large and less numerous class, which went to the white matter, occasionally, though rarely, giving off a twig in their course through the grey matter. Directly the medullary arteries reached the white matter, they sent branches off to the right and left at right angles, which communicated again. Next there were medium-sized vessels, which went directly to the centre of the grey matter, and which were the most numerous. Then there were the terminal vessels, as far as the grey matter was concerned.

The other specimen was that of a cerebellum, and a very curious thing connected with it was that the cerebellum seemed to be a more highly vascular organ than the hemispherical ganglion. We generally regarded the organ which was highly vascular as having a more important duty to perform, but as yet we were completely in the dark regarding the duties of the cerebellum, and it was thus all the more curious to notice its high vascularity.

He was all the more desirous to point out the anatomical points connected with the vascularity of the brain, inasmuch as Dr. Durie had published a couple of papers in which he attempted to point out the manner of blood supply of the brain. In his opinion Dr. Durie's diagrams were very erroneous. It might be that the diagrams, being taken from the brains of the lower animals, were different from the human brain. Dr. Durie made the vessels go to the medullary matter, but he did not make them break off at right angles as he (Dr. Tuke) had found to be the case in every example he had examined. He hoped very soon to get a perfect injection of the brain, and to complete the experiment of simultaneous injection of artery and vein by which one could distinguish which was the artery and which the vein.

Dr. HOWDEN said he thought there was a great difference in the circulation of the blood in different animals, although he was not prepared to say what it was.

A vote of thanks was given to Dr. Tuke for exhibiting his preparations.

## PREPARATIONS SHOWING SMALL GRAPE-LIKE ANEURISMS OF THE PIA MATER AND BRAIN

Were next shown by Dr. HOWDEN (See Clinical Notes and Cases, p. 587).

Dr. TUKE—Did the person die of apoplexy?

Dr. HOWDEN—Of paralysis.

Dr. IRELAND asked whether they could be seen with the naked eye.

Dr. HOWDEN said they could, but not easily, unless they were known to be there.

## THE HALLUCINATIONS OF MAHOMET.

Dr. W. W. IRELAND read a paper on the hallucinations of Mahomet (see Original Articles, p. 561).

The CHAIRMAN asked if any inquiry had been made into the hallucinations of Joe Smith, at the Salt Lake?

Dr. IRELAND said he understood that Joe Smith was an uncommonly healthy individual, and he had always put him down as an impostor.

Dr. HOWDEN said he thought that one point which Dr. Ireland mentioned seemed

to throw doubt on the epilepsy of Mahomet—viz., that he was a man who had great influence over others. In regard to Napoleon, he understood that his epileptic fits were nocturnal, so that they were not likely to be seen by persons merely acquainted with him during the day. They knew that there were some great men who had epileptic fits, and he had no doubt there were some who had kindly recollections of an eminent Edinburgh professor who had epilepsy. From what he had read, he did think Mahomet was an epileptic, but he thought Dr. Ireland was right in believing that Mahomet's supposed revelations were not due to epilepsy, but were part of a studied system of manufacturing a religion, as it were. In regard to the poison which the Jewess administered to Mahomet, after the capture of the Jewish city, he thought that in most accounts of Mahomet it was represented that the poison influenced his health ever afterwards, and that his death was probably the result of the poison which had been administered fourteen or fifteen years before. He did not know any poison which would continue to act so long (a Voice: "except syphilis").

Dr. TUKE could easily understand men who had taken up a course of action like Mahomet, or Joseph Smith, or Luther, who had a strong desire to carry out the great object of their lives, getting overcome in this way by the over-exertion of their brains and by over-work, as no doubt they would fail to obtain the proper amount of sleep that was necessary for repose and recuperation, and which was so often accompanied by morbid manifestations. An exhausted brain was very often followed by a slight and transient attack of epilepsy, and the delusions of those men were those very much of an exhausted and over-worked brain, conditioned also by the superstitious style of feeling of that day. The mere fact of Luther referring one thing and another to the devil could not be taken in the same light as in the present day, when there was a great change of view in regard to the devil (laughter). He thought the over-excitement in the individual was the cause of many of the accusations of insanity which had been set down against some of the greatest men who had ever lived.

Dr. AITKEN said Dr. Ireland had remarked that no one ever saw Napoleon in an epileptic fit, but he recollected reading of one occasion when Napoleon was in a condition that suggested epilepsy. It was narrated in Alison's History of Europe that at the battle of Borodino, immediately before Napoleon entered Moscow, when the aide-de-camp came for instructions, he was unable, from being in a semi-comatose condition, to give any orders.

Dr. IRELAND said he knew that Napoleon was unwell at the battle of Borodino, but it was his impression that he must have had some severe illness before the particular conditions referred to, and that he felt unwell and unable to grasp the details of the movements of an army stretched over three or four miles, which would require an immense mental effort.

Dr. CLOUSTON said that Dr. Ireland had opened up a most interesting question, especially as concerned themselves and their speciality. From the point of view in which they looked at a question of this sort; from the way in which they looked at the mental and physical phenomena accompanying the lives of such men as Mahomet and Luther, he had no doubt that all of them had formed some theory of the brain condition and its outcome in many such men. The question—and it was a most interesting one—really came to this: How much of the lives of these men was to be accounted for by abnormal brain condition? None of them could lead the life of Mahomet, or of St. Francis, of Pnyan, Joe Smith, and others, without applying the results of their experience in morbid brain functions to explain some of the phenomena in the lives of some of those men. Setting aside altogether, as a thing with which they had nothing to do, the purely spiritual aspects or spiritual theories, they found that there was a sequence of phenomena in the lives of those men, partly healthy and partly morbid, which their experience threw light upon. Taking the life of Mahomet and Luther, they found, in the first place, that these men arrived at a mature time of life before there was anything specially noticeable about them. Then those men, one and all of them nearly, took an attack of what they might call melancholia. Some of them went and secluded themselves from the world, and did not attend to their avocations. Their previous life and interests and habits were changed. The chief of the morbid phenomena in these men's lives took place in the melancholy period. They did not take place in the period of life when they exhibited their greatest mental power, or influenced living men most. As a general rule, the things that seemed most like hallucinations took place during the melancholy period. Now, without committing one's self to the theory that this

period was of the nature of insanity—because he thought the brain could be in a condition far from its normal state, so as to produce symptoms like melancholia, and yet have nothing of the nature of real insanity about it—it had occurred to him that an addition must be made to Dr. Tuke's theory of over-work, which did not explain all, because these men did not over-work their brain before they had the melancholia. They were not to suppose that Mahomet had over-worked his brain. He was a quiet, respectable Arab before he took his melancholic attack. It seemed as if it were a natural development in the brain-life of those men that their brains should quietly develop without any great outcome, the power of the brain-cells being stored up to a certain period, and that at that period the evolution took place, which was the beginning of their public lives. Many of the phenomena of this evolution showed that they had an unequal brain development, that the mental portions of their brain, being enormously developed, but not brought into full exercise up to a certain time in their lives, when the mental brain-cells then let loose their stored up power, it was too much for the sensory and motor centres, so causing hallucinations and epileptiform symptoms. They knew that the brain was divided into different portions, and he thought the phenomena of hallucinations were caused by the extravagant exercise of the mental portions of the brain, just as Ferrier found when he applied electricity to the convolutions of the brain of a monkey, that it had such an effect on the motor centres inside as to cause an attack of epilepsy to come on. When the mental portions of Mahomet's brain came into exercise, he did not sleep, and was subject to intense nervous action and exhaustion, and abnormal actions of the weakest parts were likely enough to result. Mentally, they could quite understand that he might then have hallucinations and epilepsy. Luther's dizziness and want of sleep and the "din" he heard were the result of the intense working of the cells in the brain convolutions, preventing the auditory centres from having proper rest and repair in sleep.

Dr. SKAE said he thought Dr. Ireland seemed quite justified in his opinion that the fact of Mahomet being an epileptic, even if it were proved, would not account for his career or religious beliefs; rather the reverse, there was a difficulty in reconciling the fact of his taking fits with his great career. It seemed, however, from Dr. Ireland's own paper, that the assertion that he took fits rested on as trustworthy evidence as his hallucinations, which Dr. Ireland admitted.

Dr. YELLOWLEES said he thought they must go a step further back. In all those cases there must surely have been some amount of emotional disturbance in one special direction. In Luther's case something suddenly occurred which made him open his eyes and say—"Dear me; has all the past been a delusion, and are all these new truths going to upset my previous notions?" With that, one might understand how he would pass sleepless nights and experience epileptic and nervous disturbances. In the same way, when Mahomet was plotting in the caves as to his future career, it might have the like effect, but it appeared to him that to account for these brain disturbances we must have some emotional causes. The melancholic period might not be a morbid phenomenon at all. What was more natural than that St. Paul, after what he saw, should have his career followed by a strange alteration of his whole life and character?

Dr. CLOUSTON said he did not dispute the emotional disturbances, but he wished to bring out that in such cases there was an unequal brain disturbance. He did not in the least dispute or doubt that originally there was a mental, and emotional, and a spiritual influence in many of those men, but none of these things could be manifested except through the brain, and it was our business to explain how, during such manifestations, certain morbid nervous phenomena also occurred. This we could only do rightly by a reference to the physiology of the brain. He thought it would be ridiculous to put down all epileptics as being poor, weak-minded creatures, because we saw most of our epileptics so.

Dr. HOWDEN said it would be interesting to know if there was any evidence of an inequality of Mahomet's brain. His life appeared to be consistent. He was born at the time when the Arabs had become intensely idolatrous. He was a man of high religious sentiments, and he pondered over those idolatries. He had evidently become acquainted with the writings of the Jewish prophets, and also to a certain extent with the life of Christ, and with the epistles. He had first been of opinion that Mahomet might have been an epileptic. He thought the hallucinations (if he had any) might have been caused by his religious character—by his previous training and thought. There was no doubt that in many respects Mahomet, in the time he lived, was not only a very great man, but a good man, and did a great deal of good among the tribes in which he lived.

Dr. CAMPBELL said that all brains were not made like the American "one-horse shay." It was well known that, for instance, one portion of Sir Walter Scott's brain gave way before the rest.

The CHAIRMAN said that in the absence of Mahomet's brain he did not think they should go on further with the subject. (A laugh.)

The CHAIRMAN said they were indebted to Dr. Ireland for his interesting paper, and the discussion which subsequently took place was also interesting. It was a subject which could scarcely be discussed fully off-hand; and it was one which required a great deal of reading and thinking before they could make up their minds fully in regard to it.

#### PERIPHERAL IRRITATION IN RELATION TO EPILEPSY.

Dr. JAMES MACLAREN read notes of three cases which illustrated the effect of counter irritation in long standing epilepsy. The first was that of a gentleman in whom there existed a strong neurotic taint, and who became epileptic after a fall on the head. Various remedies were tried, including trepanning over the seat of injury, but none were effectual in curing the disease. After the epilepsy had existed about fifteen years, the gentleman sustained a severe burn of the hip, leading to a slough, the wound consequent on which did not heal for thirteen months. During this time the epilepsy was completely in abeyance, but has returned since the healing of the wound. In another case, the occurrence of malignant sores in the groin led to a cessation of epileptic fits for eight months, in a patient who had been subject to them about every fortnight; and in a third, who took them almost daily, they ceased during the process of healing of a fractured humerus. These cases seemed to Mr. Maclaren to show that the locality of a counter irritation has little to do with its effect on epilepsy, but that this agent acts by causing a shock to, and strain on, the nervous system, thus becoming derivative of nerve force which otherwise would be expended on the convulsions.

#### MANIA A POTU.

Mr. H. HAYES NEWINGTON'S paper on this subject was then read by Mr. JAMES MACLAREN.

Having briefly glanced at delirium tremens, dipsomania, and chronic alcoholic insanity, the writer discussed the subject of his paper. He believed that the term *mania a potu* should be reserved for those cases where a transient and violent mental disturbance is occasioned by a dose of alcohol utterly inadequate to upset a sane person. He considered that *mania a potu* does not necessarily presume that craving for stimulants which marks dipsomania. The patient generally had a brain constitution that would not allow him to be steady, but prompted him to seek pleasure in any available way. Alcohol is by far the readiest to hand, and therefore is first flown to. The small amount of bodily affection marks off a case of this kind from delirium tremens, and the transient nature of the disturbance does the same from dipsomania and chronic alcoholism. He also pointed out the danger of assigning drink as a cause in every case that is reported. He cited examples where insanity clearly preceded the drinking, although a certain amount of colour was given to the symptoms by the quantity of alcohol taken. An insight into the previous morality of the patient is of the utmost service, as *mania a potu* may be said never to attack a person who has led anything like a moral life up to the time of seizure.

Dr. YELLOWLEES said he had listened with great pleasure to the paper, and was glad to agree with much that was contained in it. He was not sure that he would define *mania a potu* in the same manner, and he did not think that he would give all the degraded moral tendencies that the paper had given as symptomatic of the disease. It entirely depended on what they meant by *mania a potu* as to whether he should agree with the paper or not. Certainly some of the cases given were not *mania a potu*, but recurrent dipsomania, of which smoking cigar ends and leaves was a typical instance. His own impression was that *mania a potu* ought to be restricted to that acute transient mania which came instead of delirium tremens. Why it came he did not know, except that it might attack the brain in such a way that it was upset sooner. The acute excitement appeared to be a transient attack of acute mania, with no special or specific delusions. This seemed to him to be distinct from the "insanity of intemperance." The one was an attack which came in place of delirium tremens, but the other never had an acute and violent form at all. A man with the latter thought that men were coming after him at the corner of the street, went upstairs, and bolted the door. In the night he was restless, and during the day he did not like to go to his work. That kind of attack

went on till everybody said he was mad, but that was different from the mania. A man recovering, after being a lengthened period in the asylum, might have the suspicious delusions. He thought that the two classes of cases were pretty distinct, the one being characterised by greater excitement than the other. It might be said that it was difficult to draw a definite line, the cause being the same, viz., the influence of the poison on the nervous centres. As to the influence of the hereditary tendency, he entirely agreed with that, and did so the more his attention was called to it. Indeed, the weight of the hereditary influence in such matters impressed him more and more, and he believed there was nothing more hereditary than drinking. *Mania a potu* never attacked a steady person, but in his opinion it might occur in a person whose previous life was orderly and reasonably good, who had recently taken to drinking. He thought that the immoral tendency did not belong to the mania, but to the recurrent cases of dipsomania. He believed that this subject was one in regard to which societies like theirs might exercise no little weight and do a great deal of good.

Dr. TUKE said that this was a subject which demanded special attention from the Association. It was a subject as to which they felt completely powerless when there happened, week after week, an unhappy father or mother asking "What can we do?" He thought that in many cases there was no power in the world that would do any good. Mr. Dalrymple had called his Bill the "Habitual Drunkards' Bill," but Dr. Skae said it should be called the "Insane Drunkards' Bill." Of course every drunkard pricked up his ears when he found he was liable to be confined three times in the course of the year. If that was to be the fact in every manufacturing county, we would have to enlarge our asylums. In the mining districts, a man got a little drink on the Friday, more on the Saturday, still more on the Sunday, and then amused himself on the Monday. That would be 52 times a year, and it could not be what Mr. Dalrymple meant. Many of the provisions were completely unworkable. A man was to be committed and released by a justice of the peace. There could be no possible difficulty, in the multitude of justices of the peace, in getting a discharge, so that the act was unworkable. But it called attention to the facts, and it would not be difficult to re-arouse society, as there was a strong call for such a measure by which insane drunkards could be dealt with. He believed that if the subject were distinctly put before the public a scheme somewhat on the same principle as some of those which obtained in certain states of America might be adopted.

Dr. IRELAND said that this was certainly a very important subject; and that although what were called types of the disease had no real existence, it was quite necessary that they should have certain definitions, and if possible hold to them, especially if legislation should be taken on the subject of drunkenness. As far as he could see the matter, he thought that insanity from drunkenness might be divided into five types—first, delirium tremens, which was generally of a very distinctive type, and could with little difficulty be recognised. The other types were much more difficult. It would not be difficult for a man with experience to find types mentioned by Dr. Newington and Dr. Yellowlees. He objected, in the first place, to *mania a potu*. That was madness from drinking, and included all the types. He must say that intemperance was a word that might be applied to a great many things besides drinking. He had often seen some cases, after a bout of drinking, to have a glancing eye, a dry skin, and a quick pulse, those cases being different from delirium tremens (which was produced in some cases with difficulty, and in others very easily). Those cases formed his second type. The third type was dipsomania, different in this respect, that the dipsomaniac at certain times will not care about drink at all, but at times a desire for drinking came and overpowered him. The fourth type was drunkenness, which was insanity as long as it lasted. He did not know what alcoholic dementia was altogether, but he should think it might be a type too. It might result from dipsomania; it was the result of consumption of alcohol for a long time, which, after various stages, took the form of dementia.

The CHAIRMAN (Dr. Howden) said he thought the last form was the result of brain disease, and was often caused by chronic drinking.

Dr. CAMPBELL said that after what they had heard the question was, what was to be done? Mr. Dalrymple's bill had come to an end, and he thought the Glasgow people were practically trying to do what they could to cure the evil by their new punishment for drunkards; and he also thought it would be well for them as a society to consider what was to be done to the same end. He thought that the classes could be divided into two—long attacks and short attacks. As to the first, the plan might be to retain the patient for a few days. Those afflicted with longer

attacks might be confined in an asylum, though these patients were a thorough nuisance to asylum superintendents

Dr. SANDERSON said that, practically, the less that medical men had to do with them the better.

The CHAIRMAN said that one way was to restrain a man, and the other to punish him. Why put him in an asylum?

Dr. SANDERSON suggested that a gaol would be more suitable for some persons than an asylum, and it was quite as healthy.

Dr. IRELAND said it might be charged against a man—"You are worrying your wife; your children are growing up uneducated; you are a pest to society. You should be punished by twelve months' imprisonment." He thought that that ground could very well be held.

Dr. TUKE said he believed that would do away with three-fourths of the difficulty.

Dr. YELLOWLEES said that the great practical difficulty was to draw the line where a man ceased to become a blackguard and became a patient. It was a most difficult subject. He thought all would agree that they were no cases for the ordinary asylums.

Dr. IRELAND said he knew one voluntary case that went into a Musselburgh Asylum; but he thought he asked to get out the next day (laughter).

The CHAIRMAN said that the great questions as to insane drinking were how to prevent it coming on, and what were the chances of cure. It was twenty years since he first had to do with asylums and dipsomaniacs, and he only knew of one instance in which he had reason to believe the person got over his drunken habits.

Dr. YELLOWLEES said he knew of only one case of the same kind, and perhaps it was the same one as referred to by the Chairman. He asked whether it was the opinion of the meeting that it was right and wise always to cut off the supply of alcohol from a patient.

Dr. SANDERSON said he thought the patient should get a certain quantity.

Dr. TUKE said he did not see any harm in cutting it right off.

The CHAIRMAN said he thought it might depend a good deal on the condition of the patient. He would not stop it in cases of paralysis or dementia, or in that of a broken down constitution, in which a man would die in the course of twelve months if he was not kept up.

Dr. AITKEN said he was in the habit of stopping drink in all cases of acute drunkenness.

Dr. YELLOWLEES said his opinion was that in every case, except where the bodily condition forbade, and where a man would sink, alcohol should be stopped at once. He never saw that the stoppage of it did any harm.

The CHAIRMAN said there was another aspect of drinking, from which arose great domestic misery, and that was the idea that prevailed amongst many women that a man would get rid of insane drinking when he married. He had known many a man whom the woman knew perfectly to be a drunkard before, but whom she married, relying on her power to cure him. For one, however, that he had known to be cured, he had known very many that went from bad to worse.

Dr. YELLOWLEES said there was another thing to which he would refer, and that was the habit of giving wine to children, which he believed was the cause of a great deal of intemperance.

Dr. IRELAND said there was nothing getting more common than the practice referred to.

Dr. SANDERSON said that there were many young men who took wine and toddy with their fathers. The practice from the beginning was to give the children a "wee sip," and they afterwards, in many cases, became drunkards.

The CHAIRMAN—I think it is a fact that every child dislikes stimulants at first. They require to be educated.

The subject then dropped.

On the suggestion of Dr. CAMPBELL it was agreed to have an earlier preliminary notice of the meetings of the Association, and to advertize in the principal medical papers where the meetings would be held.

On the motion of the CHAIRMAN a cordial vote of thanks was awarded to the President and Fellows of the College of Physicians for the use of their Hall.

A vote of thanks was given to the Chairman, and the proceedings terminated.

## WOLF-CHILDREN.

Wolf-children are like sea-serpents. Though scotched and killed, they turn up again and again, each time in fuller vigour and supported by more powerful witnesses. I take no interest in sea-serpents, but the question whether children have ever been suckled, reared, and educated by wolves is one of considerable importance in the treatment of ancient myths. There are, of course, many elements in mythology which are purely miraculous, such as the birth of Achilles, as well as of Helen, and no comparative mythologist would trouble students of natural history with questions on the physical possibility of such events. But there are other ancient stories which, though incredible to us, are in themselves not impossible. Here it is absolutely necessary that the question of their physical possibility should be settled first, before we can place them in the category of the miraculous, and apply to them the proper tests for discovering mythical ingredients. Whether children, carried off by wolves, could be suckled and kept alive in a den for any length of time, is surely a question which students of natural history, and even practical sportsmen, might settle for us once for all, while the documentary evidence in favour of the existence of such wolf-children might exercise the ingenuity of some of our cleverest lawyers. When they have done their work, and not till then, the work of the comparative mythologist will begin. I therefore proceed to put together some of the best authenticated cases of wolf-children, without, however, presuming myself to pronounce any opinion, either adverse or favourable.

The *Journal of the Asiatic Society of Bengal*, one of the most useful publications of the kind (it was founded in 1832, as a continuation of the *Asiatic Researches*, 1788-1832), has lately taken up this subject again. In the *Proceedings* for June, 1873, there is a curious article, "Notes on Children found living with Wolves in the North-Western Provinces and Oudh, by V. Ball, Esq., B.A., Geological Survey of India." The author, after some prefatory remarks, gives the following extracts from a letter received from the Rev. Mr. Erhardt, Superintendent of the Orphanage at Secundra, in reply to his request for information regarding a boy in that institution, who was alleged to have been found living with wolves.

"We have two such boys here, but I fancy you refer to the one who was brought to us on March 5, 1872. He was found by Hindus, who had gone hunting wolves in the neighbourhood of Mynpuri. Had been burnt out of the den, and was brought here with the scars and wounds still on him. In his habits he was a perfect wild animal in every point of view. He drank like a dog, and liked a bone and raw meat better than anything else. He would never remain with the other boys, but hide away in any dark corner. Clothes he never would wear, but tore them up into fine shreds. He was only a few months among us, as he got fever and gave up eating. We kept him for a time by artificial means, but eventually he died.

"The other boy found among wolves is about 13 or 14 years old, and has been here almost six. *He has learnt to make sounds, speak he cannot, but he freely expresses his anger and joy.* Work he will, at times, a little, but he likes eating better. His civilization has progressed so far that he likes raw meat less, though he still will pick up bones and sharpen his teeth on them.

"Neither of the above are new cases, however. At the Lucknow madhouse there was an elderly fellow, only four years ago, and may be alive now, who had been dug out of a wolves' den by a European doctor—when, I forget, but it must be a good number of years ago.

"The facility with which they got along on four feet [hands and feet] is surprising. Before they eat or taste food they smell it, and when they don't like the smell they throw it away."

"Mr. Ball then quotes the well-known story [vide *Ann. and Mag. Nat. Hist.* 1851, p. 163] of the capture of one of these wolf-reared children on the banks of the Gumpti, who was afterwards taken to Lucknow, and who is in all probability the 'elderly fellow in the Lucknow madhouse' referred to in Mr. Erdhardt's letter.

"The writer then draws attention to a remarkable feature in all the stories, viz., that the wolves are invariably alleged to have communicated much of their natural ferocity, and notably untameable disposition, to their foster-children, and attempts to account for their somewhat unwolf-like treatment of them.

"The author, in conclusion, states that his object in putting forward this account is to bring about a thorough investigation of a subject which, if these stories of wolf-reared children could be substantiated, must prove of considerable physiological interest and importance.

"Mr. Blandford said he could not think the evidence adduced by any means satisfactory, and he would be glad could anyone, endowed with some amount of judicial scepticism visit the Secundra Orphanage and ascertain, as far as possible, on what kind of testimony these accounts of wolf-children really rested. He did not, of course, question that the Superintendent of the Secundra Orphanage wrote in good faith that which he really believed.

"After some further discussion it was agreed, on the motion of the President, that the Secretary should write to the Superintendents of the Secundra Orphanage and the Lucknow Lunatic Asylum, so as to obtain, if possible, further information on the subject."

In the *Proceedings* for August, 1873, the following letter was read from the Rev. Mr. Erdhardt, in reply to a letter of the Secretary, asking for further information as to the fact of the finding of certain children in the company of wolves. Mr. Erdhardt gave no new facts, but stated his very strong belief of one of the children referred to having been burnt out of a wolves' den, such belief being founded on the extremely animal-like and filthy propensities of the child when brought to the asylum, the recent burns on his person, and the testimony of the persons who brought him.

This evidence might probably be set aside if it stood by itself; but it must be recollected that stories of the same kind, and supported by much more business-like witnesses, have appeared in the Indian papers during the last fifty years. The most important witness is the late Colonel Sleeman, a man of unimpeachable character, one of those truly great men whose names are known less than their works. He was Commissioner for putting down Thuggee, and probably knew more of the real life and character of the people of India than any Indian officer. His *Rambles* are still one of the most useful and delightful books, and have been quoted on this very subject of Wolf-children by Grote in his *History of Greece*. He was afterwards Commissioner for Oude, and it is from his book, *Journey through the Kingdom of Oude*, 1858 (vol. i. p. 208), that the following statements are taken. According to Colonel Sleeman, the number of the little victims carried off by wolves to be devoured is so great in some parts of India that people make a living by collecting from the dens of wild animals the gold ornaments with which children in India are always decked out by their parents. It is said even that the people are unwilling to take part in any wholesale destruction of wolves for fear of losing their livelihood.

From a number of cases, more or less fully attested, of wolves taking compassion on a child, and bringing it up together with their own cubs, I select the following:—

"A trooper, sent by the native governor of Chandour to demand payment of some revenue, was passing along the bank of the river about noon, when he saw a large female wolf leave her den, followed by three whelps and a little boy. The boy went on all fours, and when the trooper tried to catch him, he ran as fast as the whelps, and kept up with the old one. They all entered the den, but were dug out by the people with pickaxes, and the boy was secured. He struggled hard to rush in every hole or den they came near. He became alarmed when he saw a grown up person, but tried to fly at children and bite them. He rejected cooked meat with disgust, but delighted in raw flesh and bones, putting them on the ground under his paws like a dog. *They tried to make him speak, but could get nothing from him but an angry growl or snarl.*"

So far, the evidence rests on native witnesses, and might be considered as more or less doubtful. But the boy, after having spent a short time with the Rajah of Harunpoor, was afterwards forwarded to Captain Nicholetts, the European officer



commanding the First Regiment of Oude Local Infantry at Sultanpoor. Captain Nicholetts made him over to the charge of his servants, and their accounts completely confirm what was stated before. The wolf-child could devour anything, but preferred raw meat. He once ate half a lamb without any effort. He never kept on any kind of clothing, and a quilt stuffed with cotton, given to him in the cold weather, was torn by him and partly swallowed.

In a letter dated the 17th and 19th of September, 1850, Captain Nicholetts informed Colonel Sleeman that the boy had died in the latter end of August. He had never been known to laugh or smile. He formed no attachment, and *seemed to understand little of what was said to him*. He was about nine years old when found, and lived about three years afterwards. He would run on all fours, but occasionally he walked uprightly. *He never spoke; but when he was hungry, he pointed to his mouth*. Only within a few minutes before his death, the servants relate that he put his hands to his head, and said "it ached," and asked for water: he drank it, and died.

Another instance is related by Colonel Sleeman as having happened at Chupra. In March, 1843, a man and his wife went out to cut their crop of wheat. The woman was leading her boy, who had lately recovered from a severe scald on the knee. While his parents were engaged, the child was carried off by a wolf. In 1849 a wolf with three cubs was seen about ten miles from Chupra, followed by a boy. The boy after a fierce resistance was caught, and was recognized by the poor cultivator's widow, by the scald on the left knee, and three marks of an animal on each side of his back. He would eat nothing but raw flesh, and *could never be brought to speak*. *He used to mutter something, but never articulated any word distinctly*. The front of his knees and elbows had become hardened from going on all fours with the wolves. In November, 1850, Captain Nicholetts ordered this boy to be sent to Colonel Sleeman, but he got alarmed and ran to a jungle. The evidence therefore of this case rests, to a certain extent, on native authority, and should be accepted with that reservation.

The same applies to a third case, vouched for by the Rajah of Hasunpoor, which adds, however, nothing essential, that the boy, as seen by him in 1843, had actually short hair all over his body, which disappeared when he took to eating salt. He could walk on his legs, *but he could not speak*. *He could be made to understand signs very well, but would utter sounds like wild animals*.

Another, a fourth case, however, is vouched for again by European witnesses. Colonel Gray, who commanded the First Oude Local Infantry, at Sultanpoor, and Mrs. Gray, and all the officers of the place, saw a boy who in 1843 had been caught while trotting along upon all fours by the side of a wolf. *He could never be made to speak*, and at last ran away into the jungle.

A fifth case rests on the evidence of a respectable landholder of Bankeepoor, in the estate of Hasunpoor (called Zoolfukar Khan). Here too the boy, who had been six years old when carried off, who was ten when rescued, *could not be brought to speak, though it was easy to communicate with him by signs*.

One other statement of a wolf-boy is given by Colonel Sleeman, but as it rests on native evidence only, I will only add that this boy also, when caught, walked on all fours, ate raw meat, but smelt like a wolf. He was treated kindly, but though he learnt to behave better and walk uprightly, *he never could understand or utter a word, though he seemed to understand signs*. One witness states that he uttered the name of a little girl that had been kind to him (Abodeeca), and that he showed some kind of attachment to her; but this sentimental trait is not confirmed by other witnesses.

There are other cases, but those which I have selected are to my mind the best attested. They all share one feature in common, which is of importance to the student of language more even than to the student of mythology, viz., the speechlessness of these wolf-children. It was this fact, more than the bearing of these stories on a problem of mythology, which first made me collect the evidence here produced. For as we are no longer sufficiently wolfish to try the experiment which is said to have been tried by a King of Egypt, by Frederic II., James IV., and one of the Mogul Emperors of India (*Lectures on the Science of Language*, 7th ed. vol. i., p. 394), viz., to keep babies in solitary con-

finement in order to find out what language, if any, they would speak, these cases of children reared by wolves afford the only experimental test for determining whether language is an hereditary instinct or not. Two things have to be decided, and I suppose can be decided by competent judges:—

1. Are these stories physically possible? Will wolves, when they have ceased to suckle, and after they have driven away their own cubs, allow a human cub to remain with them?

2. Are the stories attested by witnesses who were capable of sifting evidence? The further question, whether English gentlemen and officers would wilfully have perverted the truth, need surely not be asked—certainly not in the case of Colonel Sleeman.

The fact that in the mythologies and traditions of people widely separated from each other, and apparently unconnected by language or religion, we meet with stories of children suckled by wolves, should be kept entirely out of sight for the present, for it would only serve to confuse the question before us. Let it first be settled whether the cases adduced are sufficiently attested; secondly, whether there are physically possible, and we shall then be better prepared to say whether they are real and historical elements in the story of Romulus and Remus, and other gods and heroes of antiquity, or whether such stories must be looked upon as simply miraculous, and treated in the same manner as all other mythological deposits, whether of ancient or modern growth.—*Max Müller, Academy, Nov. 7, 1874.*

(*The Professor does not appear to have seen Dr. Ireland's paper on this subject.*)

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### Obituary.

#### THOMAS W. SHIELL, M.B.

It is with considerable regret we have to announce the deaths, since our last issue, of two of the Medical Superintendents of the District Hospitals for the Insane in Ireland, both much esteemed members of our Association. The first is that of Thomas W. Shiell, Esq., A.B., M.B., of the Enniscorthy Establishment, who was found dead in his bed, from heart disease, on the 19th of October last, having been in office since the opening of the institution in 1862, and all that time a most efficient and humane performer of his arduous duties. His sudden removal was a cause of the greatest grief to all, both patients and attendants, under his charge, as well as throughout the district, where he was highly and generally respected for his duly appreciated ability and conscientiousness as a public officer. Dr. Shiell, whose age was about 45 years, was married, but without issue; he had been previously an Assistant Surgeon in the Army, and was the son of the late Visiting Physician of the Clonmel Hospital for the Insane. The vacancy thus so unexpectedly caused has been filled up by the transference to it of Joseph Edmundson, Esq., M.D., the Resident Physician and Superintendent of the Castlebar District, at the head of which he had been since 1863, having been previously the Medical Superintendent of the Clonmel Auxiliary District Hospital for the Insane.

#### RICHARD EATON, M.D.

The other death referred to is that of Richard Eaton, M.D., the Resident Medical Superintendent of the Ballinasloe District Hospital for the Insane, who succumbed on the 7th ultimo, after a short illness, from the effects of pneumonia, at the premature age also of 45 years, the last eleven of which, viz., since 1863, he had been in office at Ballinasloe; always sustaining his responsible position in such a manner as to obtain unmixed praise from the higher authorities, and the love and esteem of all under his immediate professional charge. Prior to his appointment by the Irish Government to Ballinasloe, he had been Assistant Medical Officer for some time at the County Stafford Asylum, his departure from which was much regretted.