

## PART III.—PSYCHOLOGICAL RETROSPECT.

1. *American Psychological Literature.*

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“American Journal of Insanity,” Vol. xxxiv., January, 1878, No. 3.

“The Journal of Nervous and Mental Disease,” Vol. iii., January, 1878, No. 1.

“Archives of Medicine,” Vol. i., April, 1879, No. 2. June, 1879, No. 3.

(Continued from July 1879.)

The number of the “American Journal of Insanity” Vol. xxxiv. No. 3, contains the address on “Mental Hygiene,” delivered by Dr. Gray, the Editor, at the International Medical Congress, at Philadelphia. To cite all the passages which convey the principal truths which Dr. Gray wishes to enunciate in his terse and striking language would occupy a large part of the space at our disposal. The term is certainly employed in a very comprehensive sense. It “covers all the broad field of human energy, embracing all the professions and every branch of industrial life. It looks after man’s moral as well as his intellectual nature, for the two cannot be separated. It enters into his domestic and social conditions, and follows him in his duties as a citizen.” The problem is no less than to discover the best scheme for the development of human nature and the control of his passions.

“It resolves itself, on the mental side, into a statement of the best methods of education and training to secure the highest and truest culture. And this is the line of thought which forces itself upon the mind as the true exposition of the words mental hygiene—a system of culture embracing all the interests of man in all his relations of life; education in its highest expression and broadest application; education to secure, not simply a knowledge of man and of nature and her laws, and the awakening of the faculties to a deep obedience which will make man reverence *her* in all *her* works and ways, or in the beautiful language of Professor Huxley, ‘the instruction of the intellect in the laws of nature, under which term I include not merely things and their forces, but men and their ways, and the fashioning of the affections and the will into an earnest and loving desire to move in harmony with these laws,’ adding ‘for an education means neither more nor less than this’—clear emphatic words of which no one can mistake the meaning; but far more than this, we should demand a broad and deep culture of man which would

do all this, and which would also awaken in the soul a full consciousness of its responsibility to One by whom all things exist; an education which would not only raise man to harmony with the laws of nature, but which would also raise him to obedience to the laws of God, which would make his life real, earnest, pure, and useful." Dr. Gray quotes Bulwer in the "Caxtons," curing a young scholar at Cambridge who suddenly caught a cold fit of free-thinking, with great shiverings, from wading out of his depth in Spinoza. "Wading out of his depth," observes Dr. Gray, "is admirable. . . . If we look through the history of such mental drifting, we cannot but recognise it as productive of vast evil. . . . Now the mental hygiene suggested by Bulwer was as admirable as his diagnosis." Dr. Gray enforces the necessity of practical occupation to save the mind becoming unbalanced by speculation. "All can find, in morbid states, some serious mental occupation, if it be only their own sphere of labour, or some useful course of reading which will occupy them out of themselves; this is the secret, out of themselves. This would be substituting *action* for mere sentiment, a most important principle in mental culture. No lesson is more important than this, and it gives emphasis to what all experience teaches, that *in the substantial realities of life* are to be found the true sources of healthful mental discipline and growth."

Passing from individuals to nations, Dr. Gray observes that the lesson of mental hygiene, learnt from all examples, is "not that education and wealth, nor the refining influences of æsthetic art, will suffice for the highest development of national mind, but that if underneath, and through all these are not interwoven the great truths of moral responsibility to the author and upholder of all governments, lifting man above the dominion of the baser passions, the nation dies as an individual dies."

Since this Address was delivered, its author has visited our country, and been heartily welcomed for his reputation as an alienist, for his geniality, and for his moral worth, the only cause of regret being that he was prevented by a Continental tour from fulfilling his intention of being present at the Annual Meeting of the Association last August, where he would have met with a cordial reception. The Editors of this Journal would express a hope that Dr. Gray may before long be able to revisit their shores.

The "Association Reminiscences and Reflections," by Dr. Farland, are extremely interesting. Distinguished American alienists, familiar as household words to ourselves, and now gone to their rest, are described with a graphic and appreciative pen. The Association was formed in 1844, three years after the formation of our own. Only four of the men who met together to establish it, are alive—Drs. Ray, Butler, Earle, and Kirkbride. Of those whose obituary notices are given, we should suppose Bell was, take him all in all, the most remarkable man. We should have liked to find room for nearly the

whole of the portraiture, but must restrict ourselves to a curious reference to his taste for occult enquiries. "He approached 'Spiritualism,'" it is related, "strictly in the spirit of scientific enquiry. On more than one occasion some of his observations were communicated at meetings of the Association, but never apparently transcending the ground of the cautious scientist. It may have been only the surmise of observing friends—and it is here given as hardly more—that these investigations, perhaps unconsciously to himself, gave a cast of their own to the closing parts of his life; that there was, despite his always expressed scepticism as to anything supernatural in what he observed and described, a melancholy fascination in enquiries, that even in the idea brought him into relations with the loved and lost."

This sketch of the Association closes with a summary of what it has accomplished, and traces, no doubt justly, the present condition of the American asylums to the sustained impulse it has given to their management. Doubtless the observation is correct that "if there are yet remaining complaints of the bearing of Expert testimony, as its province is entertained by this body, we are confident that it is not a fault of these principles in themselves, but rather of imperfection of legislation, or the failure of Courts to assign to them their well-defined and proper place."

We have always considered that the Association of the Alienists of America sets us in England a good example in the extended period over which their annual meetings last, and the consequently much larger amount of work they get through. We think that were we Americans, we should meet the English advice so often proffered on the subject of mechanical restraint by a challenge to this effect—"If you will copy us in the character of our annual meetings, we will begin to consider whether we will not copy you in the matter of non-restraint."

An article on Chloral, by Dr. Macdonald, should be read along with that by Dr. Savage in this Journal (April, 1879). He concludes that this drug primarily tends to increase the force of the heart's action, as shown by an increase of arterial tension and a decrease of the pulsations; that large doses prolong this effect, but the reduction in their number is not proportionate to the dose; that its secondary effect is to diminish both the force of the cardiac impulse and the arterial tension, and that its active effects are most marked in from twenty minutes to an hour. These effects resemble chloroform, but they appear less rapidly and continue longer; sense of weight in the head, numbness or prickling of extremities with gradually increasing drowsiness. Patient becomes loquacious, his speech thick, and he is unable to articulate distinctly. There is warmth in the stomach; his gait becomes unsteady, and he acts as if partially intoxicated. If recumbent he soon succumbs, and sleeps soundly, but can be easily aroused. Over chloroform its great advantage is comparative slowness of action, its *safety* and ready control.

So far from producing cerebral congestion, as asserted by some, it arrests the functions of the brain by diminishing the blood supply. It is unequalled as an hypnotic, and is invaluable in insomnia from cerebral hyperæmia in 20 to 40 grain doses, repeated every four hours, *s. o. s.* The sleep lasts from four to eight hours. Repetition does not diminish its power. Restlessness and muscular activity by day is controlled by small doses (*gr. x to xx*). The main cause for caution is in *organic* disease of the heart, but the danger is greatly lessened by digitalis.

The bromides and hyoscyamus are most useful adjuvants. In acute mania, with rapid tissue changes, stimulants should be combined. The importance of chloral in infantile and puerperal convulsions is insisted on. Dr. Polaillon, of Paris, uses it as an enema in the former (*gr. iij aquæ ʒv*), repeated twenty-four hours after. Dr. Salter's experience, recorded in the "Practitioner," is quoted in regard to chorea minor, in which 45 grains, twice daily, in an enema were given; increased with success to 60 grains. The use of chloral as an anæsthetic by Professor Bouchut, of Paris, is cited; he having employed it with children in 10,000 cases, without one fatality.

"Surely," concludes the author, "the results which I have mentioned, must tend to establish the value of chloral as a therapeutical agent."

A striking example in a female of resolute determination to mutilate herself, is described by Dr. Channing. The literature of self-mutilation appears to be rather scanty. There was a remarkable degree of anæsthesia in this case.

"The Journal of Nervous and Mental Disease" for January, 1878, contains many valuable articles. The first, "Contributions to Encephalic Anatomy," by Dr. Spitzka, is alike minute and accurate. Dr. Ray's paper, "On the Cost of Constructing Hospitals for the Insane," is written in a liberal spirit, while at the same time it guards against extravagant outlay, the consequence of misjudged selection of sites, and the like. He is not in favour of an asylum providing for more than 300 patients, even on economical grounds, and arrives at the conclusion that for this number the cost per head (including land) may properly range from £200 to £300. Dr. Ray thinks that the cost of building in the States would be 50 per cent. greater than with us. Making this allowance, we should have the corresponding figures at £100 and £150. Yet while, for the harmless lunatics, we can build for £86 per head, for the County Asylum the cost usually, and often greatly, exceeds £150 and even £200. But if we were to take the very extravagant figure of £300, and add to it the extra cost for building in America (including land), it would not amount to the immense cost of the Danvers Asylum in Massachusetts, namely, £720 per head, but only £450. Dr. Earle has contrasted with this princely outlay the cost of the Cupar Asylum.\*

\* The Superintendent (Dr. Brown) informs us that this asylum, built for 250 patients, cost £18,200, or about £73 per head; the furnishing cost £5,000, or

There is an elaborate article "On the Management of the Insane," by Dr. Dewey, of the Elgin Asylum, Illinois. He deplures "the sad idleness" which prevails "in most of our asylums." This grievous state of things is to be found in too many of our English asylums, and we are afraid that habit often blinds our eyes to the fact. The writer dwells on the rebellion against rigorous confinement so general in asylums, and considers the various plans devised to mitigate it—as the Cottage System, &c. On the authority of Dr. Folsom, he considers that there is much more liberty enjoyed in American than English Asylums. Good results are expected from the introduction of the cottage system—the minimum cost being at the rate of £100 *per caput*—the dwellings to be grouped quite separate from each other around the central building. Dismissing many of the objections usually felt to cottages, he admits the added difficulty of supervision. Abuses are more likely to arise—attendants are themselves less under control; and as regards female patients, the special difficulties are obvious. All these objections are only too real even when these cottages are placed on the grounds of the institution. The only reply is that the balance of advantages is in their favour. Dr. Dewey does not omit to point out, after showing the gain of economy, the increased expenses involved by more attendants, and the carrying of meals to the cottages, or providing cooking arrangements, except when the patients repair to the asylum dining hall. On the next section of Dr. Dewey's paper—the mechanical restraint of the insane—we need not dwell, further than to observe that to represent the imposition of hands as the substitute for mechanical restraint is not correct, except upon particular occasions, because the system to be fairly stated and judged must be taken as a whole; otherwise, no doubt it deserves to be represented as "a fanciful theory." However, in the main the views expressed are wise and unprejudiced, and any one holding them would doubtless end in resorting to restraint in only very desperate cases. Having expressed ourselves on this subject in a former Retrospect, we will content ourselves by referring back to the Journal for October, 1878.

Some practical remarks follow on the effect of asylum routine upon the individual patient. They are conceived in the spirit of Griesinger's golden words, § 206, "Nirgends ist das Bedürfniss strengen Individualisirens grösser, als in der Irrenbehandlung, nirgends ist ein stetes Bewusstsein darüber nothwendiger, dass nicht eine Krankheit sondern ein einzelner Kranker, nicht die Tobsucht sondern ein tobsüchtig Gewordener das Object unserer Behandlung sei."

£20 per head; the land £6,228, or £25 per head (about 100 Scotch acres). The number of single rooms is 60. A new wing is being built for 70 females, with dining hall for 100 patients, and kitchen, &c. Estimated expense of erection, £72 per head. The building is superior to that of the present asylum, and the single rooms (18 in number) are larger. These particulars may interest American Hospital Superintendents.

On the treatment received by patients from attendants, Dr. Dewey makes some observations, the force of which will not be gainsaid by any one who has lived in an asylum for the insane. It seems that in the American Asylums "the wages received are generally only such as the commonest labour and service command in the outside world." While this is the case, the evils deplored will no doubt continue, although some of the best attendants we have known have been very poorly paid. All that can be said is that good wages will not ensure good attendants, but that in the long run it will be found to pay to give them. The proportion of attendants appears to be much lower in the States than in England, and this no doubt is a point possessing all the importance the writer of the article attaches to it. Thoroughly trained nurses are said to be a rarity.

The paper closes after glancing at the relation of the asylum to the public, to its own officers, and to the advances of science, with accentuating the position that greater freedom altogether is wanted in our asylums. "To-day perpetual enchainment in a living tomb is no longer tolerated, but fetters of the Spirit are equally odious to our age, and the philanthropy of the time will not rest until it sees the asylum for the insane deprived of its many remaining imperfections." The whole paper is characterised by good sense.

The "Neurological Correspondence" contains several interesting notes. At the Medico-Legal Society of New York, Dr. Finnell insisted that medical men should be much more strictly dealt with than they are in fatal cases of chloroform and other anæsthetic administrations. Anæsthetics are not sufficiently watched. Many lives are recklessly sacrificed by employing too young men to administer them. He said that ere long actions would be brought against physicians for malpractice. A law ought to be enacted, he held, which would take them to task for culpable negligence. Dr. Finnell's own conscience smote him for "the damage and mischief" he had done in younger days in the administration of ether.

Dr. Mann, of New York, in a paper read before the same Society, on "Mental Responsibility," speaks strongly in favour of admitting "moral insanity." It is "an unquestionable form of insanity."

He relates the case of a man who had been suffering from sun-stroke, and took a small quantity of alcohol, and then went out for a walk. He met a friend with whom he had been familiar for years, and a discussion arose as to the respective merits of certain politicians, when the discussion becoming excited, the man pulled out a revolver, and shot his friend. He then went in a confused and dozed state, and sat for some hours on a dock near a river, and subsequently went home and burst into tears, and informed his wife of the sad occurrence, and gave himself up at the police-station. There was a total blank in the prisoner's mind respecting the events immediately pre-

ceding the pistol shot, which seemed to have aroused his attention at the time, and he had no recollection of the fact that he had sat on the dock for some time afterwards. Dr. Mann gave it as his opinion that there had "existed for months previous to the occurrence a profound moral or affective derangement, which from its marked periodicity was evidently epileptiform in character, and that the sudden homicidal outburst supplied the interpretation of the previously obscure attacks of recurrent derangement. These had evidently been induced by sunstroke in this case, an epileptiform neurosis, which had been manifesting itself for months, chiefly by irritability, suspicion, moroseness, and perversion of character, with periodic exacerbations of excitement, all foreign to the man previous to the attack of sunstroke. The epileptic neurosis often exists for a long time in an undeveloped or masked form, and is moreover connected with both homicidal and suicidal mania. Such attacks are often noticed to occur periodically for some time before the access of genuine epilepsy. Epileptic vertigo is a recognised disease. There is abundant testimony to show that during such seizures persons may perform actions, and even speak and answer questions, automatically. . . . Such patients may entertain delusions of fear and persecution, and commit criminal deeds as a result of such delusions. When such cases, in their terror or distress of mind, commit such violent deeds, they either experience immediate relief, as was the case with one patient under my care, who was only relieved by suddenly breaking out a pane of glass, when his paroxysm would subside, or they continued in a state of excitement, unconscious, or very imperfectly conscious, of the gravity of their acts. When they become conscious again, their memory is apt to be very uncertain as to preceding events."

Mr. Brainard (lawyer), of New York, read a paper in which he discussed the use of alcohol in relation to the effect it may have (1) on testamentary capacity, (2) as to fitness to give evidence, (3) as to competency to contract obligations of a binding character, (4) as to general capacity for wise business management, (5) as to criminal tendencies, (6) as to responsibility for acts of a criminal character, (7) as productive of poverty and pauperism. They are suggestive headings, but they are not pursued in the paper; and the only outcome of it appears to be to support the view that to lessen drunkenness the State should confer the right of action in favour of the person injured by the acts or neglects of the drunkard against the seller of the liquor used by him; and that the same legislation should be applied to the sale of liquor in the common bar-room as to that of prussic acid at the drug-store.

At the Neurological Society various cases of interest were reported—bulbar paralysis, &c., by Dr. Seguin; and specimens illustrative of general paralysis, by Dr. Spitzka. A somewhat elaborate description is given of the microscopic appearances. From a patho-

logical point of view he terms it "a progressive periencephalitis with an inconstant factor of diffuse leptomeningitis and an unessential one of pachymeningitis—a process characterised by a series of fluxionary hyperæmias, occurring at intervals, becoming more and more aggravated, until arterial and capillary stases of an intense degree were produced at each attack, until at length this vascular change reached a degree comparable to a capillary apoplexy, which usually terminated the history of the case, unless intercurrent affections intervened. Furthermore, as this hyperæmia was provoked by a paralysis of the muscular coat of the vessel, however evanescent, he would term it a vaso-motor affection. Specimens were exhibited from a patient who had died at the height of a maniacal attack in incipient paresis. The vessels were filled to distention with blood discs. The adventitia and contiguous neuroglia were infiltrated with a material, whose exact chemical nature was not ascertained, but which stained with a beautiful pink flush in carmine; the infiltration was diffuse and not sharply demarcated; protogon spheres were found in the adventitia, and the diffuse infiltration was probably a diffusion of protogon, or of a derivative." Descriptions follow of specimens of patients with general paralysis dying at a later stage.

In the "Archives of Medicine," ably edited by Dr. Seguin, are frequently to be found valuable papers bearing on insanity more or less directly. Thus, an article by Dr. Andrew H. Smith, on "Supplementary Rectal Alimentation, and especially by defibrinated blood, as applicable to a large range of cases in which nutritive enemata have not hitherto been employed," is worthy of consideration in some cases of mental disease, both with and without refusal to take food. "What is the best material to be employed? Milk, raw eggs, animal broths, &c., are usually employed. Since the publication of Prof. Leube's paper on rectal alimentation, in 1872, the preparation which he recommended has come largely into use, and to this Dr. Flint gives the preference. It consists of the muscle of beef, partly digested by an artificial process, and brought to a sufficiently fluid condition to be administered by means of a syringe. Life has been sustained for periods of two or three weeks or longer with this preparation alone, and there can be no doubt that a considerable proportion of it is absorbed, yet it is very imperfectly dissolved and semi-liquid flesh, containing a great deal of innutritious fibre, and as such appears to me to be greatly inferior to the perfectly fluid and wholly absorbed flesh which nature has prepared in the form of blood. . . . In many persons an enema of 90 to 120 grams (3-4 oz.) of blood administered at night is so absorbed in the course of eight or ten hours that no trace of it can be found in the morning evacuation. . . . In order to retain the blood in a fluid state, it is necessary to have it defibrinated at the moment it is drawn. The process is understood at all slaughter-houses, where the blood so prepared is known as 'stirred



blood.' . . . I fully believe that blood absorbed from the rectum nourishes the system more directly and more efficiently than if the same blood was swallowed and digested in the stomach." In urgent cases, and especially when the stomach cannot be called upon to perform its office, defibrinated blood may be injected into the rectum in quantities of from 30 to 90 grams every two or three hours. In chronic cases, in which it is designed merely to aid stomach nutrition, from 90 to 180 grams may be given once or twice a day. Given at bedtime, it usually causes no discomfort during the night, and there is only the customary evacuation after breakfast the next morning. If thought desirable another injection may then be given, the recumbent position being maintained for a few minutes, after which, as a rule, there is no consciousness of anything unusual in the bowel, and the patient may go about his daily occupation. An ordinary syringe may be employed, care being taken to cleanse it thoroughly each time without delay. It is not necessary that the blood should be warmed in all cases. Many can bear it perfectly well without. But if the rectum is at all irritable, it is best to put the quantity of blood required into a small tin vessel, and set it in warm water, until it has acquired about the temperature of the body." If colic is caused, a little tincture of opium may be added. Two or three times out of eighty cases the irritability of the rectum caused the injections to be immediately returned. In some cases constipation is induced. As "fluid beef's blood" is employed, there is not the difficulty of obtaining a ready supply which presents itself in injecting human blood into the vessels.

Dr. Landon C. Gray reports a case of extraordinary Heredity in Epilepsy, exhibited in infantile convulsions.

A. C., female, *æt.* 40, married. At 12, began to have paroxysms about every three weeks, in which faces of demons were seen with the right eye. At 23, epileptic fits set in.

Has had nine children :—1, girl, died on fourth day in convulsions ; 2, boy, died *æt.* 11 months, in convulsions ; 3, girl, *æt.* 13 months, died after convulsions ; 4, boy, died soon after birth in convulsions. Mother had convulsions very often during this pregnancy. 5, girl, died soon after birth in convulsions ; 6, boy, *æt.* 5 months, had convulsions almost continually during life ; 7, girl, died soon after birth in convulsions ; 8, boy, died a few hours after birth in coma ; 9, same as the last.

There was no family neurotic history—no history of any specific taint.

Dr. Seguin gives examples of "Folie à deux," resembling those given by Lasègue and Falret ("Annales Médico-Psychologiques," November, 1877).

The patients were sisters, whose mother had been insane ; the form of mental disorder was melancholia. They had been addicted to self-abuse, and suffered great self-reproach ; the mental symptoms arising

almost simultaneously. It would be better, we think, not to speak of "contagion" in such a case as this; there were causes in common, namely, heredity and vicious habits. The mental condition of one was aggravated by the reflection that she had been to blame for the consequences which followed, but there hardly seems to have been that action of the mental disorder of one sister upon the illness of the other which should be understood to constitute contagion. It cannot be said fully to correspond to the cases described by the French authors above mentioned.

*Isolation of Persons in Hospitals for the Insane.*—Read before the Philadelphia Social Science Association, October 23, 1879.

There are many excellent observations in this paper by Dr. Ray. He holds up to just ridicule the fallacies of public opinion in regard to mental experts, as for instance, that "the man who for many years has spent his days and nights surrounded by the insane is less qualified to give an opinion as to the existence of insanity in a given case than those whose knowledge of the disease is confined to a few general impressions respecting it." Thus in their wisdom the Legislature of Massachusetts has enacted "that no superintendent of an asylum shall give a certificate of insanity!"

Of the annoyance to physicians from actions at law for their certificates, Dr. Ray says: "Leading physicians in this community, to avoid the peril of a suit at law, have concluded to sign no more certificates of insanity."

Dr. Ray has also published a paper on "Recoveries from Mental Disease," read before the College of Physicians of Philadelphia, called forth by Dr. Earle's now well-known pamphlet on the "Curability of Insanity," upon which we have expressed an opinion in previous Retrospects in this Journal. We will not therefore enter again upon the subject here, but content ourselves for the present with referring our readers to this article, and to Dr. Earle's reply, "Studies Relative to the Curability of Insanity." Out of this friendly debate between these veteran alienists, the truth will doubtless be evolved.

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## 2. *English Retrospect.*

### *English and Scotch Asylum Reports for 1878.*

(Continued from July, 1879.)

*Fife and Kinross District Asylum.*—Judging from the excellence of this Report, the interests of the Institution would seem to be in no danger of suffering from the change of Superintendents. Dr. Brown evidently considers that the saying, "What is worth doing is worth doing well," refers to the preparation of Asylum Reports.

Notwithstanding the various means resorted to—such as removal of