

and most frequent physical symptom, as has been hitherto commonly asserted. 4. Partial paralysis, accompanied by convulsions and lesions of sight, constitute, along with cephalalgia, the pathological triad which best characterises this essentially intermittent malady. 5. Disorders of the motor functions are more frequent than those which affect the sensibility or the intellect. 6. Cerebral cancer takes a long time, often years, to show itself by physical signs; and the mental symptoms which result from it may be entirely wanting. 7. Mental derangement, observed in the initial or prodromic period of cerebral sarcoma, is constituted by a condition partaking somewhat of general, and somewhat of febrile delirium, which passes on inevitably to stupidity, and ultimately to dementia. As a phenomenon consecutive to congestions or convulsions, it is constituted either by general subacute transitory delirium, or by the torpor of epileptics. 8. It never exhibits itself under the form of hypochondria, or of the happiness peculiar to paralytic insanity. 9. The expressions mania and idiocy, employed by Delpech, Cayol, Roche, and Sanson, are deficient, perhaps, in precision as to terms. But they are accurate if they signify the commencement of the mental lesions which are connected with cerebral sarcoma. 10. If it produces a group of symptoms resembling those of paralytic dementia, the organic lesions of the senses are all that admit of a differentiation. 11. Cancer of the cerebellum only gives rise intellectually to stupidity, and physically it is only distinguished from that of the cerebrum by a less intense manifestation of the same group of symptoms. 12. Delirium associated with cancer is pretty frequent."

"Cancerous insanity, properly so-called, rather rare, is a diathetic affection of incontrovertible existence, but still enveloped in great obscurity, both as to diagnosis, etiology, and treatment."

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## II. *German Psychological Literature.*

By JAMES RUTHERFORD, M.D., F.R.C.P., Edin., Medical Superintendent of the Argyll and Bute District Asylum, Lochgilphead.

*Archiv der Deutschen Gesellschaft für Psychiatrie und Gerichtliche Psychologie* (concluding No. for 1869).—"The Psychological Clinique" Erlenmeyer. "The Erection of an Asylum for the Province of Cassel," Welter. "On a new Apparatus for the forcible administration of food in Insanity," Koch. "On Microcephalus," Vogt. "The Colony of Reckwitz at Hubertusburg," Ehrth.

*Allgemeine Zeitschrift für Psychiatrie*, Vol. xxvi., part 6, 1869.—"Observations on the Pulse in Insanity," Wolff. "Report of the proceedings of the German Society of Alienists at Innsbruck." "Pro-

ceedings of the Psychological Section of the Medical Congress at Innsbruck."

*The Psychological Clinique.*—Dr. Erlenmeyer urges the establishment of professorial chairs for instruction in nervous and mental diseases and of psychological clinics in asylums in the neighbourhood of University towns. While admitting that this is an old theme, already ably advocated by the late Professor Griesinger, he is convinced that a further ventilation of this subject may be productive of good, provided the causes of the continued neglect of the study of mental disease be pointed out and the remedy indicated. The student finds no difficulty in obtaining the means of practical instruction in any other branch of medicine. But it has hitherto been, and still is, difficult to obtain access to the wards of the lunatic asylum for clinical instruction. It has been deemed injurious for a professor to discuss before his students the cases of the mentally afflicted, or to employ them for teaching purposes. Asylums have ever been closed in University towns, and new ones erected at a distance, for no other apparent reason than to be out of reach of the students—at the same time, however, beyond the pale of scientific research and advancement. In the present day the erection of asylums in the neighbourhood of University towns is generally opposed, and even of those that exist due advantage is not taken for clinical purposes. Of more than two dozen Universities in Germany there are not above three or four in which instruction in Medical Psychology and Mental Diseases is given; consequently Psychological medicine has remained behind the other branches of medical science. The author points out that were the physicians who are entrusted with the treatment of the physical ailments of families and communities instructed in the treatment of psychological disorders, it would have a marked influence on the percentage of recoveries in our asylums, many patients doubtless being rendered incurable by defective or even improper treatment before admission. The general teaching of Psychological medicine in all medical schools is the only means of attaining this end. But the teacher, in order to instruct a class of advanced students, must be able to do more than make the psychological diagnosis in a case of insanity; he must be master of the pathology of the entire nervous system. So long as the superintendents of public asylums continue to view with jealousy any proposal to relieve them of their non-medical duties they must continue unfit for the office of teachers. To be the administrative director of a large lunatic asylum, and also an efficient teacher of psychological science, is, in Dr. Erlenmeyer's opinion, impossible; to perform both duties efficiently, is beyond the capabilities of any one man. Therefore let the lecturers and instructors be men who are free from the yoke of administrative burdens. Why should a large asylum, governed by a medical administrative director, not be divided into various divisions like an hospital, each under the special care of an ordinary physician who could also be a prelector in the University? Those universities

which have no asylum near might have a psychological clinique established in connection with their medical hospital. Into this small asylum acute cases could be at once admitted, treated by a special physician, and employed for teaching purposes. Dr. Erlenmeyer recommends the arrangement which exists in Paris under the name of "Bureau de reception."

The author concludes his paper with the following propositions:—

- I. Professorships of Psychology and Cliniques on Mental Diseases should be established in all German Universities.
- II. Where there are asylums, or where they can be erected, near to the University, they should be employed for this purpose: where this is impracticable, or where the asylum is at too great a distance from the students, a special reception station should be established in the town, either independent of, or in connection with the University hospital, and placed under the direction of a practical alienist who, after examining the cases, should pass them to other institutions.
- III. Owing to the superintendents of our large asylums being already overburdened with administrative duties, it is almost impossible that they can succeed as clinical teachers; therefore younger men should be appointed to communicate clinical instruction in the various divisions of the asylums.
- IV. The ordinary physician to the reception station should likewise be Professor of Psychology in the University.

*The Erection of an Asylum for the Province of Cassel.*—The want of a curative institution for the insane, in addition to the two asylums for incurables at Haina and Merxhausen, has been felt for the past 40 years in Hesse Cassel. In 1837, plans were obtained for the erection of a small asylum at Marburg, and a sum was voted for its construction. The scheme, however, was never carried out owing to disputes as to the suitability of the proposed site. The subject was subsequently several times brought before the legislature, and commissions were appointed. But they always failed to agree as to where the asylum should be built. Temporary provision for curable patients was obtained in neighbouring asylums up to the year 1866, when Hesse Cassel became a province of Prussia.

The matter at once received the attention of the Prussian administration at Cassel, and a well-known alienist was commissioned to inspect the site at Marburg formerly proposed; also a site near Gensungen, and to draw up a programme for the erection of a curative institution for the insane.

The site near Marburg is half-an-hour's walk from the town. It has the disadvantage of being too small for the erection of a large asylum, is rather too far from the University for the convenience of the students, is too costly, and a railway runs too close to it. The site at Mittelhof consists of 40 acres of land, situated 20 minutes' walk from the railway station of Gensungen. The locality is consi-

dered by the provincial commissioners highly suitable, and they propose to erect there an asylum for 350 patients.

The object aimed at is the erection of an institution for the reception and treatment of curable cases of insanity; but experience shows that even in an asylum for the admission of curable cases only, there gradually accumulates an ever-increasing residue of incurables, who require further observation, supervision, and treatment. Thus the asylum soon becomes a mixed one. Epileptics, paralytics, the highly demented, and dirty patients are the only persons who ought to be excluded from the curable institution, and handed over to the chronic asylum. There is a second object, the importance of which cannot be too highly appreciated—to render the asylum available for teaching purposes in connection with the provincial University at Marburg.

Dr. Welter objects to the proposal of the Commissioners to erect an asylum for 350 patients at Mittelhof, principally on the ground that it is beyond the reach of the students attending the University of Marburg. He recommends two schemes, either of which would, in his opinion, be preferable to the plan proposed. The first is, to build an asylum for about 60 acute cases in connection with the University Hospital, on the principle that an asylum ought to be provided for acute cases of insanity occurring amongst the class of patients who are generally treated in provincial hospitals, and also that means should be provided for the clinical teaching of insanity. A larger building, for about 300 patients of a more chronic class and for private patients, could most advantageously be erected near the capital town, Cassel. This should have at least 100 acres of land in connection with it. The author advocates that the larger building should be near a large town, on the following grounds: the requirements of a large asylum can there be most easily obtained, the officials have the advantage of mixing in cheerful society, the physician has the advantage of being able to practise as a consultant in mental and nervous diseases, the large town provides a considerable proportion of the patients, and finally it forms a centre of traffic and railway communication, and can be easily reached from all parts of the province.

The second scheme which Dr. Welter proposes as preferable to erecting an asylum for 350 patients at Mittelhof, is based on the assumption that of that number at least one third would be found suitable for a less restricted mode of treatment, and that therefore the asylum need not be so large. Considering, too, that those remaining in it would be of the more excited and noisy class, not adapted for agricultural employment, the extent of land which would be required in connection with it might be relatively small. At all events, it would be quite possible to secure it in the neighbourhood of the University town, so that the students might benefit by the asylum. For the quiet and able-bodied patients capable of engaging in agricultural pursuits, a colony might be established at some distance. Presuming that this kind of accommodation could be provided at half the cost of that in the asylum (which would be for 250 patients instead

of 350), the colony might be for 200 patients. In this way 450 could be accommodated at the same cost as 350 in an asylum. It is, moreover, beyond doubt that the less restricted the manner of treatment is the better for the patients.

This plan, while possessing all the advantages of that proposed by the provincial committee, is preferable to it in the first place, because it would supply the urgent want of a psychological clinique in connection with the University of Marburg, and in the second, because at the same cost it provides accommodation for 100 more patients.

Should the provincial committee, however, carry out the plan at present proposed, the author hopes that a division for acute cases of insanity will be established in connection with the University Hospital at Marburg.

*On a new Feeding Apparatus for the Insane.*—The apparatus recommended by Dr. Koch is a glass cylinder open at one end, and bound with tin. Into this there fits a separate mouth-piece of block tin, the proximal end of this is sufficiently large and strong to resist compression by the teeth. In the glass cylinder there is a small round opening generally closed by a cork, but at the time of using, by the forefinger. This is the whole apparatus. In using it the patient is placed in the recumbent position, and the nostrils are held till the teeth are opened wide enough to admit the mouth piece. Air is admitted at intervals by the removal of the forefinger from the small opening when the fluid flows into the patient's mouth. He is compelled to swallow owing to the nostrils being held.

*The Colony Reckwitz, near Hubertusburg, described by the Director, Dr. Ehrth.*—This colony is situated near the village of Reckwitz, in the kingdom of Saxony. It is in connection with, and contiguous to, the Royal Asylum for Women, at Hubertusburg (760 patients). It embraces three peasant holdings, separated only by a wall from the asylum park, the most distant of the three houses being about five minutes' walk from the institution. The whole colony extends to 80 acres of arable, pasture, and garden land. The price paid was about £4,000 sterling. Two of the houses are calculated to contain 20 patients each; a proportion of 1 to 19 of the number resident. Hubertusburg being exclusively for females the colony is wholly composed of incurable women. From its close proximity to the parent institution the medical supervision and management are in the hands of the Royal Asylum staff. The work is conducted by a steward, and two farm men who employ four work horses. There are female attendants in the proportion of one to 10 patients, these look after the cows also. The food, clothing, &c., are issued from the asylum store. At each of the houses four or five cows are kept, and considerable attention is given to the feeding of pigs. Although the houses are not yet fully occupied by the patients, the land is cultivated by them,\* and

\* It may be here mentioned that in many parts of Germany the women work in the fields, while the men are employed at their trades.

the results of the past summer and autumn's experience warrant the best hopes for the success of the colony. Quiet patients, even epileptics, are constantly employed, principally at garden and harvest work, with most favourable results.

The concluding number of *The Allgemeine Zeitschrift für Psychiatrie* for 1869 contains the concluding part of Dr. Wolff's able and exhaustive treatise on *the Pulse in the Insane*, and reports of meetings of Psychological societies, viz., of the *deutschen Verein der Irrenärzte*, and of the *Psychological Section of the Versammlung der deutscher Naturforscher und Aerzte at Innsbruck*.

At the meeting of the Psychological section of the congress at Innsbruck, Dr. Brosius read a paper and solicited the opinion of the section on the treatment of insane persons who denude themselves. He referred to Dr. Sheppard's mode of treating "A certain class of destructive patients. 'Journal of Mental Science, April, 1870.'" The opinion advocated that patients who destroy their clothing and bedding ought to be placed nude in single rooms, maintained at a proper temperature, met with disapproval and opposition on the part of the Commissioners in Lunacy for England, and of the "Journal of Mental Science." Without maintaining that this is the correct practice in all cases, Dr. Brosius is of opinion that it is in many, and that it is quite in accordance with the spirit and practice of the nonrestraint system. He illustrates his views by the following cases:—

There came under his care a young powerful patient, who became insane in consequence of an injury to the head, received some months previously. In presence of two attendants, who accompanied him in a troublesome and difficult journey, the "quite maniacal and raving patient" stripped himself and lay down upon a sofa. He attacked the attendants and anyone who attempted to prevent his denuding himself. He fancied that his clothing was impregnated with morphia, that certain persons wished to poison him, that the attendants who had brought him (whom he angrily designated "ruffians and rascals") were concerned in a plot against him. He anxiously implored Dr. Brosius's protection, who at once so far won his confidence that he made himself comfortable on the sofa. Through fear of being poisoned, the patient sustained intolerable thirst, which he now, for the first time, after a long period of endurance, assuaged. In this case the author considered it not only impossible, but cruel, to prevent the patient undressing himself, or to force clothes and bedding upon him. After several scuffles with the attendants, it became evident that any mechanical means of preventing his attaining his object only made the patient anxious and miserable. He, therefore, permitted him to remain naked, and "substituted a warm cell for clothing." After a few days his aversion to clothing, blankets, and nourishment passed off.

In a second case, a hysterically insane woman, frequently manifesting erotic symptoms, would, during periods of from 8 to 14 days,

persist in undressing herself. She had a special attendant, who spared no pains to prevent this, to whom she did not offer much opposition. But the propensity continued. Dr. Brosius withdrew the attendant, and when the patient took off her clothes, had her transferred nude into a closed room. The patient remained naked for a few hours and then put on her clothes. From that day to this she has manifested no desire to strip. He thinks that the inclination disappeared as soon as she saw that no attention was paid to her.

The third case was that of a young man, who persistently tore and destroyed his clothing and bedding. He would have nothing but a sack of straw with which he himself prepared his bed. After due precautionary measures, Dr. Brosius left him to his own inclination; it frequently seemed to him that the patient's idea was to inure himself to a soldier's hardships. Gradually he returned to more healthy modes of action, and after five months recovered.

Dr. Brosius stated his belief that in certain cases it is quite in accordance with the non-restraint system\* to permit patients to denude themselves, and that, for their sake, the propensity to do so should not be interfered with.

In the discussion following the reading of this paper, Drs. Meschede, Stolz, Nasse, and Solbrig concurred in the views of the speaker. Dr. Wille stated that he had always been able to combat in some way or other the propensity to strip. Dr. Mendel considered that it would be necessary to permit denuding where, as in public asylums, there were not a sufficient number of attendants to prevent it, but that in private asylums the number of attendants is generally sufficient. Dr. Brosius replied that he considered it cruelty in attendants to force clothing on the anxious patient. Dr. Hagen stated that he had seen no bad results follow from disrobing in female patients.

\* Dr. Brosius' paper, and the discussion upon it, betray grave misapprehension on the part of our German brethren of the principles of the non-restraint system. To argue that a patient is to be allowed to indulge an insane propensity, such as denuding himself, because he feels intensely miserable, unless allowed to do so, is to lay down a principle which would render our practice in troublesome cases very easy. Perhaps Dr. Brosius may have had under his care patients who manifested an intense anxiety to lie in bed all day, under the impression that he was near his confinement, or who persisted in refusing animal food, and eating only fruit, in order to feed a nest of young squirrels in his stomach. Would he allow him to gratify an insane propensity, or a perverted taste, because it pleased him, and that probably after a time the inclination would pass off? The non-restraint system treatment is the scientific combating of morbid mental manifestations by medicinal means and moral agency; by medicines administered etiologically and palliatively; by moral agency, such as that which a parent has over a child, or master over a servant; by which the majority of the patients in a large institution would not, if they could, pass beyond the boundary line of the asylum grounds. We consider that to place a patient in solitary confinement during the day in a small strong room is a violation of the principle of non-restraint, and believe the day to be not far distant when prison-like courts, padded rooms, and seclusion—even in a state of nudity—will be as much things of the past as the camisole and the restraint chair.

J.R.