

who thus have a terrible curse laid upon them on account of the sins of their progenitors. In not a few cases the only cause which could be detected for the patient's insanity was the intemperance of the parents; thus this was so in 28 out of 186 female cases. The influence of the habits of one generation in moulding the character of the next one is probably nowhere more clearly shown than in such instances as these. Although drunkards are not generally regarded as insane, it is a question whether the habitual tippler might not, with advantage, be considered an irresponsible being, and treated as such. On the other hand, insane persons may themselves beget children who become dipsomaniacs; another fact which might lead one to consider habitual intemperance as a species of insanity.

Lancashire. Whittingham.—The estate has been increased by the purchase of 186 acres. The total acreage is now 516, of which 412 are freehold, and 104 leasehold.

A pathologist has been appointed. As the time for providing further asylum accommodation has arrived, Dr. Wallis, in his report, explains to his visitors how this should be effected. He details the difficulties and drawbacks inseparable from such a huge establishment, and though he gives ample credit to Mr. Holland, the designer of the asylum, he clearly shows that the structural arrangements for the treatment of recent cases are defective. He, therefore, expresses his firm conviction that

The erection of an acute hospital block, with not less than four suitable subdivisions on either side, together with the necessary offices, laboratory, and officers' rooms, is requisite as a complementary addition to supply the deficiencies on which I have been compelled to enlarge, and that such an addition would make this asylum in every respect one of the most complete and finest public hospitals for the insane in the United Kingdom.

(*To be concluded.*)

2. *American Retrospect.*

By FLETCHER BEACH, M.B., F.R.C.P.

American Journal of Insanity, April, 1891.

Alienist and Neurologist, January, 1891.

Journal of Nervous and Mental Diseases, January, 1891.

Proceedings of the Annual Congress of the National Prison Association of the United States for 1889.

The "American Journal of Insanity" opens with the continuation of an article entitled "The Mechanism of Insanity," by Edward Cowles, M.D. In the observation of the phenomena which result from putting the normal mechanism into use, manifestations of the regular operation of forces and conditions that work under certain physiological laws constantly appear. These laws are important, not only in the development of the human organism, but are potent in evolving and fixing disordered activities when once disorder is begun. He treats of the law of habit, the

law of association, inhibition, the energy of muscle and nerve, and fatigue of the normal mechanism, and draws certain conclusions. There is no doubt that in the human body, in a healthy condition, the balance of waste and repair is maintained, and by the removal of waste products and the supply of nutritive material a healthy activity is sustained. Four factors, two positive and two negative, possibly operate in producing fatigue and the graver degree of exhaustion. Divergences from the normal in the functions of the mental mechanism may be clinically observed, and it is possible to discriminate between the influence of fatigue and the effect of toxic substances in producing conditions of exhaustion and disorder of psychical processes.

"The so-called Motor Area of the Cortex" is the title of a paper read by Dr. Edward B. Lane before the New England Psychological Society. It has been customary to speak of the motor and sensory regions of the brain or of the cortex, and the opponents of the motor theory seem to be yet in the minority both among physiologists and psychologists. In England, Bastian stands almost alone in his position that the so-called motor region is as purely sensory as any part of the cortex. The facts resulting from laboratory experiment are admitted by all, but the conclusions drawn from them are widely different; we must look to clinical study and pathological research to confirm what we know of human cerebral physiology. The author ranges himself on Bastian's side, and refers to speech disturbances as illustrating his views. It is known that stimulation of a sensory centre, the occipital lobe, the centre for vision, is followed by movements of the eyes and head, and he is of opinion that if we accept the Rolandic ideal of the area being a sensory one, we have a much simpler view of the physiology of the cortex, and do no violence to accepted facts in physiology and clinical medicine. Reference is made to a paper by Tamburini on "Motor Hallucinations," which the author thinks clearly illustrative of the theory of the sensory nature of the so-called motor area.

"The Importance of Systematic Co-operation in Study and Research among Pathologists in American Hospitals for the Insane," by Dr. W. P. Spratling, is an important contribution. It is an appeal to the pathologists of the American asylums to form such an association, and details the advantages which would be gained. There would be a free interchange of specimens in all shapes, and an exchange of ideas, methods, and discoveries among the members. Certain uniform methods in carrying on pathological work would naturally result, but at the same time such uniformity should not debar the member from prosecuting his studies in any direction he may wish, or from recording facts and phenomena as a result of his labour. More exhaustive study could be given to every class of insanity coming under observation, and each member might select, or be given, some type of insanity to

which he should devote his special attention. Much study should be devoted to recent and curable cases, as conclusions of practical value cannot be drawn from the post-mortem appearances of the brain in chronic cases, such as dementia, which may not have altered in character for years. It is very desirable that such an association should be formed, and it is a matter of regret that at present so few pathologists are to be found in English asylums.

This number of the Journal also contains Dr. Howden's scheme for a pathological index and a translation of a report by Dr. Giuseppe Seppili on "The Therapeutics of Mental Diseases by means of Hypnotic Suggestion." A commission had been appointed to consider the question, and, after making various experiments, came to the conclusion that although hypnotic suggestion was not useful in mental diseases, it succeeds most readily in the hysterical and epileptic. Conclusions of the same character have been arrived at in this country, but the enquiry must be continued.

"Insanity in the Coloured Race in the United States," by Dr. Witmer, appears in the "Alienist and Neurologist." The Government Hospital for the Insane at Washington, which was opened in 1855, had treated fifty-eight coloured patients during a period of seven years and a half, and there were twenty-one remaining under treatment at the close of that period. According to the census of 1860 the 766 coloured people known to be insane were distributed among the several States, and the slaves were specially provided for in separate cottages, being under the care of the physician specially appointed by the owner to look after the bodily ailments of the slaves. The most eventful period in the history of the recently-liberated people was that following the cessation of hostilities after the Civil War. There is known to have been an increase of insanity at that time, but no separate provision was made except in the State of Ohio, in 1866, by the late Dr. Langdon, then superintendent of the well-organized hospital for the insane for Hamilton county. The census of 1870, which is known to be defective, reported only 1,822 as insane, but that of 1880 gave 6,157 out of a total coloured population of 6,580,793. This great increase in the number of the coloured insane excited an interest among those whose duty it was to provide for them, and from this time onwards the causes of insanity in the coloured race, their susceptibility to the disease, and the results of treatment were fully treated in the annual reports of the institutions where those patients were resident. The author believes that the types of insanity are essentially the same in white and coloured people. Mania is common, but melancholia is not often seen, as the friends of the patient attribute the mental disturbance to evil spirits, and while he is being doctored for this he either dies or passes into a state of dementia. The influence of heredity, it appears, plays little part in the production of the disease, and suicidal tendencies are uncommon, but paralytic dementia is well defined, although the

delusions of grandeur are not so defined as in the white race. As to the relative curability in the two races, Dr. Witmer believes that where the circumstances are favourable the results of treatment will be the same in both.

Dr. Kiernan, of Chicago, has an interesting paper on "The Evolution of Delusions from Imperative Conceptions," which had been read before the Chicago Academy of Medicine. Reference is made to Dr. Hack Tuke's view that while imperative conceptions frequently occur in persons with an insane diathesis, this is not necessarily a factor. The essential feature of the imperative conception is "its recognition as an abnormality by its victims, and its relative frequency as compared with other abnormal mental manifestations." The author is strongly impressed with the intimate relation between this phenomena and delusions, and cites cases in support of his view. According to Laségue the imperative conception becomes a delusion in the following manner:—The patient has many ideas; the origin of some of these he recognizes, of others he does not. The consequence is that he has two individualities, "one of which is himself, and the other is a 'he' which is not himself." The latter commands, and the patient cannot free himself from the parasite. Something or someone speaks to him, and controls his thoughts and imposes on him its will. Auditory hallucinations form a communication between his thoughts and the parasite. Cases are on record where patients, who at first recognized the absurd nature of their ideas, gradually began to consider the possibility of these being produced by some enemy. In minds otherwise healthy the conception disappears with improved health, but in states of exhaustion true impulsive insanity may result. The prognosis depends upon the neuropathic state of the patient. As a rule it is not favourable, but still the patient is considered sane by those with whom he associates. Frequent relapses, however, tend to weaken the mental condition and predispose to delusion.

"The Journal of Nervous and Mental Disease" has an article by Dr. E. B. Fisher on "Syphilis of the Nervous System." The author divides syphilitic disease of the brain into three classes, viz., "Those involving the cranial bones, the brain and its meninges, and the cerebral vessels." In the majority of cases of cerebral syphilis the meninges are involved, and the base is said to be more often affected than the convex surface. The pathology of syphilis of the cord is the same as that of the brain, and in both cases there may be endarteritis independent of meningeal affection. No part of the nervous system escapes, and the diagnosis of the disease rests upon the multiplicity of symptoms, which disappear and reappear in the various stages. Headache, arousing the patient from sleep at night, is common; sometimes there is mania, and the patient is sent to an asylum. Somnolence is not uncommon, and this condition, combined with loss of

memory, apathy, and affection of the third or optic nerves may be considered diagnostic of syphilis. The disease is most often situated in the arteries, and, according to the author, the morbid anatomy closely resembles non-syphilitic general paralysis. Ptosis, diplopia, inequality of the pupils, with no history of a blow, as a rule indicates cerebral syphilis. Syphilitic disease of the vertebræ is rare, but meningitis is frequent, and is usually diffused. The symptoms may be divided into those which affect the meninges, the cord, and the motor and sensory nerve roots. Dr. Fisher closes his paper by referring to specific affection of the peripheral nerves.

"Aural vertigo" (Menière's disease?) is the title of a paper read by Dr. Harrison Mettler before the Philadelphia Neurological Society. Dr. Mettler believes that the name aural vertigo is a misleading one, as aural symptoms are not necessarily indicative of disease of the ear. A case is related at length which illustrates the author's views. Clinical evidence shows that the semi-circular canals alone do not subserve the maintenance of equilibrium. "The principal factors in the preservation of equilibrium are consciousness and normal sense impressions." Consciousness is greatly obscured at the height of an attack of vertigo, but is never actually lost; the two causes of the disease are disturbance of the cerebral centres which make up consciousness, and of the peripheral sensori-motor apparatus which is manifested through muscular sense. The views of Spitzka and Starr are referred to, and the author concludes that the centre of equilibrium must not be looked for in any particular part of the brain, "but in the harmonious action of the various sensory and motor centres upon one another." The views of Menière, Knapp, and Gowers are examined in detail, the experiments of Steiner and Sewell on the semi-circular canals of the shark are considered, and it is noted that Boettcher and Baginsky conclude that the cause of the rotation of the head in Flourens and Goltz's experiments was injury done to the brain, and not to the semi-circular canals. Dr. Mettler is of opinion that the source of irritation in Menière's disease may sometimes be in the semi-circular canals, but gives several reasons why the immediate cause of the vertigo cannot be there.

The National Prison Association has been in operation for some years with the twofold object of repressing crime and improving the condition of the prisoners. A sketch of the present condition of prison reform is given in the preface to the book, which gives the proceedings of the Congress of 1889. The Bertillon system for the registration and identification of criminals has been adopted by the Wardens' Association, of which Captain Nicholson is President. The annual address was given by President Hayes, who touched upon various subjects, the most important of which were indifference as to the condition of the convict, the means of dealing with the hardened criminal, and the best mode of reform. The

religious aspect of the prison question was discussed, and it was shown that the two great principles—severity and goodness—have to be reconciled in dealing with prisoners. One of the speakers was of opinion that the best industries should be cultivated in prison, and that the inmates should be “instructed in the finest arts, the profoundest sciences, as well as the coarser industries”—rather a Utopian idea from the English point of view. According to General Brinkerhoff crime is increasing year by year in the United States. The census for the past forty years shows that it has doubled every decade, out of proportion to the population. A paper was read upon the “Identification of Criminals” by Charles E. Felton, Superintendent of the House of Correction, Chicago, Illinois, who advocated a uniform method for the identification of persons previously convicted of crime. A knowledge of the ancestry and environments of prisoners would aid the superintendent in classifying and determining the treatment in each individual case, so that if the prisoner will not himself reform he shall be prevented from interfering with the progress that may be made by others. The Act for the Identification of Habitual Criminals, passed by the State of Illinois, is referred to, and a scheme for the anthropometric description of prisoners is fully described. The Ohio Parole Law is discussed by Mr. Smead, and the results of the system, which has been in operation for four years, are given. From the records we find that during that time 535 prisoners have been paroled, of whom 299 were discharged at the expiration of the parole, 841 were still on parole, 40 were sent back for violating it, 46 were delinquents, and two refused to accept it. Many letters from the recipients of this benevolent law were read. “What to do with Recidivists” is the title of a paper by R. Brinkerhoff. A recidivist is “one who, having been convicted of one offence, and having served his term in prison commits another offence, and is recommitted.” They are chronic criminals, and in the United States amount to 30 per cent. of all prisoners. The great mass of them are chronic drunkards who go to the workhouse to become sober and recuperate for another debauch. Cumulative sentences, and then the intermediate sentence, with privilege of parole upon satisfactory evidence of reformation, seem to be the remedy. Interesting papers on “Some Peculiarities of Criminals,” on “Punishment of Juvenile Offenders,” on “Life Prisoners,” and on many other subjects were read. The Congress closed after being five days in session.
