

## PART III.—PSYCHOLOGICAL RETROSPECT.

1. *German Retrospect.*

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The Retrospect has been done from the following periodicals and papers; but is not yet finished in the following pages:—

“Allgemeine Zeitschrift für Psychiatrie,” xxxv. Band, 5<sup>tes</sup> und 6<sup>tes</sup> Heft. Berlin, 1879.

“Irrenfreund,” Nr. 1 and 2, 3, 4, 5, 6, 7. Heilbronn, 1879.

“Centralblatt für Nervenheilkunde, Psychiatrie, u.s.w. Nr. 7, 8, 11, 12, 13. Leipzig, 1879.

“Separat Abdrücke aus dem Archiv. für Psychiatrie.” von Dr. C. Westphal.

“Zur Statistik der Geisteskrankheiten in Württemberg.” von Dr. J. L. Koch. Stuttgart, 1878.

*Visual Functions of the Occipital Lobes.*—As we learn from the “Centralblatt für Nervenheilkunde,” Nr. 13, 1879, Dr. J. Stilling has demonstrated that numerous nerve fibres pass directly from the optic thalami into the white substance of the occipital lobes. He also found that a part of the optic nerve ends in the pons cerebri, and he describes a considerable number of the fibres of the optic nerve as issuing in the form of club-shaped processes from the grey substance of the tuber cinereum.

*Sensibility of the Cranial Sutures.*—Dr. Fraenkel (“Centralblatt für Nervenheilkunde,” Nr. 8), in measuring the brains of persons, both sane and insane, discovered that there is a greater sensibility around the sutures than at other parts of the skull. This is especially marked at the conjunction of the sagittal with the coronal suture. In some individuals who suffer from hyperæsthesia there is such a tenderness of the sutures that the condition might be named raphalgia. This sensibility does not seem in ordinary cases to be great enough to enable us to determine the sutures in the living head, but the author thinks that a careful exploration of the sutures in some cases of insanity may yet assist us in diagnosis.

*Remarkable Wound of the Brain.*—In the “Centralblatt für Nervenheilkunde,” Nr. 8, there is a report from a Russian Medical Journal of a remarkable case of injury of the brain. A Russian soldier throwing his iron ramrod at a bat, it alighted on the head of an Armenian girl of eight years of age. She immediately lost consciousness, but had convulsive movements of the limbs, “like a cock with its head cut off.” Her mother pulled the ramrod out of the child’s skull. Half an hour later there appeared paralysis of the right arm and leg, while the convulsions continued on the left side. On examination, twenty-six hours after, the girl’s condition was found

to be as follows: The ramrod had entered at the meeting place of two lines, one of which ran from the outer angle of the left eye upwards for five centimetres, the other from the left tragus upwards for eight centimetres. The wound itself was about eight centimetres in length. The ramrod had not entirely made its way out through the skin; but there was a raised spot at the back of the head, which in the course of a few days was converted into an open sore. This was situated 2.5 centimetres along a line drawn from the external occipital protuberance to the right and a little upwards, above the insertion of the trapezius muscle. Blood and portions of brain substance issued from these two openings. The pulse was found to be 180, irregular; and the pupils did not react to light. There was paralysis of the right side, and slight convulsions on the left side, especially in the flexor muscles. The muscles of the face and the sphincters were unaffected. Urine removed by the catheter was found to contain sugar, but no albumen. Temperature at rectum 38.6 C.

The child remained unconscious for about a week; in eleven days the upper wound healed up, but it was seven weeks before the lower opening closed. At this time motion had returned to the paralysed leg. She could stand, but not walk, unsupported. The right arm remained completely paralysed, and her general health was said to be good, but five days after she was seized with cholera, from which she died. An examination after death could not be had.

The editor of the Russian paper believes that the following was the course of the wound: The ramrod went through the second frontal gyrus on the left side, and then through the white substance, below the upper third of the anterior median, then through the corpus callosum and the right centrum ovale till it reached the right occipital lobe, where it penetrated the skull. The fibres injured, which transmit the impulse of the will, were those of the anterior median gyrus. Here we have the psycho-motor centres for the opposite arm, which agrees with the paralysis observed in this case. The paralysis of the foot, which disappeared in a few days, can be explained by injury to the posterior median convolution in the standing course of the wound. The centre for the muscles of the face, lying in the middle of the anterior median gyrus, had escaped injury, on which account the muscles of the face were unaffected.

*Peculiar Form of Neuralgia.*—Dr. O. Berger ("Centralblatt für Nervenheilkunde," Nr. 12) has described a peculiar disorder of sensibility, which he has met with six times. It consists in uneasy feelings in the legs compared to the creeping of ants, a stinging, or more rarely a burning feeling. The attacks seem generally to come on after sitting or standing for some time, but not after walking. The uneasy sensation begins either at the head and descends to the toes, or goes from the toes upwards. The arms are seldom affected. Sometimes the pain is on one side, or more severe upon one side than another.

It is accompanied with a feeling of weakness in the legs which makes movement difficult. The attack generally lasts some minutes, and often returns. In two cases the pain was felt in the region of the heart, and was accompanied by painful feeling of constriction. The general health was not affected. Some of those affected had the fidgets, "anxietas tibiærum," the well-known feeling of unrest in the legs and feet.

The complaint is a distressing one, all the more so that it almost entirely prevents the patients working at their trade. Dr. Berger regards it as a peculiar form of cutaneous and muscular paræsthesia, and places the seat in the spinal cord. No benefit was derived from any medicine, save arsenic, and this seemed only a palliative. Of the six patients, four were men and two women; their ages were from fourteen to thirty-three, and all belonged to the educated classes.

*Cystic Tumour of the Pineal Gland.*—A married woman, of thirty-five years of age, applied for admission to Dr. Niden ("Centralblatt für Nervenheilkunde," Nr. 8). She complained of double vision, which had lasted for several weeks. It was accompanied with giddiness, which had diminished in the course of the last week. There was some mental disorder, and great pain at the occipital region. Speech was somewhat slow and stuttering. The general health was not good. The vision was put down to a paresis of the fourth nerve on the right side, as a result of which double images appeared, especially when she looked downwards, and to derangement of the right side. There was no hemiopia, nor any other disease of the eye. The hearing was not affected, nor was there any diminution of the motor or sensory functions.

The disease was recognised as of central origin. Although syphilis was not suspected, the treatment consisted of iodide of potassium with the red biniodide of mercury.

After six weeks the double vision had disappeared, the headache much diminished, and the patient could resume her occupation of a sempstress.

Two months later Dr. Niden saw his old patient in the Augusta Hospital obviously affected with a severe cerebral disease. She was delirious, and cried and raged so that it was necessary to seclude her in order to keep her quiet. Her rest at night was disturbed by maniacal attacks, while during the day her consciousness was often clear, when she answered slowly, but correctly, any questions put to her, always complaining of violent headache. She was very weak, and took little nourishment. She soon sunk to her bed; no paralysis or loss of sensibility was noticed. She died in an unconscious state. The posterior chamber of the eye was normal.

On opening the cranium there was considerable adherence of the dura mater to the osseous surface, and a stronger union of its inner surface to the left hemisphere of the brain. The arachnoid was œdematous; the pia mater injected, and the cerebral sub-

stance sound and compact, both grey and white matter being normal. In the lateral ventricles there was a moderate amount of serum, and great development of the choroid plexus in the left posterior cornu. The vault of the third ventricle seemed tense, raised by a pasty mass, which soon began to sink. On removing the fornix, the whole of the third ventricle was found to be filled with a reddish-grey swelling about the size of a walnut, which had contracted numerous and stiff fibrous adhesions with the inflamed choroid plexus. The tumour was of a roundish form, taking on its upper part the shape of the walls of the ventricle. On pressure a fluid escaped. It was a cystoid degeneration of the pineal gland. On examination it was found to consist of a fibrous tissue, containing in its interstices from twenty to twenty-five cysts full of serous fluid. There was no gritty matter found, nor any traces of entozoa. The parts around the third ventricle were somewhat flattened, but there was no destruction of tissue, save in the superficial part of the anterior corpora quadrigemina.

Dr. Niden remarks that this case is interesting on account of the rarity of this form of localised tumour of the pineal gland, as well as the symptoms confined at first to the result of pressure upon the origin of the fourth nerve and the later signs of brain disease and derangement of nutrition.

*Delirium from Loss of Sight.*—Dr. Schmidt Rimpler ("Archiv.," ix. Band, ii. Heft) quotes Sichel, the celebrated oculist, to the effect that seven or eight times after extraction for cataract in old people he had observed delirium without fever, apparently caused by closure of the eyelids. The patients did not know any more where they were, or what had happened to them. They rushed about, tearing their bandages off, crying, and insulting those about them.

The delirious fit came on in the evening, and lasted during the night. There was no trace of cerebral congestion. Some of these patients had been habitual drunkards. He had never seen this delirium in patients younger than sixty years of age. Other oculists had met with cases of the same kind.

Dr. Schmidt-Rimpler had one patient, a woman of seventy-six years of age, who suddenly rose in the night after having been operated upon for extraction of cataract, and tried to tear away the bandages, crying out that she was on fire. In consequence of her reckless behaviour the eye was lost.

The author considers the cause of delirium to consist in the absolute blindness, or deprivation of all light, and the cutting off of all visual impressions, though the amount of light which patients suffering from cataract receive can never be great. We ought also to take into consideration the intense mental strain and anxiety naturally attending so important an operation.

There are no doubt instances where the loss of sight overthrows the reason which was probably previously unstable; and indeed this has

been observed in animals, for the dogs used in polar voyages of discovery sometimes became insane during the six months' night of an arctic winter.

*Abscesses in the Brain.*—Dr. Köhler ("Irrenfreund," Nr. 3), observes that the symptoms of abscesses of the brain ought to be carefully studied, as they are generally only detected by examination after death. The number of cases collected by writers on pathology is not very numerous.

Meyer was the first to attempt to make a differential diagnosis between the symptoms of abscess of the brain and those diseases with which it has been confounded, such as typhus, intermittent fever, epilepsy, apoplexy, chronic encephalitis, and tumours of the brain. He puts the causes of cerebral abscess under three heads:—1. Injuries to the skull involving the brain. 2. Bounded abscesses either idiopathic, or the result of tumours or apoplectic cysts, or the sequel of softening of parts of the brain. 3. Caries of the bones of the skull, especially at the base. 4. Embolisms of the smaller or larger vessels, with derangement of nutrition of the parts supplied by these vessels.

Dr. Köhler then gives a description of eight cases of abscesses of the brain, to which he adds the following remarks:—

1. What is striking is the continued latency of the symptoms in very considerable destruction of the brain substance; in this all observers are agreed. The less common symptoms, the localised or general pains in the head, which, however, may be wanting, the somnolence, the general loss of tone and will, are of a very uncertain nature, and often accompany quite a different disease.

2. The mental disturbances, where they exist at all, do not stand in any definite relation to the local disease apart from the febrile symptoms.

3. Diagnosis is, in most cases, impossible, and only can become probable where there is external injury or caries of the bones of the skull.

4. In the embolisms there are generally several abscesses independent of one another, and in different places.

5. The prognosis is fatal in all circumstances if the disease run its course.

*Recovery from Insanity after a Fall.*—Dr. Jaworski ("Allgemeine Zeitschrift"), received a young lady, 23 years of age, into the asylum at Leubens, who had been insane for four months. She was naturally of an excitable disposition. The symptoms were hyperæsthesia of the skin, pain in the back of the head, with delusions that a nerve in her arm was torn through, or that everything was torn through within her. There was a tendency to suicide. The delusions continued after her admission. She was melancholy and restless. Having escaped from the notice of her attendants, she sprang from a window sixty feet high. She is believed to have landed on her feet, and then upon the gluteal region a little upon the left side, and finally upon both elbows without striking the head on the ground.

She was able to rise without assistance, but walked with faltering steps. There was a little bleeding from the right nostril, with slow respiration, weak and slow pulse, and coldness of the skin. She had no recollection of having thrown herself over the window. The urine contained albumen and a "moderate" amount of hyaline corpuscles. These disappeared in the evening, when temperature and pulse rose to the normal height. She complained of pain in the back for several days, saying that her back was broken. In ten days she was able to rise from bed. Her attention was more directed to the state of her health instead of her old delusions, and in five months she left the asylum cured, and has since continued quite well.

*Paralysis Agitans.*—Dr. Westphal, in a reprint from the "Charité Annalen" (IV. Jahrgang), describes three cases of paralysis agitans. In the first of these the trembling had come on very suddenly, and lasted with greater or less severity for fifteen years. There were shakings in the head and under jaw and lips, and in the fingers of both sides. For two months the shaking of the head was so severe that it had to be artificially fixed in order that he should be fed. In this case the head is strongly thrown backwards, making at the same time a vibrating movement. There seemed no nervous complications. The trembling in the hands ceased on voluntary movements being made; that in the head was suspended when he looked steadily at an object.

In the second case described, a woman of 70, the paralysis agitans followed upon hemiplegia of the left side, the result of her being thrown over by a railway train. After this followed trembling of the head and left arm, which gradually spread to the right one.

In the end, the motions of the right arm were much more rapid than those of the left. Dr. Westphal remarks that Charcot's observation that the head is not affected in paralysis agitans is at variance with these cases.

A third patient had, after a burn in the left arm, trembling of the same arm, with slight shaking of the leg. The trembling took the form of pronation and supination, and bending and stretching of the limb. At first the motions went on day and night, but afterwards they ceased at night. The strength of the arm diminished, while the sensibility remained unimpaired. It was determined to try stretching of the great nerve-trunks of the arm. The operation was performed by Bardeleben, who ascertained, by the application of the interrupted current, that he had reached the trunks of the radial, median, and ulnar nerves, which were vigorously pulled both upwards and downwards. The wound healed under the antiseptic method without any complication, but no benefit was derived from the operation. In the case of the paralytic woman, Westphal tried propylamine, but also without effect.

*Aphasia with Slow Recovery of Speech.*—Dr. Kelp ("Irrenfreund," Nr. 4), describes two interesting cases of aphasia. Elizabeth Schafer, ten years of age, was seized with an epileptic fit, extending over the whole body, apparently the result of a fright. After the fit

had passed off, the child seemed to be deranged, tearing everything which came within her reach. This condition did not last long, but the power of speech was wanting, while her intelligence seemed unaffected. She could not be got to utter a single word, although she was evidently anxious to do so. At the same time there was no paralysis of the muscles of the voice, as she now and then uttered sounds. After eight days she began to be able to speak, with great exertion, words of one syllable, like "yes" and "no;" then she began to be able to pronounce her name, and to attempt words of more than one syllable, pronouncing each syllable with obvious exertion. Her progress in thus recovering her speech was slow but progressive, and it was a great pleasure to her when she succeeded in getting out a difficult word. The pronunciation of sibilant sounds caused her most exertion, and it was some time before she could do this readily. In the end she spoke distinctly and with considerable fluency, but slowly resting on every syllable. She was also taught to write, which she found difficult at first, but continued improving. The principal treatment consisted in making her read out every day. In the asylum it appears that she understood what was said to her; her intelligence seemed sound, and her behaviour was good. In five months she was quite restored to her normal condition. Dr. Kelp remarks that aphasia was the only symptom observed by him. He believes that it was of central origin. There was some account of her having had an affection of the throat with an eruption, surmised to have been scarlatina; but this Dr. Kelp treats as having no bearing on the after condition of the patient.

The second case was a woman of 46, belonging to the educated class, whose mother had died insane. This lady suffered from consumption, and had an epileptic attack, which left behind it aphasia without any paralysis.

She could not utter a word, although she understood what was said to her, and knew how to make herself understood by gestures and movements of the head. She could not understand what she read, and could not follow what was read to her. The only thing she understood was a small sentence, pronounced loudly, and some of the words read to her, without comprehending their connection. A letter written by her was only intelligible in part. In general the words seemed to have no connection with one another. She herself confessed that what she had written was nonsense, without being able to correct it.

By degrees she succeeded in speaking several words, and in expressing the meaning of her thoughts, though often unable to hit upon the correct words. As her powers of making herself understood returned, the melancholy with which she was affected passed away, but she retained an uneasy feeling of her incapacity of expressing herself.

She continued to look after her household, and check her account

books. She was active with her hands, and finished everything with the greatest skill, only she could not distinguish distant objects, but her power of sight gradually returned. She remembered distant events better than later ones. Sometimes she could express herself with greater ease than at others. Sometimes, in speaking, she misplaced words, but when corrected she saw the error. She found counting very difficult; even simple addition. If one asked how much three times eight were, she could not answer immediately. In order to make the calculation, she first reckoned eight and then counted eight with her fingers by putting together four fingers on each hand; then she added both the eights together and wrote down sixteen in order not to forget it; then she renewed the same procedure (I suppose by again counting the eight on her fingers), in order to make out the sum of twenty-four.

She was never sure that what she pronounced was correct. If she asked for a drink of water, she was annoyed with the doubt whether she had used a right word. The weakness of her thinking powers, however, showed itself more decidedly, and after six months there does not appear any hope of improvement in this respect.

Dr. Kelp treats this case as one of amnesic aphasia, the first one as ataxic aphasia.

In amnesic aphasia, the association of the word and of the idea is impeded, because the memory of the sound, *i.e.*, the word as an acoustic symbol, is wanting. The connection between the centre of sound and the motor centre has been deranged, and the words come in disorder and confusion. Amnesic aphasia has been rightly described as aphasia of the memory; as Bierner has well remarked, it is the opposite of the verse of Mephistopheles—"Wo die Begriffe fehlen, stellt ein Wort zu rechten Zeit sich ein." Where the ideas fail, there comes in a word at the right time. The idea is there, but the proper word does not come to the memory.

It is very common with aphasics, as in this case, that they have more difficulty in recalling the names of persons or sensible objects than verbs, adverbs, conjunctions, and other such expressions. The more concrete the idea, the more readily the word symbol is lost, because the representation of persons and visible objects are more loosely connected with their names than abstractions of conditions and qualities, for the name brings little to the apprehension of persons and objects. Abstractions, on the other hand, are only gained by the help of words which gives them a clear shape. On this account, verbs, adverbs, and pronouns are of a more abstract nature than nouns.

*On the St. Vitus's Dance of the Middle Ages.*—Dr. Witkowski ("Zeitschrift für Psychiatrie") has made a new study from old books and manuscripts, of the epidemics of the dancing mania which occurred in different parts of Germany. He shows that the St. Vitus dance in Strasbourg, described by Hecker, and all writers who followed him, as



taking place in 1418, actually appeared a century later, in 1518. Hecker had been misled by a misprint in a book. This great nervous epidemic thus occurred in the midst of religious disquiet of the commencing Reformation, and about a century and a half after the great epidemic of the dancing mania on the Lower Rhine (1374). He observes that the women who began the dancing were subject to nervous attacks, and compares the contractions of the lower muscles of the abdomen described by the old chroniclers, with the "compression ovarique" of hysteria.

A number of children and weak-minded people joined into the dances thus begun by hysterical women. Their numbers were swelled by all sorts of vagabonds and impostors. These manifestations belong to the same class as those of the Devoti (1260), and Albatì (1602), in Italy, the Geissler Societies (1260-1350), the Children of Michael (1458), and the religious revivals in England and America, and the Camisards and Convulsionnaires in France.

Dr. Witkowski is not prepared to admit that merely witnessing displays of abnormal mental excitement should be a cause of real insanity, but he thinks that the deep impressions such scenes were fit to make might determine the cast of the mental derangement in individuals disposed to neuroses. He gives the example of a woman in his asylum who assumed the same kind of melancholic delirium and delusions which her husband had two years before. A little later her insanity assumed another character, with delusions of jealousy and hallucinations of hearing.

*Hemianæsthesia Hysterica cured by the application of a Magnet.*  
—Dr. Hesse ("Centralblatt für Nervenheilkunde," Nr. 7), had a patient 22 years old. The uterus was small, and the vagina narrow, and she had never menstruated. Until the last four years she had been in good health. She became affected with diminished sensibility to touch and to cold on the left side. There was amblyopia in the left eye, with diminished perception of colours, as ascertained by a careful examination. There was tenderness over the region of the left ovary.

She was treated with a horse-shoe magnet, weighing two pounds, applied to the back of the arm, and in twenty-five minutes sensibility returned to the whole half of the body. There was no transference of anæsthesia to the other side. The left eye recovered its visual capacity and power of distinguishing colours.

Dr. Hesse observed that the parts pricked after the application of the magnet bled freely, whereas similar punctures made the day before left no mark on the skin, and did not bleed. The author concludes with a statement of his belief in the efficacy of the treatment of hysterical hemianæsthesia by the application of magnets or weak galvanic currents, which he had himself witnessed in Charcot's clinique at the Salpêtrière in the spring of 1878.