2. *French Retrospect.*

By Dr. T. W. McDowall.

Annales Médico-Psychologiques, November, 1878—Sept. 1879.

The Progress of General Paralysis in the Hereditarily Insane.—By *Marandon de Montyel.*—The introduction of this paper deals at considerable length with the question of the action of hereditary tendencies in the development of mental diseases. We had not thought that it was now necessary seriously to discuss the belief that insanity is a chastisement of sin, and a just punishment of those who have wandered from the ways of our Lord. In regard to prognosis, most will agree that hereditary tendency to insanity and other nervous diseases diminishes the probability of ultimate recovery. But Dr. Doutrebente has stated that among such, *les candidats à la folie*, general paralysis tends to become chronic, to remit and even to continue for 10, 15 and 25 years, although its mean duration is usually believed to be from 2 to 3 years, or only 13 months, according to Calmeil. It is naturally enough asked, "How is it that in general paralysis alone the disease is ameliorated, whilst in all other diseases the tendency to incurability and death is increased by inherited morbid tendencies?" Dr. Doutrebente is equal to the occasion by saying, "We think the time is not far distant when general paralysis will no longer be considered a form of insanity, but a morbid entity, an interstitial encephalitis, which may be complicated by any form of insanity, without thereby constituting a distinct species. He also says, in his paper on the "Different Forms of Remissions in General Paralysis:" "It is not hereditary, at least in the same way as insanity, and it is not usually met with in families tainted by a progressive morbid heredity, especially towards insanity," and he agrees with M. Lunier that it is due to a special form of heredity, one of temperament, normal and non-morbid.

These opinions are attacked by M. Montyel with more energy than elegance, and he quotes various authorities to show that the relation between general paralysis and mental disease is not one of coincidence. He cannot believe that general paralysis has a special law of heredity, and that those with a hereditary tendency to the ordinary forms of insanity enjoy a certain immunity in regard to it. In trying to settle the question by observation, he found that it is necessary to distinguish between patients who have contracted their disease alone through the influence of hereditary tendency to mental disease, and those who have added to this influence one not less powerful, excess of all kinds.

Although the numbers are rather limited, still, as far as they go, those collected by M. Montyel are distinctly against the opinions of Dr. Doutrebente. From an examination of the records of all the lunatics of the Haute-Garonne, admitted to the Toulouse Asylum, since its erection in 1858, it would appear that the duration of the disease was as follows:—

Less than 1 year	5	
„ „ 2 years	12	23, or 78·4 per cent.
„ „ 3 „	6	
More „ 10 „	6	6, or 21·6 per cent.

Only those cases were made use of in which the hereditary antecedents were beyond question, and amongst those who died all were excluded who succumbed to intercurrent diseases.

Is the progress of general paralysis, the same in the "héréditaires," whose lives have always been sober and regular, and in those guilty of sexual and other excesses, or who have broken down in their struggles with want and misery? In 16 cases in which the disease was alone caused by hereditary tendency to mental disease, the duration was—

Less than 1 year	4	
„ „ 2 years	5	13, or 81·3 per cent.
„ „ 3 „	4	
More „ 10 „	3	3, or 18·7 per cent.

Mortality among Children of Epileptics.—By *M. Martin.*—From statistics collected at the Salpêtrière, in 1874, and from others published by Boucher and Cazanvielh, &c., it was found that 19 epileptic parents begot 78 children, of whom 55 died very young, the majority of convulsions. Of the 23 surviving, 15 only were healthy at the time of the enquiry, and they were all very young. The extremely important conclusion may be drawn from these figures that almost all the descendants of epileptics are dead, or affected by epilepsy before puberty, and that amongst the small number of survivors, they being exceedingly young at the time of examination, the majority died during the next few years.

This extraordinary mortality among the children of epileptics explains how Esquirol and others, when examining *adult* epileptics, so seldom succeeded in finding a hereditary tendency to the disease.

Double Murder by a Child.—By *Dr. Mordret.*—As the events recorded occurred so long ago as 1875, and as most English readers are already acquainted with the case, it is only necessary to state that the full details, as furnished by Dr. Mordret, are exceedingly interesting. The girl, only 12½ years of age, is a typical moral lunatic or imbecile.

Remissions and Dementia in Certain Cases of General Paralysis.—By *Dr. Baillarger.*—We have of late been driven to the opinion that the great amount of attention which has been devoted to the study of the symptomatology of general paralysis, as a means of classification, has been good labour wasted. The method is wrong. Observation should be directed to the association of the varieties of general paralysis with localised anatomical lesions, for it is almost certain that under the name "general paralysis" we include several distinct lesions of the nerve centres. The long discussions as to whether the disease should be called general paralysis, paralytic insanity, or paralytic dementia, are exceedingly tiresome, and not instructive.

They remind one of the metaphysical hair-splitting of the schoolmen of the middle ages.

Two years ago M. Baillarger wrote, trying to show that the remissions which occur in the course of general paralysis are nothing but recovery from attacks of mania or melancholia, which precede or complicate this disease. To this it is objected that "patients covered with sloughs, extremely wasted and exhausted, unable to stand on their legs, and in a state of complete dementia, sometimes regain their power, get back the greater part of their mental powers, and remain so for years." The object of the present paper is to examine the real nature of those rare cases of remission in which the symptoms of dementia have predominated from the beginning of the disease. The following are the conclusions arrived at :—

1. Melancholia, with paralytic stupor, or simply paralytic stupor, may assume most serious symptoms, and simulate advanced dementia, and, nevertheless, be followed by remarkable remissions after several months.

2. When symptoms of dementia, with some delusions, develop rapidly during the first stage of general paralysis, they may not belong to a genuine dementia, but to a pseudo-dementia, constituting a special condition not yet sufficiently examined.

3. The existence of dementia at the beginning of general paralysis is frequently erroneously diagonised from certain special characters, or because it is supposed to be masked by manical or melancholic delirium.

4. The constantly varying, absurd, contradictory delirium of general paralysis is not a proof of the existence of dementia, and may be explained by a special condition comparable to certain cases of drunkenness.

5. Pseudo-dementia in general paralysis cannot, at present, be distinguished from true dementia, except by its rapid invasion and by signs of stupor.

6. There are no genuine remissions in simple, chronic, and progressive paralytic dementia.

The Nature of the Muscular Disorders in General Paralysis of the Insane.—By *Dr. J. Christian.*—It has long been well-known that in this disease there is no paralysis in the ordinary sense of the word, but only an ataxia with more or less muscular weakness. Dr. Christian has been at the trouble to measure this feebleness by means of the dynamometre. He examined 22 paralytics; 9 were from 30 to 40 years of age; 9 from 40 to 50; and only 4 more than 50. In all the cases the disease was of long standing. On each occasion he measured the force of each hand, and it so happened that in all the 22 patients the right was the stronger.

The individual differences were considerable as might have been expected. But they are of little real importance, since they exist also, and to the same degree, in healthy persons. Attention, however, must be paid to the difference in muscular power in paralytics of

the same age, and specially to its variations in the different stages of the disease in each patient.

The patients were weighed every time they were tested with the dynamometre, and thus he estimated the progress of the marasmus. He observed in general that when the weight of the body increased the muscular power did so also; the very opposite often occurred, and it was, therefore, impossible to establish any relation between the variations in weight and muscular power.

It would be important to make such observations during the whole course of the disease. Unfortunately Dr. Christian has had the opportunity of examining scarcely any but chronic cases. The majority had been affected for months, some for years.

The results obtained are given in tables, and the following are the conclusions:—

1. The means obtained are, in general, less than in health. Only 5 times in 44 did the mean exceed 50, the healthy standard. It may, therefore, be concluded that in general paralysis there is a real enfeeblement of the muscular power, such as is observed in all chronic affections, and yet this enfeeblement is not well marked, as only 7 times did the dynamometric force go below 20.

2. There is no constant relation between the diminution of the muscular force and the progress of the marasmus. Even after an interval of many months, during which the marasmus became marked, the dynamometre gave the same results.

3. The disease, called general paralysis of the insane, is at no period of its evolution a paralytic affection. Until the end the patient preserves the *will* of contracting his *muscles*, and the power of contracting them forcibly.

Alcoholism in the Parents a Cause of Epilepsy in the Children.—By *Dr. Hyppolyte Martin.*—As the result of careful enquiries into the history of the epileptics at the Salpêtrière, Dr. Martin states that they could be divided into two classes. In the first the drunken habits of the parents were considered as certain, and it included more than two-thirds of the cases; in the second, they were doubtful in some, and only suspected in others.

The 60 epileptic girls of the first group had had 244 brothers and sisters; of that number 48 had been affected by convulsions in early childhood, 132 were dead, and only 112 were alive at the date of the enquiry. It should be added that amongst the survivors the majority were still very young, and in some the nervous system was more or less seriously affected.

In the second class, 23 epileptic girls had had 83 brothers and sisters, amongst whom 10 only had had convulsions, 37 were dead, and 46 were still alive in 1874.

These figures confirm all that has been said as to the baneful influence of alcoholism in the parents on the nervous constitution of their children.

Clinical Cases.

1. By *M. Foville.—Congestive Mania.*—M. R., æt. 25, belongs to a family with well-marked neurotic tendencies; one of his sisters was insane, and he has always been nervous and irritable, and, when annoyed, he was like a madman. Six months before admission he began to suffer from very intense gastralgia, accompanied by vomiting and genuine symptoms of hysteria. His doctor was struck by his state of exaltation and general mental condition. Nevertheless, the symptoms of gastralgia disappeared, but his character became more and more irritable, and occasionally his memory was markedly defective. Fifteen days before admission delusions first appeared, and they were from the beginning of a distinctly exalted character. As his excitement increased, and he did not sleep, he was brought to the asylum. Although his wife said that there was no affection of his speech, still, there were distinct fibrillar movements of the muscles of his lips and cheeks when he spoke, and his pronunciation was wanting in precision.

In about six weeks he began to improve, and at the end of three months he was discharged recovered, and he continued well three years afterwards, the last time he was heard of.

2. By *M. Foville.—Transient Symptoms of General Paralysis in an Epileptic.*—This case was recorded so long ago as 1862, and would not be considered so unusual as it was then. Shortly, the history is: Aged 45; epilepsy of more than 40 years' duration; right hemiplegia; hallucinations of hearing; voices suggest ideas of riches and grandeur; impediment in speech and exalted delirium disappear in a few days.

3. *General Paralysis of Syphilitic Origin.*—By *M. Fournier.*—This case was first published in the *Progrés Médical*, and it appears also, if we are not mistaken, in his book on cerebral syphilis. The details need not be given, as it is only one of numerous cases with which all observers are now familiar.

4. Case of monomania with consciousness or *Folie du doute*, reprinted from Esquirol's "Traité de Maladies Mentales."

5. *Paralytic Dementia following Progressive Muscular Atrophy.*——By *M. Baillarger.*—M. M., æt. 47, was admitted to the Salpêtrière in 1857. Ten years before she began to present symptoms of atrophy of the muscles of the arms. The atrophy had been gradual, but somewhat more rapid during the last year, and on admission it was most marked on the right side. No mental symptoms appeared till the beginning of 1857, when loss of memory was noticed; then distinct mental weakness.

When admitted she appeared to be in a state of stupor; when she tried to speak, the muscles of the lips, cheeks and tongue trembled convulsively. The pupils were unequal, the left more dilated than the right; the face congested; the gait easy, but slightly unsteady; the body inclined much backwards; the arms pendulous, and in constant involuntary motion; the head was similarly agitated. She appeared to be already in an advanced state of dementia, did not know

where she was, &c. A fortnight after admission she rapidly became more feeble, and died.

6. *Exalted Delirium following Scarlet Fever.*—A girl, aged 17, had an attack of scarlet fever, preceded by severe pain in the head, and accompanied by profuse fœtid discharge from the ears. During convalescence she became delirious, and was removed from hospital to the Salpêtrière. Here she presented no signs of insanity, and denied that she ever had done so. She afterwards acknowledged that she had not spoken the truth, and gave a detailed account of her delirious ideas, all of which she distinctly recollected. In six weeks she was discharged, well in mind and much improved in bodily health.

Lunacy in France in 1876.

In directing attention to the abstract by Dr. Motet of the report presented to the Minister of the Interior by Dr. Lunier and others, we wish to refer to the original report as containing an excellent summary of the history of lunacy legislation in France, Spain, &c. The report is an immense work; to produce an abstract of it would be a great labour, and the result would not be satisfactory. The tables must be seen to be thoroughly understood.

Incendiarism by a Young Girl.

It has lately been suggested that the English method of enquiring into the mental condition of prisoners might be improved. That is doubtless true, though the entire adoption of the French plan would seem open to obvious objection. Should any one question this, he need only read the report on this case, and he will see that the proposed remedy may be worse than the disease. Certainly the case is a very difficult one, but the report is far too long and diffuse. The facts indicating insanity observed by the experts are so meagre and unsatisfactory that we do not believe that any English jury would have acquitted the prisoner with no other evidence in her favour, and we question if any English specialist would have taken the view of the case which MM. Dionis des Carrières, Lefèvre and Rousseau did.

The facts are these: A young girl living in a farm-house set fire to the buildings on several occasions. She denied all knowledge of the cause of the outbreaks until she thought she was discovered, when she confessed her guilt. She took the greatest precautions to avoid detection, and her only excuse for her wickedness was that she could not help it. So far as is known, she never exhibited any symptom of insanity or imbecility before or since; yet the following conclusions were arrived at by the experts appointed to examine her mental condition:—

1. Eugénie Vigreux suffers from an arrest of intellectual development which forms one of the degrees of imbecility.

2. This tendency to degeneration is complicated, in some unknown way, by a state of mental disorder which has assumed the form of monomania of fire-raising.

3. In the execution of the crimes of which she is accused, the initiative was not hers; she obeyed a force which dominated her reason and will, and rendered all resistance on her part impossible.

4. She should be considered irresponsible.

Clinical Cases.

1. *General Paralysis of Syphilitic Origin.*—By *M. Rendu.*—In 1864 the patient contracted a chancre, which was followed by the usual constitutional symptoms. In May, 1875, his health became deranged; he became sleepless, and had vivid dreams. In a few weeks his memory began to fail; he became impotent. At last his character became entirely changed. He was irascible and fantastic, alternately excited and depressed. In September, 1875, he had all the early symptoms of general paralysis. Iodide of potassium was prescribed, but could not be taken on account of irritability of the stomach. Mercurial inunction was then tried, but the immediate effects seemed to be that he became quite mad. The treatment was, however, continued, and in about twelve days he began to improve. His reason was completely restored in two months. The symptom which continued longest was dilitation of the left pupil. For two years, in spite of all treatment, he suffered from marked polydipsia, but at last it disappeared also. He continues well in every respect.

2. *General Paralysis of Syphilitic Origin.*—By *M. Rendu.*—M. X. was admitted to the Asylum Beaujou in 1875, in the following state:—He is depressed and cannot settle to any mental occupation. There are disorders of sight, characterized by a kind of persistent fog; trembling of the tongue and lips, inequality of pupils, and constant headache. When he walks the titubation and unsteadiness are not ataxic, but paraplegic. There is incomplete but diffuse anæsthesia; also impotence. No incontinence of urine, but habitual constipation.

Two years before he had been treated in Germany for so-called general paralysis with some transient benefit. In a few months he relapsed, and became even worse than before; there was much depression, and the affection of speech was very marked. There was no trace of exaltation. The adoption of an anti-syphilitic treatment was followed by rapid improvement and ultimate recovery. Inequality of the pupils was the last symptom to disappear. He had become infected with syphilis some 15 or 16 years before his mental illness appeared.

Congestive Mania. Beneficial Influence of Profuse Suppuration.—*M. A. Foville.*—The only point calling for attention here is the rapid recovery which occurred in a very troublesome case of mania after the appearance of a large abscess over the right knee, followed by a large carbuncle on the back.

General Paralysis.—*M. Lunier.*—This case is very interesting as being one of those about whose existence we are decidedly incredulous—one of paralysis lasting more than 20 years.

M. H. was first admitted in May, 1853, to Charenton, when Calmeil certified him as suffering under general paralysis. He escaped next day. He was next admitted in August, 1859, but recovered so quickly that he was discharged in less than a month, Calmeil certifying him free from any symptom of mental disease.

Third admission, 21st April—11th Sept., 1862; fourth, 28th Sept., 1865—28th Jan., 1866; fifth, 13th May—17th Oct., 1869; sixth, 11th Sept., 1870—27th April, 1871; seventh, 24th June—25th April, 1876; when he died of pneumonia.

It must be admitted that the mental symptoms were those of general paralysis, but the only physical symptom present was difficulty in speech. This case does not settle the question, as no post-mortem examination was made.

Congestive Mania.—M. Baillarger.—In this woman, æt. 63, there was strong hereditary tendency to insanity. Her attack of mania was characterized by exacted delusions, impediment in speech, &c. When the excitement disappeared so did the affection of speech. She recovered completely in six weeks.

Medico-Legal Report on a Case of Attempted Parricide.—The chief feature of interest is the suddenness of the homicidal attack. The man had long been slightly insane, idle, irregular in his habits, and constantly at enmity with his father because of some difference about money. One night he returned home and found that his parents were in bed, but the fact that their door was fastened seemed to excite in him immediately a state of furor, in which he broke the door, wounded his father, and attempted to injure his mother. It is particularly stated that he was not drunk at the time. As is usual in such cases, he exhibited no remorse, expressed no regret, was quite indifferent to the consequences of his actions; in fact, he seemed to care for nothing and nobody.

The Relation between Syphilis and General Paralysis.—Dr. A. Foville.—A very full abstract of this paper appeared in the last number of the Journal.

New Researches on General Paralysis.—By *Dr. Christian.*—The writer is in despair because, after all that has been written on this disease, we know so little about it. He believes that we must seek to obtain a true knowledge of it by returning to clinical observation.

The first two divisions of his paper are devoted to the repetition of the well-known facts that in general paralytics there is no real paralysis, but only a state of ataxy, and that the muscles do not undergo fatty degeneration, but retain their contractibility to the end.

In his third section he says that if it is easy to prove that the voluntary muscles preserve their properties it is not so easy to do so with the muscles of organic life. What more simple and more convenient than explaining, by paralysis of the sphincters, the incontinence of urine and fœces, by paralysis of the pharynx, the difficulty or impossibility of swallowing? And how can such a universally

received opinion be upset? In trying to explain the real cause of incontinence of urine in general paralytics, he says:—

"We generally observe that the paralytic is dirty during the period of excitement, but when this comes to an end, and for many months afterwards, the function is performed normally; or else, if there is incontinence, it is only occasional. But this is not so when the disease is advanced, when the dementia is complete, and when the paralytic dirties himself habitually. But even then we can see that he is only wet at intervals. Two or three times a day he will wet his bed, but if we take the precaution to change him immediately he will remain clean for several hours.

"The paralytic is, therefore, only dirty through absence of mind and forgetfulness; it is only casually that he has paralysis of the sphincter.

"What has just been said of micturition is equally applicable to defæcation.

"As to the difficulty in swallowing, it is not necessary to attribute it to paralysis of the muscles of the pharynx, which does not exist, but to the simple fact that the patient forgets to swallow. The paralytic is very voracious, and fills his mouth with food, which he allows to accumulate there. He does not make the necessary effort to swallow, and is thus choked mechanically."

Seeing that Dr. Christian hopes for the advance of scientific medicine by clinical observation, we feel inclined to state our experience, it being in some respects at variance with his. Especially do we dissent from his explanation of choking in paralytics. It may be true in some cases, but certainly not in all. If a man, be he paralytic or not, stuffs an enormous piece of food into his mouth, he will be choked simply because the æsophagus is too small to allow the passage of the mass. But this is not the usual manner in which paralytics perish by choking. Let us say he is eating bread. In his haste he scarcely chews it, but swallows it nearly dry. Its physical condition retards its progress down the æsophagus. Before it nearly reaches the stomach another mouthful follows, and so on until the æsophagus is packed with dry bread. But the paralytic does not seem to feel this, for he continues to eat until the food packs the pharynx and obstructs the larynx. This we have proved by post-mortem examination. It is a mistake to say that the paralytic forgets to swallow. As a rule he swallows too rapidly. Besides, once the morsel is beyond the back of his tongue, it is beyond his will. Swallowing is such a complex reflex act that it is difficult to say where the defect may be which leads to the choking.

As the result of his observations, Dr. Christian concludes that in general paralysis the whole muscular apparatus preserves its intrinsic qualities. This, he says, is perfectly demonstrated by clinical observation. It is also equally plain and certain that the intelligence is gradually destroyed. A paralytic ends by becoming a complete dement.

"We may conclude, therefore, that the organs of intelligence are

destroyed little by little. But it is not possible to suppose that the motor centres are the seat of the same destructive process, for if the motor centres were affected in the same way, the loss of movement would proceed parallel with the loss of intelligence; the muscles would cease to have the power of contracting, as when the cerebral tissue is destroyed by a hæmorrhage.

"The idea which strikes me is that the motor centres, far from being destroyed like the intellectual ones, are at most only irritated in a secondary way through their relation to the seats of disease.

"Certainly this is only a theoretical view at which we arrive by theoretical induction; we have as yet no direct evidence to support it"—a curious conclusion for an author who believes in clinical *observation* as the chief means to advance knowledge.

The paper may be summed up in the following propositions. It is probable that what is new in them will be very cautiously accepted:

1. General paralysis is not in any way a paralytic disease.
2. It should be considered as a primary cerebral disease, an interstitial encephalitis.
3. It begins in the intellectual centres, which are progressively destroyed.
4. The motor are not destroyed like the intellectual centres; they are only irritated secondarily. So also the disorders of motility are only secondary. They have no independent existence; they are always proportionate to the intensity of the cerebral disorders.
5. The direct cause of the muscular disturbances is intellectual enfeeblement and the fibrillar trembling of the muscles.
6. This fibrillar trembling appears to be due to an alteration of the muscular plasma, caused by a special inflammation of the brain.

(*To be Continued.*)

PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

A Quarterly Meeting of the Medico-Psychological Association was held in the Hall of the Faculty of Physicians and Surgeons, Glasgow, on Wednesday, 24th March, 1880. There were present, Drs. Grierson, Melrose, (Chairman); Yellowlees, Glasgow; Clark, Morningside; Maclaren, Larbert; Robertson, Glasgow; Rutherford, Lenzie; Ireland, Larbert; McLeod, Carlisle; Professor Gairdner, Glasgow; Drs. Grieve, British Guiana; Christie, Glasgow, &c.

OVERCROWDING IN PAUPER ASYLUMS AND ITS REMEDIES.

Mr. MACLAREN, Larbert, said—My reason for introducing this subject is my belief that there is at present a large amount of overcrowding in asylums, and that many of those who have not already done so, will ere long have to face the question of how they can best obtain additional accommodation for their patients. I propose to give, very briefly, a short sketch of my own experience in the Stirling District Asylum. This building was erected about eleven years ago, with space sufficient for 200 patients. The general plan of the ground