PART III.—QUARTERLY REPORT ON THE PROGRESS OF PSYCHOLOGICAL MEDICINE.

I.—*Foreign Psychological Literature.* By J. T. Arlidge, A.B. & M.B. Lond., M.R.C.P. Lond.

The system of exchange with other journals has enabled us to increase the number of periodicals from which we may cull matter for these excerpta, and may hope to maintain and to increase their interest and usefulness among our readers. Moreover, we shall not restrict our choice of extracts to the contents of foreign journals only, but extend it also to essays, brief memoirs, and to the summaries of the contents of works of more considerable magnitude which come before us, with the intention of more fully representing the state of opinion and practice prevailing on the Continent and in America, with regard to whatever concerns the pathology and treatment of insanity and the management of asylums. And it is another portion of our design, when detailing the opinions and labours of our fellow-workers in psychiatry in other countries, as far as practicable, to form an estimate of them by the light of, and in comparison with, those of our own countrymen; in other words, to attempt a critical examination of their value and importance.

The enlarged scope of our task will render more acceptable to us the receipt of essays, brochures, and reports, from abroad, both from authors and publishers. The more fully we can be kept *au courant* with foreign psychological literature, the more perfect will be our mirror of it; and none, we believe, can be found to gainsay the advantage of learning what plans are formed and what progress is made in ameliorating the condition of the insane, and in unfolding the pathology of insanity, by the distinguished physicians who labour beyond the shores of our own country.

1. *On the occurrence of Insanity among Criminals in Solitary Confinement.*

Dr. Gutsch, the resident physician of the prison of Bruchsal, in the duchy of Baden, in which the solitary or cellular system of confinement has been carried out above twelve years, has contributed a painstaking report of his experience of the system upon the mental condition of prisoners, to the 'Allgemeine Zeitschrift für Psychiatrie' for 1862.

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He commences his paper by pointing out the particular arrangements of the Bruchsal prison, and states that there are many departures from the severe discipline originally pursued in the Pennsylvanian prison, where the cellular system was first adopted. The prison itself was constructed in 1848, after an English model. The inmates, though completely isolated from their fellow-criminals, both day and night, are taught and engaged in some handicraft, the proceeds of which go to their own benefit. They are, moreover, regularly visited in their cells by the numerous staff of warders and superior officers, and thus, by this contact with others, by regular occupation and instruction, by opportunities for reading and public worship, and by exercise in the airing-courts, the evil effects of seclusion on mind and body are, as far as consonant with the carrying out of the plan of isolation, obviated. It is only in cases of bodily illness of a chronic character that the plan of separate confinement is departed from and the patients transferred to an infirmary, though even there they are still submitted to numerous restrictions, and, when their malady permits, are retransferred to their prison cells. Another feature of the Baden prison is that convicts of all classes and ages are transmitted to it, and placed under the same discipline.

Dr. Gutsch presents a tabular statement of all the cases of mental aberration which have occurred in the prison since its institution, and remarks that he has included in it every instance of mental disturbance, whether it was slight or severe, transitory or lasting. From this table it appears that, from the opening of the prison wards in October, 1848, until the end of 1860, there occurred 84 cases of mental disorder among 2666 prisoners admitted within that period. The proportion of such cases to admission is, therefore, 3·15 per cent. In another column he exhibits the per-centage of cases on the average numbers resident in each year; and from this it appears that in each of the years 1853, 1854, 1855, and 1856, the number of prisoners attacked with mental disorder exceeded that in any of the preceding or subsequent years, ranging from 2·70 to 3·39 per cent., whilst in other years the per-centage has on the average been under 2 per cent. of those resident. Respecting the social position of the 84 insane convicts, 65, or 77 per cent., were unmarried; 17, or 20 per cent., married; and 2, or 3 per cent., widowed. Again, insanity showed itself much more prevalent among the labouring, uneducated class than among those of higher station and education, occurring in 3·30 per cent. of the former and in 1·08 per cent. of the latter class. The relation observed between the onset of mental disorder and the character of the crime of which the prisoners were guilty is shown by another table, from which it appears that, of 1354 committed for larceny, 24, or 1·77 per cent., became insane; of 205 committed for murder, 21, or 10·24 per cent.; of 101 imprisoned for robbery, 6, or 5·95 per cent.; of 256 guilty of mutiny, insubordination, and deser-

tion, 11, or 4·29 per cent.; of 53 confined for forgery, 3, or 5·66; and of 87 imprisoned for incendiarism, 2, or 2·30 per cent. Other crimes are specified, and among them two, viz., murderous assaults and poisoning, 6 convicts having been confined for the former and 3 for the latter offence. Of the 6 guilty of assaults, 1 became insane, or 16·66 per cent.; whilst of the 3 prisoners, 1 also became mad, or 33·3 per cent.; a ratio in each instance of an astounding character, though valueless in drawing conclusions, owing to the very small number of instances in question.

The necessary limits of an abstract compels us to refrain from an analysis of this interesting paper, which occupies three sheets of the journal in which it is published; we therefore turn to the brief sketch of results, appended by the author himself.

1. The general tendency of crime and imprisonment to develop mental disorder, fostered by natural depraved predisposition, receives a further impulse by isolation. 2. Cases of mental disorder, attributable exclusively to solitary confinement, have, during the twelve years of the existence of the prison, been few in number; in the majority of instances predisposing circumstances have existed in the individuals themselves, or in conditions external to them and independent of the confinement under which they were placed. 3. One half of all the cases was of an extremely slight character; and the course and termination of most of them was very favorable, and the proportion of recoveries equal to 70 per cent. 4. Superior education and the mental activity enforced by instruction during the period of imprisonment operate as safeguards against the ill effects of solitary confinement. 5. The first period of incarceration, particularly the first two half years, are most favorable to the outbreak of mental disturbance, whilst, on the contrary, the lapse of time diminishes the injurious results of isolation. 6. The nature of the crime is directly related to the proclivity to insanity; thus, for instance, theft much less compromises the mental integrity than do crimes in which the passions are called into violent action. 7. With respect to the high moral value of solitary confinement as a means of stirring up or forcibly arousing the mind, the results arrived at from experience, after taking into account the dangers threatening the mental integrity, conclusively prove what a powerful engine we possess in that system, and how energetically it may act in the reformation of criminals. Lastly, our conviction of the advantages of this kind of imprisonment over all others, whether for the purposes of incarceration or of reformation, cannot be shaken.

2.—*On Religious Revivalism in the Orphan Asylum at Elberfeld.*

('Allgemeine Zeitschrift für Psychiatrie,' Drittes Heft, 1862.)

Religious revivals, so-called, which have been native to the soil of this country since the days of Whitfield and John Wesley, and are luxuriant in growth among our cousins across the Atlantic, have also become transplanted to Germany, and in a paper contributed by Velthusen, the Protestant chaplain of the asylum of Siegburg, to the 'Zeitschrift für Psychiatrie' (3 Heft, 1862), we have a sketch of a remarkable outbreak of religious and cerebral excitement among the children and others in the orphan asylum of Elberfeld, in Rhenish Prussia, in 1861. The movement commenced with a series of prayer meetings, suggested by the Evangelical Alliance in England, held at the commencement of the year 1861. The purpose of these prayer meetings was to supplicate an outpouring of the Holy Spirit in general, and the conversion of the children of the asylum in particular. However, at first the children took no part in them, but only the staff of the institution. On the 13th of January, at the close of the first week of such meetings, a girl, seventeen years old, presented herself to the superintendent, lamenting her sins, and expressing an ardent desire of forgiveness. She was soon followed in this course by another girl of eighteen, and in fourteen days seven female children in all were similarly affected. At first they remained tranquil, and pursued their usual work, weeping, however, and praying much. On the 28th of January the excitement made its appearance among the boys, and persisted night and day, destroying their sleep. Sixteen of them were placed together in a room, and rather encouraged in the religious fervour by the superintendent, who had, we suppose we must say, the satisfaction of hearing the boys expound and preach the Scriptures and make fervid prayers. On the evening of the 31st the children, boys and girls, thirty in number of each sex, were admitted to the meeting held by their superiors, and from this date, the third period (so distinguished by the writer) commenced, when an unfortunate boy, who had gone to bed before the meeting, but could not sleep, heard that his conversion had been a special subject of prayer by his fellow-pupils, became excited, and was seized with convulsions. The fit lasted at that time three hours, and on the following day he had two similar attacks. During the fit he was speechless, but not unconscious, and afterwards lapsed into a state of ecstacy. This event made a deep impression upon the other children. On the 2nd of February, above sixty boys and as many girls engaged in the prayer meeting, and among them the boy who had suffered the convulsive seizures. Like several other lads, this one also prayed aloud at the meeting, but was presently again seized with a fit, whereupon a great commotion ensued

among those present, and particularly among the girls. The result was that two adults and several children had to be carried out from the meeting. On the 3rd of February the excitement was extended to the little children who had taken no part in the prayer meetings, but had been put to bed before these took place in the evening, and infants seven and eight years old were found crying aloud for mercy and forgiveness. On the 5th the bodily disturbance of the sufferers became most apparent. Many children lost their speech, beat about with their hands, and tossed their heads so violently about that they required to be protected against injury. In some the attacks were persistent, in others intermittent. Within a brief period fifty children were seized with these convulsive symptoms. On the 17th of February the prayer-meetings were suspended, and the cases of mental disorder fell to twelve, and soon afterwards ceased.

Velthusen, in his examination of these circumstances, seeks for historical parallels in the accounts of religious revivals in England, Ireland, and America. Among other things, also, he tells us that the cholera in 1849 devastated Elberfeld, and carried off a thousand persons, and that one consequence of this visitation was an elevation of religious feeling amongst the inhabitants, particularly among those of the hamlet in which the asylum is placed, and which is about a mile out of the town itself. Another circumstance to be noted was that the staff of the establishment partook strongly of the religious sentiment, and held opinions much akin with those sects in England among which revivals are a cherished institution. Like most writers, the author of this paper attributes such abnormal manifestations in a community to the effect of sympathy and of imitation under high mental excitement, without any desire to deceive except in a few instances; and in illustration he adduces epilepsy as an imitative disease, and recognised as such by the ancient Romans under the name of *morbus comitialis*. He further appeals to ecstatic seizures recorded of monks in the dark ages, and to various convulsive maladies attacking large numbers of persons in bygone times, as recorded in history; in several such instances, however, no religious element entered, but only some strong emotional excitement. Persons of weak minds, women and children, are most prone to such seizures, and the constant grouping of the same persons together, whether in schools or factories, or in other places where they are cut off from wide intercourse with people at large, contributes strongly to the springing up of such morbid conditions. The worthlessness of such revivals is proved by the ephemeral character of the religious fervour, and by the absence of any permanent advantage to the moral and religious state of the individuals who have been their subjects, except, possibly, in a very few instances.

3. *On Lucid Intervals, in a Medico-legal Point of View.* By Dr. Legrand du Saulle.

('Gazette des Hôpitaux,' 1861.)

A lucid interval, says the writer, consists in an absolute though temporary suspension of the manifestations and characters of the insane state. It is not uncommon in mania (about twenty-five times in 100), sometimes occurs in melancholia, but very rarely in monomania properly so called, and as a most exceptional event when the mind is the prey to hallucinations or illusions, or the victim of acute dementia. Moreover there are certain forms of mental disease which never exhibit them; such are confirmed dementia, imbecility, and idiocy.

The patient enjoying a lucid interval is unlike a monomaniac, who, though, from the limited range of his aberration, he may appear like a sound man, is nevertheless a prey to a false conception, and always under its morbid influence in his conduct. Moreover, a lucid interval is to be distinguished from those flashes of intelligence and of calm which momentarily and suddenly display themselves at times in the course of mental disorder. Such occurrences are of excellent augury, but are most readily interrupted and arrested by any circumstance affecting the emotions or passions. The return of calm after excitement is another condition not to be confounded with a true lucid interval. Although agitation may cease, the mind is still unhinged, the ideas wandering, and the conversation incoherent; there is no genuine restoration of mental integrity and power.

When a lucid interval is genuine and well evidenced, the former habits and disposition of the patient reappear, the physiognomy regains its bygone expression, and the individual is fully aroused to an interest in his affairs; he encounters his relatives and friends with pleasure, and casts aside the delusions and dislikes his past delirium had entailed, asking the forgiveness and sympathy of those who have been the subjects of them. In an especial manner his affections and moral feelings are found to have resumed their healthy state.

On the other hand, in mere remissions, the attention cannot long be sustained and fixed. There is a want of decision or fixedness about the features; replies are brief, and often evasive; the speech is interrupted or jerking; the voice somewhat smothered, and the general aspect wanting in steadiness and solidity. Again, with respect to those patients who seem well, and are anxious to regain their liberty, we may notice that they make daily protestations of their recovery, and of their no longer being victims to their particular delusions. Their object is to practise an imposition and to dissimulate respecting their state; and when pressed by questions,

they will be found to garnish their replies by falsehoods and misrepresentations. To such the dictum specially applies—"*Incumbit onus probandi sanam mentem.*" No obscurity need be found in making the distinction between the sane action of a lunatic and a lucid interval. The madman does a reasonable thing, but his understanding continues no less disordered; a ray of light has shot across the obscurity of his mind, but it is only meteoric, and leaves no result. On the contrary, in a lucid interval the actions are stamped by logical sequences, and the mental integrity is sustained in its entirety for a given period. If to establish a lucid interval all that was necessary were the proof of a rational act or acts, no cause, however desperate, need fail in obtaining deponents to the fact. But, as Marc has well observed, sane action is but an act; a lucid interval is a state.

Periodic insanity is a phenomenon sufficiently well known. In it the intermissions are frequently true lucid intervals; the relapse into mental aberration distinctly determinable, and not seldom occurring at a fixed period. From such cases the simply variable forms of mental disturbance sketched by Esquirol are perfectly distinct. In these latter the calm following excitement is very remarkable, yet the patients are unfit to quit the asylum and to mingle in society. The mind in such does not resume its natural powers and rid itself of the delusions oppressing it, whereas in the former class of cases the mental integrity is so fully restored that they can resume their place and occupations in the world, and, unlike the others, become amenable to the laws for their actions.

Now, with regard to those insane who enjoy an intermission or lucid interval, it is a most delicate question to decide whether a crime committed during such an interval is attributable to diseased propensity or is the result of unimpaired consciousness; in other words, whether it is punishable or not, as the action of a mind free from disease. And legal authorities differ as to the allowance to be made where antecedent mental disorder has been established.

Physicians, when called on to give an opinion in such cases, should not set themselves in antagonism with received opinions, and advocate a general immunity from punishment for crimes committed against society. It is their duty to ascertain the period of the criminal act, and how long an interval has elapsed since the accused was mentally disordered, and to gather from the evidence offered a knowledge of the time at which the lucid interval has commenced or may have ended. Weighing such information by the accepted truths of pathology and practice, the next step is to discover what have been the insane conceptions of the individual during his last attack, to analyse them, and to determine how far the imputed crime stands in relation with them. If, for example, the history of the past delirium shows that the mind has been the prey to homicidal or to incendiary propensities, and to hallucinations of commands to

kill or burn, then, if the act for which the accused is committed is directly associated in character with such tendencies, a strong opinion should be put forward that it was the result of morbid impulse and of the absence of moral control. On the contrary, if no such accord subsist, if some probable ground for the crime can be suggested, and an attempt at self-justification be made, the conclusion must be that it was the result of premeditation and of responsible consciousness, though, from the known history of the previous insanity, no opinion respecting the radical absence of consciousness should be asserted. To sum up, it is possible to reduce the criminal acts committed during intermissions or lucid intervals in periodic insanity to three types:—1. The act is committed under circumstances which leave no doubt in regard to the relative entirety of the faculties. The duty then is to point out the possible influence of anterior attacks of insanity on the will of the criminal, and to extenuate his culpability. Under such circumstances it is for justice to be tempered with mercy. 2. The crime is the act of an individual who, though preserving the appearances of intelligence, is nevertheless the subject of mental oppression. The duty then is to establish the lesion of the understanding by means of evidence obtained by examination of the accused, and by his general bearing and aspect. The conclusion therefrom is that there is legal irresponsibility, and the finding of the court would usually be—not guilty on the ground of insanity and confinement in an asylum. 3. The act is the consequence of deliberate will, but has been almost immediately followed by an outbreak of delirium, or by nervous disorders more or less akin to insanity or to epilepsy. Here the duty is to determine whether simulated disease is not the real feature of the case, and if the morbid phenomena presented do not constitute a too faithful transcript of former conditions; and, in a case admitting of more doubt, to require its provisional removal to a suitable asylum, to institute further observations, and to furnish a report of such further study to the judicial authorities, who will, in all probability, be thereby guided in their decision.

With respect to the bearing of lucid intervals on the validity of testamentary bequests, the French law lays down no rules. The only reference to this matter in the Code Napoléon is—"that to make a will, the testator must be of sound mind;" but in practice the wishes of a person during undoubted intermissions are recognised, and it is left for the legatees to prove that the testator was, at the time of the execution of the will, of unsound mind.

In general, the propriety of a testamentary act is no measure of the integrity of the mental faculties at the time of its execution, except so far as it can be distinctly proved that the mind was at that period free from insanity or enjoying a lucid interval. For the mental discernment indicated by the will may be a consequence of

those temporary glimpses of a sound judgment, often enough noticed in acute mental disorder, and not of any restoration of the reason; therefore the act itself is open to dispute, and does not do away with the charge of madness. For, as M. Brierre de Boismont has pointed out, the wisdom of the act is not in itself a presumption of the existence of a lucid interval.

Lastly, in most instances the representations made to a physician by parties desirous of upsetting a will are marred by self-interest, by inexactness, by exaggeration, and even by falsehood; and the advice by Marc is very good, that to arrive at a sound conclusion the physician should most carefully investigate the value of the documents and evidence submitted to him; and that when such are produced only by persons directly interested in pressing their adoption upon him, he should only give a conditional decision; or, in other words, should intimate it to rest upon the supposed correctness of the facts placed before him.

4. *On the Inequality in Weight of the Cerebral Hemispheres in Epileptics.* By Dr. Baume.

('Annales Médico-Psychologiques.' Tome viii, 1862, p. 426.)

Dr. Baume states that the observation of the inequality in weight of the two hemispheres of the brain was first made by the late Dr. Follet, of the asylum of St. Athanase, at Quimper, in a report of 300 autopsies made by him between 1833 and 1854. According to this physician, such inequality was not found except in cases of hemiplegia and of epilepsy, and was constant in the latter affection. Forty epileptic cases were adduced, and the difference shown to vary from 15 to 290 grammes. To these Dr. Baume, formerly the assistant of Dr. Follet, added, in 1855, ten other observations, making a total of fifty. The following table exhibits the results arrived at.

Difference of	290	grammes	met with	once	290
,,	250	,,	,,	,,	250
,,	155	,,	,,	,,	155
,,	135	,,	,,	,,	135
,,	100	,,	,,	,,	100
,,	80	,,	,,	twice	160
,,	70	,,	,,	,,	140
,,	64	,,	,,	once	64
,,	60	,,	,,	twice	120
,,	50	,,	,,	four times	200
,,	45	,,	,,	once	45
,,	40	,,	,,	five times	200
,,	35	,,	,,	three times	105

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Difference of 30 grammes			met with	nine times	270
,,	25	,,	,,	four times	100
,,	20	,,	,,	seven times	140
,,	15	,,	,,	four times	60
,,	0	,,	,,	once	0
Total observations				fifty times. Differences	2534

Between 1856 and 1862 Dr. Baume has made the following additional observations:—

Difference of 159 grammes			met with	once	159
,,	125	,,	,,	,,	125
,,	102	,,	,,	,,	102
,,	85	,,	,,	,,	85
,,	70	,,	,,	,,	70
,,	55	,,	,,	,,	55
,,	40	,,	,,	,,	40
,,	31	,,	,,	twice	62
,,	30	,,	,,	once	30
,,	20	,,	,,	twice	40
,,	15	,,	,,	,,	30
,,	8	,,	,,	once	8
,,	4	,,	,,	,,	4
,,	0	,,	,,	four times	0
Total observations				twenty times. Differences	810

Dr. Baume gives the history and detailed account of the autopsies of the last twenty cases of epilepsy, which we cannot detail here, and in his résumé quotes the opinion of Baillarger, that such inequalities are rather the consequence than the cause of epilepsy, and due probably to the congestion of the fits being more severe, and therefore producing more atrophy in one hemisphere than in the other. Now, in three of the cases adduced in full this opinion seems to be borne out, so far as the fact goes that there was more post-mortem congestion of the atrophied than of the other hemisphere. But, as Baume remarks, in those three cases the inequality of weight appeared connected with a congenital malformation of the cranium, and the epilepsy was itself probably due to the same cause. At the same time the explanation of Baillarger would seem true with respect to the similar cerebral differences in incomplete hemiplegia. Bauchet and Delasiauve have expressed their opinion that it is premature to assign any direct pathological relation between such inequality of the hemispheres and epilepsy, and the latter, indeed, contests the fact of its existence, except as an occasional event.

The existence of different opinions on such a simple matter of fact renders it most desirable that similar researches should be

carried on, and that the existence of inequality should be examined in connection with all other morbid conditions, whether of the brain itself or of its enclosing bony case; and we heartily commend this field of inquiry to our medical superintendents, who have ample scope for it in the multitudes of epileptics which crowd our asylums. Contributions to medical science will be particularly valued in the pages of this Journal, and it will be a great satisfaction to be able to point to the good work accomplished by our English psychological physicians, who ought assuredly to take a higher stand generally as cultivators of the pathology of insanity than they hitherto have done.

5. *Hereditary Insanity.*

('De la Folie Héréditaire; Rapport Medico-legal,' par le Dr. Morel, p. 29. Paris, 1862.)

M. Morel, of the asylum of St. Yon, Rouen, has recently published a brochure on hereditary insanity, 'De la Folie Héréditaire,' &c., taking for illustration a remarkable case which not long since created much excitement during its trial at Havre. M. Morel is well known to our students of psychological medicine for his able 'Traité des Maladies Mentales,' and especially for his bold effort to overturn that symptomatic classification of insanity which has so long been in vogue, and to substitute a more philosophical one in its place. He rejects mania, monomania, and melancholia, from the category of mental disorders, objecting that neither excitement nor depression of mind is a pathological entity, but only an accidental external manifestation or symptom, dependent on various unlike conditions of cerebral action and cerebral lesion. The divisions or groups he constitutes are based upon the intrinsic relations which must subsist between the form of the insanity and the nature of its cause, and stand thus in his classification of mental disorders:—1. Hereditary insanity. 2. Toxæmic insanity, or insanity due to the introduction of poisonous agents in the blood. 3. Insanity resulting from the transformation of certain neuroses. 4. Idiopathic insanity. 5. Sympathetic insanity; and 6. Dementia. Of this last group he remarks, it is not, properly speaking, a primitive form, but rather a terminal condition, or the sequence of any and every form of primitive insanity; at the same time it has, whatever its origin, certain common characters and distinct internal and external signs.

This etiologico-pathogenic classification, says its author, is calculated to facilitate the solution of the principal medico-legal problems which can be submitted to the physician touching insanity. It is not enough for the medical expert to simply affirm the existence of insanity in an individual, but he must indicate the grounds whereon he distinguishes reason from madness, and the voluntary act from the

result of mental disease. He fails altogether in enlightening a court in a difficult case, by affirming that the crime in question has been the consequence of monomania, or, in other words, of an irresistible impulse to kill, rob, or burn, or to commit any act of depravity. He thereby supplies no rigorous facts by which alone the ambiguities and doubts of the case can be removed, but only advances a worthless theory. To arrive at a certain proof of the insanity of an individual, there must be an exposition of the characteristics, whether intellectual, physical, or moral, which constitute insanity in general, and the different varieties of it in particular. And it is not necessary to be a physician in order to understand the necessary and serious relations which must exist between a cause ever acting on the nervous system and disturbing its functions and the abnormal phenomena of the understanding and emotions attributable to that cause. A magistrate can readily conceive that the nervous disorders of a drunkard are of a different character to those of an epileptic, that the brain may be affected by sympathy or by actual lesion of its substance, and that the symptoms of idiopathic differ from those of sympathetic delirium. In fine, the actions of individuals suffering from disorders of the nervous system bear an impress upon them which enables them to be referred to their true pathological source, and can furnish to judge or jury the most convincing evidence of the morbid state of the accused.

Hereditary taint, in M. Morel's opinion, plays a most important part in determining the question if insanity be the cause of crime in any case. Heredity, says he, dominates the pathogeny of nervous affections; it forms a part of the organization of an individual, and leads to the perpetration of acts of some particular kind, apparently inexcusable, inasmuch as intelligence apparently survives the loss of moral feeling. Heredity, he contends, constitutes by its influence a special vesania, and represents the mental conditons variously called instinctive, reasoning, and moral insanity, delirium of the actions, perversion of the moral sense, mania without delirium, and periodic mania. "The principal monomanias of Esquirol, the partial madness, the systematised delirium of some authors, and 'lucid insanity,' as lately so-called by M. Trélat, have their usual origin in the faulty intellectual, physical, and moral dispositions transmitted by progenitors." . . . . "The subjects of hereditary insanity are instinctively prompted to evil, and this even at their earliest age. Their disorder is evidenced rather by senseless, dangerous, or immoral acts, than by delirium in speech. Some are intelligent; the memory is not defective; their clearness of mind (lucidité) is often perfect, and they can reason like sound men; and when their delirium shows itself, it is commonly restricted to a few objects."

Both Pinel and Esquirol have fully recognised hereditary insanity as having special characteristics. The former insists on its periodic

form or the existence of intermissions as an essential character, whilst the latter has well portrayed the features of hereditary insanity, exhibited in the moral and intellectual states, and in the conduct, habits, propensities and physiognomy of its victims. The children of lunatics, concludes M. Morel, offer a group of characters discoverable, not only in their intellectual and moral, but also in their physical, defects, and to these characters he applies the term "stigmata of heredity."

Proceeding to the critique of the particular case of criminality he adduces in illustration of his general views, M. Morel remarks, on the one hand, the difficult position in which psychological physicians sometimes find themselves, on account of the popular feeling that from their special studies they are disposed to discover madness in every case of crime; and, on the other, the strong feeling which sets in against a criminal guilty of some foul offence, and which, even where insanity is discoverable, tends to displace any commiseration for him and to withhold the recognition of his irresponsibility before the law. On the other hand, an atrocious or unheard of sort of crime is no evidence that the person who committed it is insane. The acts of an insane person are deducible from his malady or flow from it as a logical sequence, just as the acts of a criminal are traceable to his passions or to suggestions which he has freely yielded to. The insane are rarely capable of arranging a defence of their conduct; they frequently conceal, it is true, their actuating motive, but they do not invent falsehoods in excuse of a crime of which they believe themselves innocent; and when they acknowledge themselves worthy of death they glory in the result of their acts, as having been committed by them in order that they might openly manifest to the world that they have been the victims of an unjust persecution.

These last observations by M. Morel are called forth by the survey he makes of the *cause célèbre* of the Marshal Gilles de Ray, in the time of Charles VII, who was found guilty of and punished with death for the wholesale murder of young children for his morbid diversion. And, as M. Morel remarks, this great criminal invented falsehoods in his defence, and at the same time, by his answers to the accusation against him, rendered homage to the voice of conscience by attributing his crime to the instigation of the devil and to a morbid desire to imitate and outdo some of the Roman Cæsars in their acts of horror and inhumanity. Here the conscience was touched by remorse, the criminality of the act admitted, and a motive or attempted explanation suggested; and though the horrid nature of the crime charged might possibly be imagined as assignable only to mental disease, yet the evidence goes to justify the sentence pronounced, and to annihilate the plea of insanity.

It happens with many insane that they commit acts of the most disorderly, absurd, and dangerous character, often, as it were, in-

stinctively and without control, and without any attempt to assign a motive, or, at best, express a motive of the most frivolous kind. Such are the features of hereditary insanity. In other forms of the malady the actions are dictated either by hallucinations, especially those of persecution, or else spring from some source of suffering, either physical or moral in its character. In cases where instinctive spontaneous and unforeseen impulses appear to account for a lunatic act, such impulses imply no special form of insanity, though they have a specific relation with the diseased state of the individuals concerned. And the physician would be greatly embarrassed unless he could discover the relation of such impulsive states with certain perverted organic functions as revealed by symptoms, such, for instance, as severe and intolerable pains in the head, periodic neuralgias, derangements of the principal functions of the economy, distinct or latent neuroses, &c. The last-named symptomatic disorders, latent neuroses, are well illustrated by what is now recognised as latent or masked (larvée) epilepsy.

In the case of the hereditary insane the symptoms of their disorder are frequently little noticed until they culminate in some fatal or destructive act. Its signs are placed to the account of eccentricity, of temper, of imitation, &c.; but the physician who has attained a proper conception of hereditary insanity in all its bearings will take a different view of their purport, and be prepared to attach to them their true weight when the long calm or lucid interval is broken and dispelled by the outbreak of vice and crime.

The history of M. Morel's illustrative case, and the able psychological analyses accompanying it, are too long for an abstract of this sort; yet we would heartily recommend our readers to peruse the pamphlet for themselves, and to satisfy themselves of the original and philosophical manner in which its author handles a medico-legal question.

6. *Maniacal Delirium dependent on latent or masked Epilepsy.*

('D'une Forme de Delire suite d'une surexcitation nerveuse se rattachant à une variété non encore decrit d'Epilepsie,—Epilepsie Larvée, par le Docteur Morel.' Paris, 1860, pp. 28.)

The association of maniacal delirium with epilepsy, as usually revealed to us by convulsive phenomena, is a universally recognised fact; but it has of late been demonstrated by M. Morel and Jules Falret that many recurrent forms of maniacal excitement are equally allied with epileptic disease, although this last is not evidenced by its ordinary convulsive features. This variety of recurrent mania, dependent upon what we may call an epileptic habit, has been expressed in France by the term "epilepsie larvée"—latent or masked epilepsy.

M. Morel wrote an interesting essay on this morbid condition, under the title affixed at the head of this article. This essay is based on clinical observation, but we have no space here for a notice of the illustrative cases recorded, and therefore confine ourselves to a summary of facts.

"Epilepsy is a neurosis which, by the repetition of its paroxysms, induces in most individuals attacked by it a series of disorders of the sensibility, as well as of the intellectual and emotional faculties, of a special character.

"The different lesions together constitute a form of insanity marked by such characters as distinguish it from all other varieties of mental disorder. Epilepsy most frequently displays itself by convulsions, falls, and vertigo, but it may also be present in the system in a latent or masked state, without such external symptoms, though it still involves the same disturbance of the sensibility and of the intellectual and emotional faculties as if it were manifested by the usual convulsive and vertiginous attacks."

Under such circumstances the diagnosis of epilepsy is arrived at by detecting the principal symptoms characteristic of epileptic insanity, viz.—

"Periodical excitement, followed by prostration and stupor; excessive irascibility, without cause; the manifestation of aggressive violence, marked by instantaneity and irresistible impulse; exaltation of the sensibility; homicidal and suicidal tendencies; intercurrent insane ideas connected with the state of cerebral excitement; exaggerated notions of physical power, of wealth, of beauty, or of intelligence; erotic tendencies coupled with exalted religious feeling; hallucinations of terror; sensation of luminous atmosphere: horrible dreams, or nightmare; gradual progressive debility of the powers of understanding, and especially of the memory; loss of recollection of events transpiring during the paroxysms, the insane symptoms at each periodic attack having, both with reference to the ideas which occupy the mind and to the actions committed, the same identical character; and, lastly, the violence and duration of the delirious excitement determined by the duration of the remission."

Such cases are to be met with not only in asylums for the insane, but also in general medical practice. In asylums two classes of epileptics are found, the one presenting the usual convulsive phenomena, the other not, but only a group of symptoms according with those just sketched, and yet not less dangerous. And it often happens that, after some months, or even years, distinct epileptic attacks make their appearance in the latter class of patients, and then it is generally observable that a mitigation subsequently occurs in the violence of their acts and conduct.

"I do not," says M. Morel, "look upon the phenomena (sketched above) in the light of complications of insanity. They are, in fact,

the ultimate symptomatic expression of an epileptiform neurosis, existing at times in an undeveloped or masked form for a long period, and productive of a variety of madness which has been variously designated—as mania, with fury; periodic mania; sudden or impulsive mania; moral insanity; instinctive mania; suicidal, homicidal, &c., monomania. For my part, I regard this form of mental aberration, attended with lesion of the sensibility, of the understanding, and of the emotional and moral powers, as a variety of *epileptic insanity*. At the same time I take care to recognise the difference between the form of epilepsy described and the epileptic, or rather epileptiform, convulsions the consequence of alcoholism or of softening of the brain in general paralysis." Lastly, the consideration of the morbid state in question has a direct and important bearing in many medico-legal inquiries, for it shows the possibility of referring a certain set of symptoms to their true origin—to a malady of which the criminal acts of an individual may probably be only the external manifestation.

7. *On the Cost of Maintenance of Chargeable Lunatics in France, and on Colonisation as a means of wholly or partially defraying that Cost.*

Such is the subject of a brochure by Dr. Billod, the chief physician of the asylum of St. Gemmes, in the department of Maine-et-Loire. For in France, as in this country, the question of the day is, what is to be done with the ever-growing number of lunatics?—and each French asylum physician, like his English colleague, has a pet scheme to adduce in response to it. The example of the colony of Gheel now occupies the foreground in the attention of the French physicians, and that establishment has been inspected by several of the most eminent of their number, been reported upon, and its merits and demerits, and its applicability to France, eagerly and repeatedly discussed at the meetings of the 'Medico-Psychological Society of Paris,' as well as in various writings. Moreover, a scheme of colonisation, of collecting the insane in considerable numbers over a wide area, affording ample opportunities for their out-door employment, has been received with much favour. M. Billod is an advocate of a plan of this sort, and writes to prove that, given so much land and so many insane cultivators as are necessary to farm it by spade labour, the produce will be ample to repay the cost of maintenance of the establishment and of its inmates, cultivators and non-cultivators, and also of its necessary staff of officers.

M. Billod begins his pamphlet by showing the rapid increase in the number of lunatics in France, and appends a table of the total number of admissions into the public asylums in each year between

1835 and 1853 inclusive. From this it appears that, to select one or two examples, there were 3947 admissions in 1835, 5536 in 1839, (*i. e.* when the new lunacy regulations came into force), 7518 in 1845, and 9081 in 1853.

Passing by the causes and possible explanations of this rapid increase in the number of the insane, M. Billod remarks that its consequences are twofold—(1) the enormous tax it involves, and (2) the overcrowding of asylums; and his remedy for both evils is expressed in the following proposition:—that from the profits of agricultural operations, in which the cost of manual labour and of manure is reduced to a minimum, every lunatic asylum may exonerate the department which has established it from the expense of its pauper lunatics, provided that such a sufficient extent of land be allotted to it as may, by its cultivation, produce a revenue equivalent to the expenditure incurred in their behalf.

In establishing this proposition the author calculates that, after eliminating the cost of labour and of manure from the charges of cultivation, the profit remaining would be at least 15 per cent.; and in this estimate he states he has the concurrence of some of the best practical farmers in his district. But, he rightly subjoins, the amount of profit must vary according to that of capital invested, as regulated by the value of the land and its fertility, and according to the number of lunatics.

To M. Ferrus, says Dr. Billod, is the honour of having been the first to attempt the institution of an agricultural colony, viz., the farm of St. Anne, near Paris, as a supplementary institution to the Bicêtre. This farm comprises about 100 acres; these are cultivated by patients drafted from the Bicêtre, others of whom are occupied in a large laundry and fulling-mill attached to the farm. The revenue of this industrial establishment increased from 1957 francs in 1833, to 53,349 in 1841. In this account of St. Anne's farm M. Billod has forgotten to mention the extensive piggeries attached, from which, in fact, the best portion of its proceeds is derived.

But the most considerable and the most successful attempt at colonisation in a locality apart from an asylum has been made by the brothers Labitte, the proprietors of a large private receptacle for the insane at Clermont, in the now well-known colony of St. James, which forms an annexe at some distance from that institution. This colony represents in principle the scheme M. Billod contends for. He would have a large farm at some distance from the district asylum, though dependent on it for its medical service and general administration. The adoption of the system within the immediate vicinity of an existing asylum would, he says, necessarily place the authorities very much at the mercy of the surrounding landed proprietors, and put them to a much greater cost for the purchase of the additional land required than if it were carried out at a distance

from it. Moreover, the separation of the annexe would have the advantages of dissevering the mind more completely than the asylum precincts could do from its disordered feelings, of lessening the ideas of confinement and of restriction of liberty, and of surrounding the inmates with conditions more akin to those of ordinary life.

If from any cause the purchase of land were thought undesirable or were impracticable, the rental of a sufficient area for cultivation would be found a profitable investment. Another benefit would accrue from the agricultural colonisation scheme, viz., the practicability of usefully and beneficially employing the idiots and mere imbeciles, who either uselessly crowd lunatic asylums, or are excluded from them, as is generally the case in France, as inadmissible, or are miserably located, as in England, in workhouse wards.

M. Billod, though advocating this so-called colonisation scheme, nevertheless disapproves of the system as carried out at Gheel, and would oppose its introduction into France.

Before concluding his essay M. Billod addresses himself to the question of the distribution of the large number of lunatics in the department of the Seine, and insists on the evils attendant on the plan hitherto pursued, of sending those who could not find accommodation in the asylums of the department to the provincial institutions. But, he remarks, it was better in the mean time, and until a proper scheme of accommodation could be matured and carried out, to do this than prejudge the question by ill-contrived additions to overgrown asylums, as has been done by the magistrates of Middlesex in the case of Hanwell and Colney Hatch. And it is gratifying to find that M. Billod has convinced himself that his "honorables confrères" on this side the channel have had no hand in the adoption of so absurd a proceeding.

Now, there can be no question that an agricultural establishment after the model M. Billod places before us would be of immense benefit to numerous patients in an asylum, to the asylum authorities and administration, and to the ratepayers taxed for its support. As a rule, the profitable employment of their inmates in farming and other industrial pursuits has been much more widely carried out in Great Britain than in France, and the Lunacy Commissioners have been foremost in enforcing the acquisition of a fair extent of land in connexion with our asylums; and we hope to see the day when the system of aggregating vast numbers of insane in huge, unwieldy buildings shall be laid aside, and be replaced by the creation of annexes, having the character of village communities, with ample land for the full and profitable occupation of their inhabitants. But we must express our doubts whether the notion that by agricultural colonies of insane, the cost of the maintenance, and that of the asylum of which they would form appendages, could be covered by profits accruing from them, is not Utopian. Mr. Hill, of the York

Asylum has apparently pushed the employment of patients' labour as far as practicable; yet, although the returns obtained by him materially diminish the cost of maintenance on the whole number of inmates, they are very far from covering it. And in dealing with such a question, it must not be forgotten that the residents in an asylum are *patients*, and cannot be systematically and regularly put to labour, for their forced subjection to work would represent a new form of coercion in exchange for the mechanical restraint which it has taken so many years to abolish. M. Billod has, moreover, reckoned on a constant 15 per cent. profit; but this is to suppose a farmer's paradise, where weather is always propitious, crops always good, blight and disease unknown among crops and cattle, market prices at a fixed and profitable figure, and labour always equal to the demand.

Nevertheless, though the advocacy of a pet project has led M. Billod to see only its fair side, unmarred by any drawbacks, the general principle of his scheme is good, and the publication of his brochure very opportune in the present dilemma of deciding how to provide for our insane population.

8. In re *Non-restraint.—Casimir Pinel* v. *Conolly*.

("Examen du Non-restraint." 'Journal de Medicine Mentale,' 1862.)

In 1860 M. Morel, who had been despatched by the authorities of the department of the Seine Inférieure to examine the English asylums, with particular reference to the abolition of coercion in the treatment of the insane, published an account of his observations and conclusions, highly favorable to English opinion and practice, and calculated to remove many prejudices against the non-restraint system, as pursued in our country, and to promote its adoption in the asylums of France. This work, by M. Morel, has, no doubt, become familiar to very many of our readers, whilst, on the other hand, its extent and importance render an abstract suitable to this paper impracticable.

Our attention has been called again to this essay just now because it seems to have aroused the wrath of Dr. Casimir Pinel, which, as he informs us in his "Examen du Non-restraint," contributed to the 'Journal de Médicine Mentale,' 1862, has been bottled up in a written but unpublished work since 1856, then called into that immature state of existence by the appearance of Dr. Conolly's work on 'The Treatment of the Insane without Mechanical Restraints.' That his laboured MS. folios should be altogether lost to the world was, no doubt, a painful thought for their writer, and consequently M. Morel's book presented the opportunity, and the pages of the journal the means, to rescue them from oblivion.

M. Pinel tells us, in his introductory remarks, that he has read M. Morel's book with great interest; but if so, he has failed both to cull from it the instruction he might have obtained, and to dissipate a single prejudice and misconception from his mind which he aforetime entertained when he wrote his manuscript in 1856. In fact, we are disposed to believe that M. Pinel was determined to abide by his preconceived opinions, and to publish his otherwise lost labour to the world, with all its obsolete objections and mistaken notions intact; for on reading through his series of papers we find scarcely any reference to M. Morel's work, although plenty of errors and prejudices which would not have appeared, had he read that work with a view to his own profit and to correct his judgment, in his now published critique. Non-restraint and Dr. Conolly are the objects of his attack, and from the manner in which he deals his blows at the latter, one might suppose he had some personal feeling against him. The only possible interpretation for this seeming animus against our English physician, and his claims as a benefactor of the insane, is that of an ill-judged jealousy for the honour and merits of the great Pinel, whose ever-esteemed name he has the good fortune to bear. But we doubt not the shade of his distinguished ancestor would be greatly provoked by such a purposeless and frivolous onslaught on an eminent man, who has ever recognised the great claims of the first Pinel, and been proud, as his disciple, to develop the principles of humane treatment of the insane he so ably propounded.

To proceed. After announcing his unborn work, M. Casimir Pinel has the audacity to remark that his opinion, which he tells us coincided with that also of most alienists, was that "M. Conolly had added nothing to what was practised in France for more than half a century" before he wrote; and to this statement he presently subjoins that "non-restraint dates" in England from 1839, and that up to that period the situation of our insane was most deplorable, and that no change had taken place in the "old regime of damp dungeons, chains, handcuffs, &c." To remedy this state of things, he says, Dr. Conolly meritoriously took the initiative in England, and he then endeavours to prove that that eminent physician has no claim to any originality in opinion or in action in the reforms he advocated and carried out, but that he was only a feeble copyist of the brilliant examples exhibited in the treatment of the insane in the asylums of France since the days of the illustrious Pinel.

It is astonishing to find a physician at the present day venturing upon such opinions and statements, in direct opposition, as they are, to facts recognised by every one conversant with the history and progress of the moral treatment of the insane. Such a proceeding indicates a wilful perversion of historical facts, and cannot be too severely reprobated.

The object of his first chapter is to derogate from Dr. Conolly all

honour as an originator of improvements in the treatment of the insane, and his first reference is to the teachings of Soranus and of Cælius Aurelianus. All honour, we say, to these ancient preachers of humanity to the insane; but what effect had their teachings on the practice of their contemporaries and of succeeding generations? And, again, what advance in moral or in physical science has not been shadowed forth by the doctrines and discoveries of sages of a by-gone age?

But it is to his distinguished ancestor's (Ph. Pinel) works that the writer principally refers, in order to substantiate his statement that Conolly originated nothing new, and he quotes several passages from them, which certainly prove how wise and humane were the ideas promulgated by Pinel, and how far he stood in advance of his time. But surely this was an act of supererogation, for neither Dr. Conolly nor any other sane man questions in the least the paramount merits of Pinel, as the great reformer of his age in the treatment of lunatics. And, on the other hand, these quotations certainly do not prove that the reforms he so ably promoted have not been further developed and extended, both by Conolly and other well-known physicians.

There are few at the present epoch who would coincide with Casimir Pinel in asserting that the management of the insane and the amount of coercion proposed by the elder Pinel were the *ne plus ultra* in perfection; that his system represents that sensible and judicious non-restraint beyond which the condition of lunatics does not permit an extension; and that the camisole, mechanical confinement in bed, seclusion, and the douche, must ever be continued as means necessary to their salutary treatment. Indeed, it must be evident to every unprejudiced thinker that, if to Pinel the great merit be due of striking off the chains of the lunatic, of reducing mechanical means of restraint to a comparatively mild character, of claiming for the lunatic his position as the subject of disease and not as a malefactor, and of demanding for him a mode of treatment fitted to him as a being still amenable to kindness, and in need of the same hygienic care as a sane man, to Dr. Conolly also is due the merit of demonstrating that coercion is not essential as a means of treatment, and that lunatics can be employed, clothed, amused, and dealt with generally, as ordinary individuals, to a much greater extent than Pinel supposed to be practicable. To Dr. Conolly belongs the credit of declaiming against mechanical restraint as always an *evil*, which ought to be eradicated from the means of control in use; of devising various expedients in the way of dress, bedding, &c., to meet those difficulties in treatment which served as apologies for mechanical coercion; and, above all, of replacing such coercion by minute supervision and by untiring care and forethought. In short, he was foremost in developing that state and condition, that *tout ensemble* of asylum management, which M. Morel so clearly recognised and so justly

appreciated in his able memoir above quoted, whereby alone non-restraint becomes practicable and salutary.

It is by having been mainly instrumental in effecting this transition, thus rudely sketched, that Dr. Conolly, as we maintain, did materially add to the principles of treatment as advocated by the great Pinel, and as put into practice in France prior to the time when non-restraint became the watchword of English asylum superintendents under the leadership of Conolly. Unluckily, indeed, the advance made has been of slower progress in France, for it was there for a long time misunderstood and misrepresented, but now its practicability is becoming widely admitted, and, as a consequence, it bids fair to be soon generally adopted. Taking into consideration the record of opinions of French asylum physicians, as collected by M. Morel, on the subject of restraint, and the principles and practice of the best known alienists of France, and amongst them M. Girard de Cailleux, as set forth in published works, we are at a loss to know how M. Casimir Pinel can substantiate the assertion he puts forth, that the *majority* concur in his views, and that even those who know what is going on in England are unanimous in denying the possibility of the entire abolition of mechanical coercion. How can he explain his statement that not even M. Morel believes in the practicability of the total abolition of restraint, when the whole tenor of that physician's book on the subject irrefragably proves that he has witnessed and has convinced himself of the practicability, and when, as at p. 79, he writes "that he has definitely adopted the resolution" to lay aside the use of restraint, and at p. 104 speaks of the total abolition of all means of coercion in the treatment of the insane, as the great object to be realised. But M. Casimir Pinel cares little for the accuracy of his statements, as an examination of his whole paper proves. What but the most profound ignorance or premeditated misrepresentation is evidenced in the following remarks, that in 1834, when M. Ferrus wrote his sketch of English asylums, "England had not modified its system (of treatment). It was still in irons and handcuffs;" that until 1839 "nothing had been changed from the old regime of damp dungeons, chains, and manacles;" and that, as the general deduction from all his quotations and observations, the asylums of France were in the intervening period most admirably managed and their inmates most happily lodged and cared for, offering in all these particulars a most marked contrast with what existed in England. The reform, as effected by the first Pinel, is, as we have already seen, the model held forth to us, and the Salpêtrière and Bicêtre the institutions *par eminence* for our admiration, as exhibiting all those qualities so lamentably deficient in our English asylums until 1839. But we would call M. Casimir Pinel's attention to the grave defects indicated by Esquirol and Ferrus in the models he would submit to our admiration, and to the present valuation placed upon them in the

recent report made to the Prefect of the Seine on the unfitness of the Salpêtrière and the Bicêtre as asylums for the insane. Moreover, he should inform himself of the state of the asylums and of their inmates in France generally, as told by Esquirol and Ferrus, at the period he draws such a dark picture of those in England If he is honest in his inquiries, he will find that long since 1839 the condition of the insane in many provincial asylums of France has been most unsatisfactory, and the buildings themselves altogether unfit for their purpose. He will discover, too, that the humane doctrines of his illustrious progenitor were slowly received and acted upon in the French provinces, and that restraint chairs, iron rings, handcuffs, and other instruments of coercion, in addition to his much-beloved camisole, dark and damp cells, insufficient food and clothing, and many remnants of barbarous treatment, lingered in use long since 1839. We can likewise, from our own personal observation of many French provincial asylums, testify that in 1855 the condition of the insane, the abuse of restraint, and the accommodation provided, were in some of them equally bad, and in many particulars worse, than in the worst English asylums in 1839.

But not only has M. Casimir Pinel withheld all notices of an unfavorable condition of things in French asylums at the period of the history of which he professes to give a sketch, but he has implied generally the absence of special institutions for the insane in England, and has altogether ignored what Esquirol, Ferrus, Parchappe and others have mentioned approvingly respecting them and their inmates. Ferrus (writing in 1834) at p. 64 of this work 'Des Aliénés,' remarks, by way of comment on the activity displayed in England towards providing for the insane after the Act of Parliament of 1827, how happy it would be for France if, by a similar measure, the lunatics of the departments could be withdrawn from the public gaze and from brutal treatment without being exposed to the horrors of dungeons, and could they be transferred to suitable places of treatment. But before proceeding with quotations from M. Ferrus, we must state, in justice to English asylums in 1834, when his work appeared, that his notes apply to the state of things in 1826, when he made his visit to this country, and consequently, by reason of many ameliorations carried out in the eight years' interval, do not fairly represent their condition at the date he wrote. Still, on this very account, the remarks of M. Ferrus on the comparative state of French and English asylums are of more weight in dealing with the unfair representations of M. Casimir Pinel.

Now, though M. Ferrus has to complain of the prison-like models after which the asylums existing in England in 1826 were constructed, of their consequent heaviness of appearance and the contracted spaces allotted for exercise out of doors, of the excessive restraint in use by chains or other fastenings and of the want of baths

and of classification, yet he found many things to commend, and to recommend for adoption in the similar institutions of his native country. For instance, he refers approvingly to the greater attention given in England to warming the buildings, to thoroughly drying the linen worn by patients, to the better clothing and diet afforded them, to their more extended employment, to the opportunities given them for religious worship, and to the better remuneration of their attendants. Lastly, M. Ferrus has the following complimentary paragraph—that "he cannot too often repeat, as the result of his examination of English establishments and of his own practice, that the most efficacious means of treating the insane at the commencement of their attack are, order, kindness coupled with firmness, diversions, and, at a later period, work."

It is further proper to remind M. Casimir Pinel that the wants of the insane, as elucidated by his distinguished ancestor, were more largely and thoroughly appreciated in this country than in France, and were sooner met by the erection of suitable asylums for their care and treatment. In 1826, when M. Ferrus inspected them, the English asylums were few in number, and were some of them soon afterwards much improved; but in 1839, when our author would intimate the condition of the insane was first cared for in England, their number was very considerably augmented, whilst in France comparatively few specially constructed buildings were to be found. Moreover, at this date many and great improvements, both in detail of construction and of internal management, had been effected. The employment of patients in various trades and occupations had even then been extended beyond what the first Pinel had suggested. Indeed, the idea of employing the insane usefully, and as a means of treatment, had been broached and acted upon in the Friends' Retreat, at York, before Pinel's teachings had reached this country. Moreover, at this last-named institution the use of chains to restrain and of corporeal punishment of the insane were, at an equally early period, interdicted. In fact, if we look through the works of several old English physicians on insanity, we can discover many of the humane and true principles of treatment so forcibly and eloquently propounded by Pinel clearly recognised and enforced.

In conclusion, we are compelled to admit that a considerable amount of restraint was in use until Dr. Conolly commenced his attack on its employment in 1839. But was there more at that date than in France, where Dr. Casimir Pinel tells us the principles and practice enforced by Dr. Conolly had been in operation fifty years before this zealous reformer commenced his operations? The value of the assertion we have already examined by reference to the descriptions of French asylums, and of their practice, given by French physicians, and the same reference furnishes an answer to the question of the relative prevalence of mechanical coercion in France and in

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England in 1839. We hesitate not to affirm that in this year named, and prior as well as subsequent to it, mechanical restraint had been much more extensively resorted to in France than in England. The mode in which the coercion was applied is of secondary consequence. The melodramatic effect to be got by talking of the clanking of chains is made much of by M. C. Pinel, and chains are represented as peculiar to England since the days of his great ancestor. However, if he will read his countrymen's account of French asylums, he will find England enjoyed no monopoly in such instruments of restraint during the period in question. Unluckily for English reputation, such appliances were most in use formerly in Bethlem and St. Luke's Hospitals—institutions which, from their metropolitan position and more ancient foundation, were best known to foreigners, and looked upon by them rather as model English institutions for lunatics. Again, our asylum superintendents formerly preferred, in general, an apparatus of steel rings to fix the hands by means of belts attached to the waist, or to link the feet together, to the camisole, as employed in France, to the use of which they found many objections. It is not our intention, however, here to go into the relative merits of the two sorts of restraint; both are now condemned as bad, and few English physicians will appreciate the great merits which the camisole evidently possesses in the eyes of M. Casimir Pinel over the rude rings and straps of our forefathers.

Perhaps we have devoted too much time and attention to the shallow and ill-inspired paper criticised, yet it seemed to us that its statements should not go forth unchallenged, and that Dr. Conolly's merits should be redeemed from the obloquy sought to be cast upon them. Had it been necessary, we could have shown the initiative taken by England in the construction of specially adapted buildings for lunatics, on the influence of its example on French asylums, on management, and on treatment, and on the influence of English legislation in lunacy on that of France.

Death of Professor Ideler.

Among events deserving notice in a psychological record is the death of Prof. Ideler, of Berlin, who held, as chief physician of the section for the insane at the large "Charité" Hospital of Berlin, and as a copious writer, a distinguished place, particularly in Germany, in the professional world. He was born in 1795, and in his early medical career, from 1815 to 1821, was a surgeon in the Prussian army. On leaving the army he entered into practice in one or two small towns, but his ambition led him ultimately to Berlin, and to bring himself into notice he wrote, in 1826, a work on 'Anthropology for Medical Men.' Langermann brought him forward, and directed his attention to psychology, and he soon made himself famous by his celebrated treatise on 'General Dietetics,' and by the

comprehensive 'Grundriss der Seelenheilkunde.' His last considerable work was the 'Treatise on Judicial Psychology,' published in 1857. During the last few years of his life he was a prey to hypochondriasis, and succumbed at the close of last July to an apoplectic seizure.

He occupied a chair in the University of Berlin from the year 1840, and gave public clinical lectures, in summer, on dietetics, and n winter on the treatment of insanity. Many of the lectures on the latter subject have from time to time appeared in the 'Annalen des Charité-Krankenhauses.'

His countrymen assign Ideler a high place among those who have advanced the pathology and treatment of the insane, particularly at that period when the practices of past barbarous ages were first in course of being expelled from the German asylums. However, Ideler did not follow far in the wake of the great Pinel, as regards the moral treatment of the insane. A great amount of restraint, and little amusement, exercise, or occupation, fell to the lot of the inmates of the insane wards of the Charité Hospital. Those wards, occupying part of the same building with others devoted to syphilitic cases, were built as a detached wing to the general hospital, but on the same plot of ground, and were most unfit abodes for lunatic patients. It might be supposed that the great influence of Ideler might have secured the construction of a suitable asylum for the insane of the capital of Prussia; but we fear he did not fully appreciate the teachings of modern psychologists respecting the wants of the insane, and retained many practices and opinions exploded in almost every other asylum in Germany, France, and England. From our own observation of the Berlin insane wards, we can speak to the extensive employment of restraint by various means, and to the severe system of forcible douches, administered in a manner and in a degree unseen in any other hospital for lunatics, and certainly very contrary to the present accepted ideas of what is suited for the insane. However, with all his errors in opinion and practice, Ideler deserved well of his country, and will for many years be remembered for the many good works he has done.

'*The American Quarterly Journal of Insanity*,' 1862.

This journal is sufficiently well known to most of our readers by reputation, if not by an acquaintance with its pages. It is comparatively an old established periodical, published quarterly, and has now reached its eighteenth volume. Various excellent original articles have appeared in it from the pen of many of the distinguished asylum superintendents of America; but the reprinting *in toto*, or in abstract and translations, of papers previously published in various European periodicals, has always constituted a more prominent feature of this American journal.

We have now three parts before us, which might furnish several subjects for analysis, but, owing to the length to which this paper has already extended, we will confine ourselves to a brief but important communication from Dr. Workman, of the Toronto Asylum, Canada, and to the record of a Will case, having important bearings.

9. *Cases of Fracture of the Ribs in Insane Patients, revealed by Post-mortem Examination.*

('American Journal of Insanity,' April, 1862.)

The writer first notices a case reported by Dr. Gray, of the New York State Asylum, Utica, and remarks that he is "fully persuaded that such cases (of fractured ribs) are of more frequent occurrence than may yet have been apprehended. The absence of all the symptoms ordinarily resulting from fracture of the ribs or sternum, and the final supervention of others having no apparent relation to the previous condition of the patient, are abundantly adequate to the induction of erroneous diagnosis. So far as I am aware, the existence of thoracic injury in cases similar to that recorded by Dr. Gray has in no instance yet recorded been inspected prior to death, and has first come to light only through post-mortem examination. This fact sufficiently warrants the belief that we have not yet become so familiar with these casualties as we might have been, and as certainly, for our own safety, we should be."

Dr. Workman then goes on to remark on the little value of the opinion of surgeons unacquainted with the insane, when given in evidence of what, from the injury discovered, they assume, from the general symptomatology given in books and from their experience in some individuals, to have been its cause, its necessary characters, and the date of its occurrence.

Except the medical public generally acquire correct notions respecting the peculiarities of disease and injury in the insane, "how," asks the writer, "can we hope (as alienists) to protect ourselves from the fallacies of their testimony, whether before the tribunals of justice or the more terrible ordeal of public judgment—a court whose revisions of error hardly ever come in time to reinstate its victims in the position of innocent, much less of meritorious, men?"

Dr. Workman quotes a case recorded by Dr. Smith, of the Durham Asylum, in his report for 1860, and refers to other cases of fractured ribs occurring at Colney Hatch and elsewhere. His general deduction is, that the most formidable disease may exist in the insane without any of the usual symptoms, and that death may occur among them without a cause apparent to the physician. "The only reliable basis of correct diagnosis in the bodily ailments of our patients is that which is educed from constant autopsical research." Acting on this opinion, he has, in all cases where the true pathology

was not evident, made post-mortem examinations, and has met with two instances where the ribs were fractured, though in neither of them, up to the time of death, was there present "any symptom which indicated broken ribs, nor, indeed, any other form of chest disease, with the exception of œdema of the feet and legs in one, and this condition appeared only four days prior to death." The first case occurred to Dr. Workman in 1859. The man was thirty-three years of age, and "reported before admission to be a furious and dangerous lunatic. On admission he was pale, as if from inanition and want of sleep. He was restless, noisy, and destructive at first, but in the course of three weeks became quiet and harmless, took food well, and appeared to rest well at night. He complained of no pain whatever, and had no cough." On the thirty-third day after admission œdema of feet was noticed; this extended upwards, and on the third day after, hydrothorax was evident, and he died the next day. After death the left thorax was filled with water, the right thorax was half full, and about three ounces existed in the pericardium. In the abdomen also there was effusion. Seven ribs were found fractured, and presented very imperfect marks of restorative action. The condition of the broken ends, and the whole appearance of adjacent parts, proved satisfactorily that the fractures were of a date more remote than that of his admission." The brain was highly congested, and the lateral ventricles contained about an ounce and a half of serum.

The second case was that of a tall, powerful man, labouring under general paralysis, admitted December 17th, 1861, and certified to have been insane for only eight weeks previously. He was noisy, had no pain, appetite keen. He continued to go about until six days before his death, when, from an apparent aggravation of his paralytic condition, he was kept in bed. He gradually became more feeble, but had no coma, and could swallow, though with difficulty, until a few hours before his death, which took place on the forty-ninth day from his admission.

Not the slightest suspicion was entertained of any thoracic injury; but on dissecting the right side, a deposit of dark pus was found at two points beneath the pectoralis major, and beneath these were the fractures, occupying the first, second, third, and fourth ribs, about an inch from their cartilaginous ends. "Scarcely a single pus-globule was discernible, so that the deposit could not have been recent. No separation had taken place. The right pleura was adherent to the fourth rib. The fractures ranged in a straight line, as if all caused by one blow, or most probably by a fall on some hard-edged substance. In neither side of the thorax was there any deposit of serum worthy of notice, and the lungs were both healthy. The pericardium contained about three ounces of serum, and the heart presented partial fatty degeneration. The scalp showed an old cicatrix, about an inch and a half from and behind the anterior

fontanelle. The dura mater was adherent to the skull from the anterior fontanelle backward over the whole summit, and also to the brain from the same point backward, along the great fissure, about one and one fourth inch on each side. A considerable quantity of fluid was diffused over the whole brain, beneath the pia mater. The meningeal vessels were considerably congested, but slices of the brain, under the microscope, showed little vascularity. There was general œdema of the brain substance, and it had this form of softening only. On the base of the brain fully three ounces of serum were found, and behind the tentorium about one ounce."

In the first case death was the result of asphyxia from hydrothorax, in the second it was referable to the brain.

The following is Dr. Workman's practical commentary, with a piece of advice forcibly, if not courteously, expressed:—"Now," he writes, "should any eminent medical gentleman, as in the Colney Hatch case, allege that my two patients could not have had fractured ribs, even for 'three days, without exhibiting very distressing symptoms, which could not have been masked,' I should feel irresistibly inclined to advise him not to make an ass of himself, and I am sure there is not an asylum superintendent in Europe or America who would not concur in the propriety of this advice. 'Eminent medical gentlemen,' who have not spent their lives in the practical study of insanity, would act very prudently in abstaining from rash deliverances in all questions relating to the malady, in which they find themselves in antagonism with those better qualified to give a correct opinion."

10. *The "Parish" Will Case.*

('American Journal of Insanity,' October, 1862.)

Under this name is well known a "cause célèbre" recently decided in the Court of Appeal in New York, after protracted litigation. The proceedings in the case have been published in two volumes, in one of which the written report and opinion of one witness, Dr. John Watson, of New York, occupies 350 pages. The history and bearings of the case are very well discussed in the 'American Journal of Insanity,' and from this source we shall make a brief abstract, believing that some features in the case, and the modification of the accepted definition of incompetence in a testator adopted, will render a notice of it acceptable to our readers.

Mr. Parish was a successful merchant of New York, and in 1842, having amassed a fortune of 732,879 dollars, made a will, bequeathing nearly one half to his wife, 20,000 each to two sisters, and various legacies amounting to 290,000, of which 85.000 were distributed among his wife's relations, and leaving his two brothers, James and Daniel, residuary legatees, with a special legacy of 10,000

dollars to Daniel, as executor. At the time of executing this will Mr. Parish was fifty-four years of age, in good health, and in the full possession of all his faculties. He had no child, and none was ever borne to him. The will was made after much deliberation and frequent consultations with his legal adviser.

During the seven years ensuing his property was much increased, and several legacies lapsed by the death of legatees, children of his brother James. By the will, consequently, this increase fell to the benefit of the residuary legatees, a fact of which Mr. Parish was fully aware, and properly informed of by his legal adviser; however, up to 1849, when he was seized with apoplexy, he evinced no intention of altering his will. On July 19th, 1849, he had apoplexy, and whether after this attack he ever possessed testamentary capacity was the chief point at issue in the case.

On the 29th of August, 1849, Mr. Parish executed a codicil, prepared at the suggestion of his wife, by which she became devisee of real estate valued at 200,000 dollars. This codicil was re-executed on the 17th of December of the same year. In September, 1853, in accordance with instructions from Mrs. Parish, a second codicil was made, incorporating the first, by which, in addition to the former bequests, she became legatee of personal property to the value of 349,460, and 50,000 were bequeathed to charitable institutions. In this codicil the appointment of Daniel Parish as executor was revoked, and also the legacy of 10,000 given him by the will. On June 15th, 1854, a third codicil was prepared, also at Mrs. Parish's suggestion, and executed as before, by which the testator revoked the residuary devise to his brothers, and substituted his wife as devisee of the whole remainder of the estate.

Mr. Parish died March 2nd, 1856. From the time of his attack in 1849 to his decease, his wife was scarcely ever absent from his presence, and she and her relations were his constant attendants, to the almost entire exclusion of his own relatives, between whom and himself, up to this period, there had never been any manifestation of hostility, or indication of a want of mutual family affection.

Shortly after his death the will and codicils were offered for probate before the Surrogate of New York; and, after a long hearing, the will and first codicil were admitted to probate, but the second and third codicils were rejected. This decree was affirmed at a general term of the Supreme Court, and the Court of Appeals has sustained that decision.

The greater part of the evidence taken had necessarily reference to the mental condition of Mr. Parish. He had threatenings of cerebral disturbance for several years before the apoplectic fit in 1849, and had hereditary tendency to disorders of that nature. The shock of this final attack rendered him insensible and convulsed for several hours, and ended in hemiplegia of the right side. His

strength improved, he regained some use of his right leg, and during the remaining seven years he enjoyed good but not uninterrupted health, the hemiplegia remaining. He suffered from a severe and painful disease of the bowels in October, 1849; subsequently had a number of attacks, supposed to depend on the cerebral lesion, and among others one or more severe attacks of cholera morbus (?), one or more of inflammation of the lungs, and an abscess under the jaw, which for a time, by its size, threatened suffocation.

In addition to these disorders, even after his apoplectic attack, Mr. Parish was subject, at irregular intervals, extending from one or two weeks to six months and even a year, to spasms or convulsions, preceded by despondency and irritability, though after they had passed off he was generally better and brighter than before. The convulsions are described as usually coming on suddenly, with a noise in the throat, resembling a shriek or scream, a violent reddening of the face, and a convulsion of the whole body, the muscles becoming alternately rigid and relaxed. Some of these paroxysms were so violent as seriously to threaten a fatal result. The main feature of the final illness was congestion of the lungs, complicated in his physicians' opinions, as were likewise the other diseases he suffered, with disorder dependent on the condition of the brain.

From his first attack his speech was virtually lost, for he could never afterwards utter more than a few monosyllables, principally "yes" and "no," and there is even great doubt whether he ever uttered them intelligibly. He expressed himself mostly by inarticulate sounds, accompanied by motions and gestures of the left hand and arm, and by nodding or shaking the head. The external senses, excepting eyesight, which was always more or less imperfect, were not seriously affected.

He would occasionally look at books and papers, but the preponderating evidence was that he could not read at all. He was also regularly read to by his wife's directions, but it could not be proved that he was interested in, or comprehended what was read. An attempt to teach him to write with his left hand failed; block letters were procured, but he pushed them away, and he never adopted the use of a dictionary obtained for him to communicate his ideas.

Subsequently to the attack he was never intrusted with the management of his own affairs, nor allowed to have money in his possession. He could not supply his own wants, and was washed, dressed, and attended to like a child, and was frequently unable to control his evacuations. His wishes, as might be expected, were not easily ascertained, for the inarticulate sounds, and the gestures conveying them, could only be interpreted by various suggestions of his attendants, varied until they assumed his wish complied with, though it would often happen that it was utterly impossible to compre-

hend him at all, and the attempt would be abandoned by both parties. He would also assent to contradictory suggestions.

Before his attack Mr. Parish is described by his relatives and acquaintances as a "placid and unexcitable man," of great self-respect, and with great command of temper; "his manners were mild, gentle, and unruffled;" a quiet, undemonstrative gentleman, rarely exhibiting any emotion, and deeply absorbed in his commercial transactions. After his attack he manifested a marked change of disposition; he occasionally shed tears; he became petulant, and frequently violent, and in several instances exhibited a want of appreciation of the requirements of decorum and even of decency. He had occasional unmeaning freaks and caprices, such as searching for his clothes in impossible places, going out to see the moon, and making excursions to the garret and the cellar for no ascertained purpose, and it sometimes became necessary to use physical force to prevent him from undertakings which threatened personal safety.

He exhibited some recollection of his former daily and familiar places of resort and of his former habits of business, which he would attempt, in trifling matters, to resume, as by pulling out his watch when he passed the City Hall clock, or insisting, when driven out, upon being taken to the bank of which he was once a director, or to his old office, or to various tradesmen with whom he had been in the habit of dealing. In support of the codicils an attempt was also made to show that his intellect was never materially impaired, but the instances adduced in evidence were trivial.

In regard to the actual execution of the codicils, it seemed that the counsel employed to prepare them read them to Mr. Parish in the presence of the subscribing witnesses, put to him the requisite formal questions, and received from him, by sound and gesture, as usual, what where supposed to be affirmative replies. The counsel then assisted Mr. Parish by guiding his hand while he made his mark. At least this was the case with the first and second codicils; there was no evidence whatever whether or not he received assistance in making his mark at the execution of the third.

Such were the main points of the case presented to the Court of Appeals. The opinion of the court was delivered by Judge Davies, from which we quote the comments upon the facts narrated, and the conclusions in which the majority of the court concurred.

After adverting to the change in Mr. Parish's disposition subsequently to his attack, Judge Davies says—"How diametrically opposite to the previous conduct of his whole life is that now exhibited, and the inquiry forces itself upon the mind, what cause has produced these results? Can such totally inconsistent and opposite characters be reconciled with the theories that the faculties, the mind, and moral perceptions of Mr. Parish underwent no change, but were the same after July 19th, 1849, as they were before that

day?.....We confess ourselves totally unable to assent to any such theory. The conviction on our mind is clear that these facts and circumstances show unerringly that the attack of July the 19th obliterated the mental powers, the moral perceptions, the refined and gentle susceptibilities of Henry Parish..... He then ceased to be Henry Parish, and was no longer an accountable being." Upon the point of Mr. Parish's method of communicating his ideas, Judge Davies says—"With these imperfect media for ascertaining the thoughts of Mr. Parish, it is doing no injustice to any one to assume that they have been mistaken when they supposed they correctly understood him." Great difficulty was found by all in understanding his wishes and thoughts, even if understood at all, "and the instances are frequent and clearly established where he often made an affirmative and a negative motion of his head immediately succeeding each other, to the same question, leaving the inquirer in perplexity which he really intended." In reply to his indications of wants, suggestions were put on various topics by those around him, and construed according to their suppositions of his answers to them. "If Mr. Parish had no power to express a wish to destroy a will, it follows he had none to create one, and the manifestations of his wishes depended *entirely upon the interpreter and the integrity of the interpretation*. It is thus seen that great difficulty and uncertainty, to say the least of it, attended any expression of the thoughts or wishes of Mr. Parish, and that a large number of those having business or intercourse with him utterly failed to attach or obtain any meaning to his signs, sounds, motions, or gestures. The natural and obvious deductions to be made from all these facts and circumstances are, that Mr. Parish had no ideas to communicate, or if he had any, that the means of doing so, with certainty and beyond all cavil and doubt, were denied to him." Referring further to this inability to communicate with others, the learned judge repeats that after July 19th, 1849, his intellectual powers were so obliterated that "after that period he was not a man of sound mind and memory within the meaning and language of the statute, and was therefore incompetent to make a will..... It is not the duty of the court to strain after probate, and especially to seek to establish a posterior will, made in conceded feeble health, unsustained by previous declaration of intention, over a prior will, made in health, and with care and deliberation, when the provisions of the posterior will are in direct hostility and conflict with those of the prior one..... It would be in violation of long and well-established principles, and an almost uniform and unbroken current of decision in England and in this country, to admit to probate testamentary papers prepared and executed under the circumstances these were, by a man who was in apparent full physical health, and possessing nearly his natural strength, who could not or would not write, who

could not or would not speak, who could not or would not use the letters of the alphabet, or even a dictionary, for the purpose of conveying his wishes, upon proof solely that they were supposed to express the testator's wishes, from signs, gestures, and motions made by him, and especially when it appeared that such signs, gestures, and motions made by him were often contradictory, uncertain, frequently misunderstood, and often not comprehended at all."

Judge Davies states at length the three principles of law which he conceived to be applicable to the case. The first regards testamentary capacity, the second the burden of proof, the third the maxim "*qui se scripsit, heredem.*" The chief interest and importance attaching to the decision turn upon the discussion of the first of these—the doctrine of testamentary capacity. The writer in the 'American Journal of Insanity' examines this last point in reference to the opinions and decisions of various legal authorities and decisions in courts, English and American, and remarks that "almost the whole weight of argument derived from the modern decisions in England and in our sister states is upon the side of the rule stated by Judge Davies, and supported by the authority of such jurists as Sir John Nicoll, Lord Kenyon, Dr. Lushington, Lord Erskine, and Chancellor Walworth."

The Lispenard case, decided in the Court of Errors in 1841 (26 Wend., 255), had hitherto been held of binding authority; in this case the argument allowed was based on the interpretation of the words "non-sane memory" in the English Statute of Wills, and on the interpretation of some older authorities that one was not accounted to have "wholly lost his understanding" until he became an idiot, so that he could not tell his own name or count twenty," and that therefore any one possessing a higher degree of intelligence than this was not "non compos mentis," and was not disabled from making a will. The result of the Parish decision is to supplant this too strict interpretation of the early authorities, which is manifestly absurd when viewed by the light of modern inquiry and knowledge of mental disease.

The following remarks are very just:—"While, however, the position assumed in the Lispenard case has been abandoned, the courts, in the absence of any suspicion, would doubtless require proof of a very low degree of capacity before setting aside a will *on that ground alone*. But in stating *what* degree of mental alienation will avoid a will, we are confronted by a difficulty inherent in the very nature of the subject. In fact, no accurate test can be given by which to gauge the understanding. . . . The Parish will case, therefore, while it lays down a more rational rule for deciding questions of testamentary capacity than that previously established, is, perhaps, more important as overthrowing the arbitrary standard of the old rule than as erecting another."

In this well-fought Will case opinions were given by Dr. John Watson, of New York; the late Dr. Luther V. Bell, Charlestown, Mass.; Dr. Isaac Ray, of the Butler Hospital; Dr. D. T. Brown, of Bloomingdale Asylum; Dr. Pliny Earle, and Dr. M. H. Ranney, of New York City Asylum; and Sir Henry Holland, Bart. All these physicians concurred in pronouncing Mr. Parish to have been, from organic disease of the brain, incapable of making a will. The opposite side was sustained by Professor Alonzo Clark, of New York, "whose objections, however, were fully answered by Dr. Watson."

II.—*English Psychological Literature.*

11. *A Case of Moral Insanity or Dipsomania.*

(From 'Clinical Medicine: Observations recorded at the Bedside, with Commentaries,' by W. T. GAIRDNER, M.D. Edin., Regius Professor of Medicine in the University of Glasgow.)

From this acceptable contribution to medical literature, the faithful record of good work, communicated in a style as lucid as the matter is replete with careful observation and philosophic reflection, we shall venture to pillage a long extract, which will prove that the specialist also may refer to it with satisfaction and profit:—

The other case of delayed cure is also connected with drink, but although the man was very excited on admission, indeed quite frantic from drink, I doubt if it can probably be called delirium tremens. Since he has sobered down it has presented none of the characters of this disease; but, on the other hand, it is very evidently a case of what is now often called *dipsomania*.

Remark the particulars; for the case is a type of many others. This man came in mad with whiskey, and yet clamouring for whiskey; absolutely maniacal in fact; but I suppose merely from the immediate effects of drink. By and by he sobered down, and being told most absolutely he was to have no whiskey at all, he reconciled himself to what he thought was simply a necessity of the case. In the course of conversation with him about this matter, I thought I detected him in various palpable untruths; and, indeed, it very soon became apparent to me that he was one of those unfortunate persons who hardly know whether they are uttering truth or falsehood when they make a strong assertion. There was a shamelessness and regardlessness of consequences, and even of decency, about his whole manner, that convinced me I had to deal with a very low type, indeed, of human nature in this case. He had not the slightest sense of regret or of remorse, but would always take me into his confidence, and explain to me how much he needed