

3. *German Retrospect.*

BY W. W. IRELAND, M.D.

*Suicide of Young Persons.*

In the "Allgemeine Zeitschrift für Psychiatrie" (xlviii. Band, 3 Heft) there are published some statistics about the suicide of young persons, which are of terrible interest. During the six years 1883-88, 289 scholars committed suicide. The returns for each year were as follows:—

Schools.	1883.	1884.	1885.	1886.	1887.	1888.
Higher ...	19 ...	14 ...	10 ...	8 ...	17 ...	42
Lower ...	39 ...	27 ...	30 ...	36 ...	33 ...	14
Of these were—						
Males ...	50 ...	33 ...	33 ...	38 ...	41 ...	45
Females ...	8 ...	8 ...	7 ...	6 ...	9 ...	11

The causes which induced these young people to commit suicide were unknown in about 30 per cent. In the higher schools the suicides of 11 males and one female were put down to insanity. In the lower schools 12 males and two females were assigned to distress about examinations, and 11 suicides to morbid jealousy or craving for distinction. Unhappy love is put down as the cause of suicide in four males and one female in the higher schools, and fear of punishment was a cause of suicide in one male and one female in the higher schools, but of no less than 45 suicides of males and 23 of females in the lower schools.

*Singular Case of Aphasic Defect.* ("Zeitschrift für Psychiatrie," xlix. Band, 1 and 2 Heft.)

The subject of this observation was a woman thirty-eight years of age, who, by her own report, suffered from syphilis when sixteen. She bore evident marks of severe constitutional affection. She applied to Dr. Heilbronner for relief from a difficulty in speaking. It was found that the intellect and memory were not affected. She could read and write, but could not express herself correctly owing to the omission of important words in her sentences. The words which were dropped were principally verbs, especially verbs which had a concrete meaning, such as those used to signify the sounds of animals, the operations in special trades, and particular actions and events. Such verbs were, almost without exception, forgotten. On the other hand, the auxiliary verbs, and those words which bear the most general meaning, such as be, have, may, shall, were well remembered and came frequently into use. Verbs which were remembered were always correctly conjugated.

The explanation was offered that owing to mental deficiency the

last part of the sentence had quickly faded from the memory, so that the patient was unable to hold in mind the beginning of the sentence so as to complete it with the verb which in the German language comes in at the end. Dr. Heilbronner dismisses this explanation because the patient in other respects had no weakness of memory, and showed by her gestures that her mind was seeking for the absent verb to bring out her meaning. Wundt has laid down as a rule that in the cases in which certain words are lost those words which disappear most easily from the memory are associated with concrete sensory impressions. This explanation held good so far that it was the more concrete verbs which were lost, but then why were the substantives retained? Nouns have generally a more concrete character than verbs. Dr. Heilbronner cites a number of cases recorded by different observers in which the particles of speech which the patients fail to recall were nouns, especially particular names. As in Dr. Heilbronner's case, these were well enough preserved; his observation is unique, and he is unable to offer any explanation of it.

*Ætiology of General Paralysis.*

Dr. Cebelle ("Allgemeine Zeitschrift für Psychiatrie," xlix. Band, 1 and 2 Heft) presents the results of his inquiries into the causation of general paralysis in one hundred patients in the private asylum at Eendenich. These patients belong to the wealthier classes. He finds that syphilis existed in 53; of these 38 had shown secondary symptoms. Dr. Cebelle accounts for the larger percentage of cases of syphilis in general paralytics in private over public asylums by the observation that syphilis is common with educated persons. As 47 per cent. of Cebelle's patients had escaped this malady, it is clear other causes have their play. It is rare that general paralysis can be assigned to a single cause. Four cases are assigned to excessive mental exertion alone; three cases to syphilis alone. Direct heredity appears in 22 per cent., and personal anomalies in 44 per cent. Sexual excess was known to have occurred in 41, and abuse of alcohol in 43 per cent.; overwork or exhausting passions in 42. Seventy-three of the patients were married; 27 unmarried. Three of the cases were under 30 years of age; most of them were between 30 and 50; seven took the disease after 50, and two after 60.

The primary lesion of general paralysis is still disputed. Some pathologists—as Calmeil, Magnan, Obersteiner, Mendel, and Gerdes—regard it as a diseased condition of the vessels following upon syphilitic infection, and exciting parenchymatous inflammation of the nervous tissues as a secondary affection. Others—as Tuczek, Wernicke, Joffroy, Pierret, Zacher, and Friedmann—regard the parenchymatous changes as beginning in the nerve-tissues partly with dissolution of the nerve-cells and partly with wasting of the

nerve-fibres. In the end both these anatomical elements are involved in the destructive process.

*Variability in Delusions.*

Dr. Theodore Kölle has made a study of the variability in the delusions and hallucinations of the insane ("Allgemeine Zeitschrift für Psychiatrie," xlix. Band, 1 und 2 les Heft). In delirium there is a rapid change of thought and images often without any apparent connection. In some forms of chronic insanity, as in melancholia, the delusions are more constant. Fixed ideas are even a special characteristic of paranoia, but this fixity of delusions is only apparent. A closely-followed examination shows how in time the ideas shift. Delusions may vary in extent; the delusion gradually extends itself to wider circles, and involves more and more the conduct of the man. The delusions may become exaggerated, as when a patient believes himself an earl, and then believes himself emperor. The central delusion persisting, the details may vary, as when a patient believes himself to be poisoned first by one drug, then by another, sometimes in his food, sometimes through inhalation or through inunction. Dr. Kölle finds the delusions change more rapidly than hallucinations. The more the intellect declines in strength the more variable the delusions become. This shows that the critical faculty still exerts itself in limiting the delusions which it cannot entirely banish. Dr. Kölle's paper is illustrated by some carefully observed cases.

*Toxic Insanities.*

Dr. Knörr has made a study of toxic insanity ("Allgemeine Zeitschrift," xlviii. Band, 6 Heft). After describing some typical cases, he states at the end the following conclusions:—Insanity may come as a sequel to a bout of drinking in habitual drunkards. It may also follow the abuse of opium, cocaine, and the poison of influenza. This insanity has the character of acute paranoia, the so-called abortive paranoia of Sander. It has for a primary symptom hallucinations of hearing attended by delusions, of persecution and mental distress, without any ideas of grandeur. The psychosis runs a rapid course, always ending in recovery. In acute alcoholic paranoia there are elementary hallucinations of hearing, which indicate a favourable prognosis, whereas in chronic paranoia, not resting on abuse of alcohol, such hallucinations are of unfavourable significance. These auditory hallucinations are generally connected with deceptions of the muscular sense in the vocal apparatus.

*Number of Deaf Mutes in Norway.*

Dr. Uckermann, of Christiania (reported in "Allgemeine Zeitschrift," xlviii. Band, 5 Heft), has made a careful census of the deaf in Norway, with the aid of the local clergymen, school-

masters, and doctors. The number of deaf mutes in Norway on the 1st January, 1886, amounted to 1,841; subtracting 15 born in other countries, this would make 0.95 of the population, of whom 1,028 were males and 798 females. Of the 1,826 deaf mutes born in Norway 932—51 per cent.—were so from birth; 886—48.5 per cent.—had acquired deafness; and in 8.0—43 per cent.—the causes were undetermined. The proportion of born deaf mutes in the male sex was 52.6; in the female 47.3 per cent.; in acquired deafness the proportion was 60 for the males and 39.8 per cent. for the females.

Born deafness is common in the west of Norway and in the deep mountain valleys where life is still and the people poor. Acquired deafness was found to be commonest in the north of Norway about Drontheim, where there had been a great epidemic of cerebro-spinal meningitis. Of those born deaf 50 per cent. had one or several congenital deaf mutes as relations, but only in three cases were the parents themselves deaf mutes. In 25 per cent. of the marriages of these relations there was more than one deaf child born; 23 per cent. of the cases came from consanguineous marriages, that is, the parents were cousins or more nearly related. Uckermann estimates the proportion of such close marriages in the ordinary population of Norway as from four to five per cent. The causes of acquired deafness were cerebritis and cerebro-spinal meningitis, 32 per cent.; scarlet fever, 27.5; typhoid fever, 4.4; otitis, 7.7; measles, 2.5; and whooping cough, 2 per cent. Of the born deaf 3.0 per cent. were totally so; 34 could hear some sound, and 14 could hear the voice in some degree. The remaining 20 per cent. could distinguish words more or less. In acquired deafness these proportions stood 37 per cent. quite deaf, 34 heard sounds, 11 heard noises, 16 per cent. heard words.

*New Treatment of Patients Refusing Food.* ("Allgemeine Zeitschrift," xlviii. Band, 6 Heft).

It is needless to dilate on the disagreeableness and dangers of forcible feeding in asylums. Some of the patients who refuse all nourishment are still curable cases. It is often an object to tide over the danger of sinking till the resistive impulse has subsided or passed away. It occurred to Dr. George Ilberg to try subcutaneous injections of 0.5—0.75 gramme of common salt to one per cent. of water to help to sustain patients during periods of weakness following long-continued abstinence. He was encouraged by the success which had attended this plan in states of collapse in surgical and obstetrical practice.

Dr. Ilberg tried this treatment in five patients in the asylum at Heidelberg. He also reports another case from an asylum at Dresden. For his procedure he uses an injection needle fifteen centimetres long and three millimetres thick, connected with a gutta serena tube. This tube at the other end is attached to a

glass irrigator, having a lid and fitted to a stop-cock. The apparatus is carefully sterilized and then filled with a solution of chloride of sodium, 7·5 of a gramme to 1,000 grammes of distilled water at a temperature from 39 deg. to 37 deg. C. The needle is passed into the subcutaneous tissue of the breast, back, or hip. On the stop-cock being opened the solution streams into the subcutaneous tissue.

As a result of his experiments Dr. Ilberg recommends this treatment in all cases of prolonged abstinence from food. He thinks that it sometimes seems to induce patients to commence again to take nourishment. With proper aseptic precautions the procedure is free from danger. If it fail to sustain the patient through the crisis, forcible feeding can still be used. The injections of the solution of salt may also be used in cases of collapse that do not admit of forcible feeding.

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#### PART IV.—NOTES AND NEWS.

##### ANNUAL MEETING OF THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

The fifty-second Annual Meeting of the Medico-Psychological Association of Great Britain and Ireland was held at Buxton, Derbyshire, on July 28th last, at the Palace Hotel. Amongst those present were Dr. Murray Lindsay, Dr. J. H. Paul, Dr. W. W. Ireland, Mr. J. Peeke Richards, Dr. Fletcher Beach (Hon. Gen. Sec.), Dr. T. Outterson Wood, Dr. F. R. Elkins, Dr. John Keay, Dr. J. T. Hingston, Dr. Bower, Dr. Hack Tuke, Dr. Savage, Dr. Benham, Dr. Holmes, Dr. J. Rutherford, Dr. O. Woods, Dr. Cole, Dr. Chambers, Dr. Gardiner Hill, Dr. Patton, Dr. Conolly Norman, Dr. Russell, Dr. T. W. McDowall, Dr. Howden, Dr. Urquhart, Dr. Rayner, Dr. Baker, Dr. Whitcombe, Dr. Hayes Newington, Dr. J. B. Spence, Dr. Turnbull, Dr. Yellowlees, Dr. Clouston, Dr. J. G. McDowall, Dr. Bonville Fox, Mr. Rooke Ley, Dr. Percy Smith, Dr. Mercier, Dr. F. K. Dickson, Dr. P. W. Macdonald, and others.

Dr. BAKER, the retiring President, said the first business was his retirement from the chair, which Dr. Murray Lindsay would take. But before he did so he had that morning a very pleasant duty to perform, and that was to once again thank the Association for the many acts of kindness extended to him during the past year. He had now to vacate the chair in favour of his good friend Dr. Murray Lindsay (applause).

The PRESIDENT, in acknowledging his election, thanked them for the honour done him, and assured them that nothing should be wanting on his part to follow the lines of his predecessors in promoting the interests of the Association, and, if possible, to increase its usefulness (applause).

The election of officers then took place. Dr. Spence and Dr. Howden were appointed Scrutineers. The election was as follows:—

<i>President</i> . . . .	JAMES MURRAY LINDSAY, M.D.
<i>President-Elect</i> . . . .	CONOLLY NORMAN, F.R.C.P.I.
<i>Ex-President</i> . . . .	ROBERT BAKER, M.D.
<i>Treasurer</i> . . . .	JOHN H. PAUL, M.D.
<i>Editors of Journal</i> . . . .	{ D. HACK TUKE, M.D. GEORGE H. SAVAGE, M.D.