

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

I. German Psychological Literature.

By JOHN SIBBALD, M.D. Edin., Medical Superintendent of the Argyll
District Asylum, Lochgilphead.

(Concluded from the *Journal of Mental Science*, July, 1868, page 274.)

The volume of the *Irrenfreund* commences with an article on the *writing of the insane*. The following conclusions are quoted from a pamphlet by Dr. Th. Güntz:—"1. The writing of the insane exhibits various deviations from what is normal, both as regards quantity and quality. 2. These deviations are important in so far as they frequently give the first indication of the commencement of insanity. 3. They often give the best key to the aetiology, genesis, and duration of the disease. 4. They frequently complete or correct our conception of the nature of the disease. 5. They furnish a certain test of the advent and progress of convalescence."

Hallucinations and Illusions.—From a paper on this subject, by Dr. Brosius, we make the following extract:—"Illusion is defined as a perverted apprehension of the character and condition of external objects,* as a sensory impression excited from without, but not corresponding to the external stimulus†, or as a false interpretation of external objects.‡ The basis, the point of departure of a hallucination is a *subjective*, the illusion is an *objective* sensation. In the one case there is nothing palpable, external, real; but it is perceived as if it were real. In the other there is an external something, but it is wrongly perceived; a false perception follows the impression on the nerves of sense. It is a hallucination if one hears talking when no one speaks, an illusion if one mistakes what has been said. The cause of the illusion lies in the condition of the organ of sense or of the mind. The illusions of the senses of distance may have their primary origin in the nature of the medium through which the impression

* Hagen, die Sinnestäuschungen § 10

† Leubuscher, über die Entstehung der Sinnestäuschung, p. 21.

‡ Griesinger, 2 Aufl., p. 85.

reaches them. But this alone is never the cause of the deception, which always requires in the first place a special psychical impulse.

“Our conscious excitements of the senses, or sensations, first become sharp, distinct, and lively by means of the so-called apperception; that is, by their fusion with ideas. Without the accompanying imagination, the superadding of allied notions, there can be no, or at least no distinct sensation produced by a sensory impression. This is evident to all from experience of the known conditions of abstraction, or absence of mind. So soon as the sensory impression becomes an idea this idea takes to itself other ideas, previously formed, by means of which the sensation becomes more complete. Thus the apperception renders the sensation at once distinct and accurate. But if from any cause, the ideas which would otherwise have associated themselves with the sensory impression are suppressed; if the elements which the allied ideas contribute to the perception are wanting, it *appears* to be different from ordinary. The impression deviates from the rule; it does not correspond to the external stimulus or the actual relations of the object from which the sensory impression proceeds—it is illusion. This deficiency then, the want of corresponding ideas in a sensory excitement, is an element (the negative) in illusion.

“The recognition of an object is effected by the union of the impression of the moment with the idea of the object. If a patient does not recognise persons and objects with which he had previously been familiar, he must for the time be wanting in the idea or recollection. Thus, if he takes them for certain *other* persons and objects, it is necessary for such conception that a special idea, instead of that allied with or corresponding to the object, should associate itself with it. This unallied special idea is the second (the positive) psychical element in illusion, which determines its quality and nature. But the occurrence of illusion depends especially upon the negative element. Sensory impressions are very easily affected by simultaneous active ideas predominating in consciousness. Therefore, in conditions of anxiety, mistrust, or joy, expectation or hope, sensory impressions are easily perceived in an illusory manner. (*Schiller's Erwartung, Goethe's Erlkönig*).”

The paper consists chiefly of a systematic discussion of hallucinations and illusions as symptoms of insanity, and the author necessarily recognises the fact that conditions are frequently met with in which it is difficult if not impossible to decide the category to which they ought to be referred. The concluding remark may be quoted:—“It is to be borne in mind that delusions of the senses alone not rarely constitute almost the whole insanity of some patients. And they are frequently the nucleus or basis of seemingly different conditions, such as the so-called *Mania epileptica* and *Mania transitoria*, which are not genuine mania, but, in the majority of cases at least, are dreamlike conditions, distressing melancholic excitements, depending upon hallucinations and illusions. In some forms of insanity, indeed, the

exacerbations very often depend on the occurrence of delusions, just as the so-called fixed ideas often do in conditions of mental debility."

Non Restraint and Lunatic Colonies.—"Both of these systems," says Dr. Koster, "have for some years distracted the alienistic world; and if one adds to them the question of cliniques for insanity we have the three cardinal points to which practical psychiatry has of late years been turning, if one does not also count the special department of asylum architecture. There is scarcely any system which has received such general opposition in Germany, and which has in such proportionally short time gained a secure footing as the non-restraint, or, we may say, the 'as much as possible non-restraint' (möglichst zwanglose) treatment of the insane. I am acquainted with alienists who, six or eight years ago, cared little to know anything of this treatment, and who are at present its firm and zealous adherents and apostles. And, indeed, there is no longer any one who casts it aside, or who does not seek to carry it out with all the means at his disposal. The history of lunatic colonies and of cliniques of insanity which have hitherto experienced rather determined opposition may be expected to follow a similar course."

No doubt in Germany Dr. Koster is considered one of the apostles of non-restraint; but he would scarcely be regarded as such were British views of the subject prevalent there. He advocates the disuse of restraint in many cases in which it is still employed by his countrymen; but yet recommends its use in circumstances which have long since been treated here by different and, we believe, better methods. One case of a girl with dirt-eating habits is instanced by him to show the impossibility of doing without it.

"As regards lunatic colonies," he says, "they will, like non-restraint, and in spite of opposing theoretic opinions, gradually gain an entrance and obtain more and more adherents, though at the same time they will be modified by circumstances, and the system will sooner or later, and with greater or less completeness, be ultimately adopted, though, of course, exhibiting local differences in individual instances."

"In Marsberg there was, at an early period, a beginning made of what may be regarded as a colony. In 1830 there were patients placed and tended in the neighbouring country town. Recently, in 1850, and more recently, in consequence of the want of room previous to the opening of the Second Westphalian Asylum, there were patients tended by various persons connected with the asylum, and with excellent result. An agricultural colony, such as that of Einum, Clermont, &c., was projected several years ago, principally because the present asylum grounds are not suitable for the erection of sufficient buildings for the farm, which has of late years been much extended and been very successful. The delay is occasioned by circumstances over which the administration and the authorities have no control. The realisation of the plan will certainly take place in two or three years."

The History of One Possessed, by Dr. A. v. Franque, is the details

of a case of hysterical mania, which occurred in the village of Niederrhausen in the Grand Duchy of Nassau, more than twenty years ago. The chief interest of the case lies in the facts that the resources of both medicine and theology were brought energetically to bear on the progress of the case, and that full notes have been preserved. Unfortunately there are too many such cases of more modern date to make it desirable that we should attempt to fill our pages with the details.

Griesinger's Archiv für Psychiatrie und Nervenkrankheiten. Vol. I., Parts 1 and 2.—The loss which our profession and mankind have sustained by the death of Professor Griesinger is referred to in another portion of this Journal. But it may be permitted to one who enjoyed his acquaintance for several years, and latterly his intimate friendship, to devote a few words to his memory. He had attained to the highest place which was open to him as an alienist. He had produced perhaps the greatest systematic treatise on insanity. But his personal bearing was ever more of the learner than the teacher. He was to the last, as he had been at first, the laborious student and observer. Ever occupied with the enlargement of his scientific horizon, he never stopped to mark the height he had attained. The writer once asked him in what sections the last edition of his text book improved upon the previous one? "Ah!" he replied, "it is a mere reprint; the thing is really so bad that it cannot be improved; but I expect soon to write a new one, which I hope may be better." That better one never was written, and never can be. What Griesinger would yet do for our science filled a large space in our visions of its future; that space is now a blank. As a private friend, he was one to be loved.

Two of the papers in the *Archiv*—The Care and Treatment of the Insane in Germany, by the Editor, and a paper on General Paralysis by Dr. Westphal, have been already translated and presented to the readers of this Journal. Among the others the following may be noted:—

Valleix's Painful Spots in Neuralgia, by Professor Romberg. True to its title the *Archiv* commences with a paper on nervous disease uncomplicated with insanity. Valleix, in his "Traité des Neuralgies" (1841), denies that external pressure decreases the pain in neuralgia, and refers to 112 cases in which, with one exception, he observed increase of pain in one or more points in the nervous track, which points he therefore named "points douloureux." This pain, produced by pressure, is said to be in direct relation to the intensity of the affection. In the paroxysms it increases, and during the intervals it decreases very much. Romberg alludes to the recent researches of Bastien and Vulpian, which bear upon this subject, and also to the observations of Schuh and Hasse, who denied the correctness of Valleix's views. He then proceeds to account for these discrepant opinions, which he regards as having been occasioned by both parties

having left out of consideration the duration of the nervous irritation; and this he considers to be corroborated by the results of the observations of Bastien and Vulpian, and also by recent observations of his own. In a case which came under his care the patient suffered from neuralgia in the region of the left superficial temporal, causing violent pain in the temple, which radiated towards the forehead and occiput, and cramps of the corresponding muscles; in the more violent attacks the convulsions extending to the whole trunk. Relief was only obtained by firm pressure of the left temple against the wooden side of the bed. The author frequently convinced himself that during the first five or six minutes the pain increased in intensity, and subsequently diminished and, simultaneously with the convulsions, disappeared. Cessation of the pressure was followed by return of pain. This primary increase of pain and subsequent cessation of it he believes to have been the cause of the apparently discrepant observations.

Crania Progenea.—Under this title Professor Ludwig Meyer, of Göttingen, describes a malformation of which he details thirteen examples—ten from among living persons, and three museum specimens. In all cases it is associated with idiocy or mental weakness. It consists in an abnormal prominence of the under jaw and of the forehead, a flattening of the head, superiorly and posteriorly, a narrowing of the face, and an abnormal size of the ligamentum nuchae. The author attributes its occurrence to an arrest of development of the occipital bone, by which the growing contents of the skull are forced forwards and downwards. He remarks that he “might also direct attention to definite and unquestionable interferences with the development of the occipital bone which we regard as the prime cause of the malforming process. If it should appear presumptuous to refer these lesions to the injuries which the occiput has suffered during parturition, we may refer for corroboration to Mitchel’s statistical demonstration regarding the relatively frequent concomitance of idiocy with instrumental delivery. But however this may be, it is not easy to overestimate the significance of the progenean skull development as regards cerebral pathology. Whilst I have not succeeded in finding one such malformation among many hundreds of sane persons, there are eleven among about 200 patients in the Göttingen Asylum, and two among a collection of forty skulls belonging to the same institutions. Of these thirteen it was ascertained that by far the greater portion had been insane since childhood.”

Distortions of the Skull.—Meyer has a short paper in the second number of the *Archiv*, which may be more conveniently introduced here—“A numerous series of observations,” he says, “have convinced me that purely mechanical influences produce alterations in the form of the skull much more commonly and more directly than other causes which hitherto, and especially in the ætiology of deformities of the skull, have been adduced, as, for example, the premature union of the sutures. These distorting causes may act either on the external or

internal surface of the cranium, and may either produce the deformity independently, or modifications may be occasioned by the condition of the bones (Rachitis, &c.) From this point of view the manifold deformities of the skull may perhaps be fitly arranged under the following principal forms or types.

"1. Distortion *ab extra*. (a.) The scoliotic cranium, distortion in a lateral or rather diagonal direction, in the same manner as spinal curvature. The lower side of the back of the head where the shoulder is higher is bulging and protrudes further back. In a corresponding manner the position of the parietal protuberance of the same side is altered, and in the more extreme cases the distortion is indicated in the latero-posterior alteration of the frontal protuberances; while the frontal and parietal protuberances as well as the occipital half of the other side appear correspondingly pressed inwards and forwards. Horizontal sections of this skull, indeed, give the impression as if the deformity were produced by traction of the occipital and frontal bones of opposite sides. This form of skull always accompanies curvature of the vertebral column; and in this connection it is distinguished by other peculiarities which have been already noticed by Stern (Müller's Archiv. 1834). The scoliotic skull is, however, also frequent in various degrees among classes of the population, such as smiths, carpenters, and porters, who acquire a habit of carrying their shoulders high. (b.) The compressed skull, in the direction of different axes. As a typical example of this distortion (in the axes of length and height) the progenean variety previously described may be accepted.

"2. Distortion *ab intra*. Hydrocephalic forms of skull. (a.) General hydrocephalic forms of skull produced by hydrocephalus or cerebral hypertrophy, distinguished by prominence of the vault of the skull on all sides of the base, the relatively great height and breadth of the vault, and flatness or, in extreme cases, even concavity of the base, with complete absence of, or much diminished sphenoidal depression. (b.) Partial hydrocephalic skull. Considerable prominence of the base on account of any cause unfavourable to increase of the vault. An example of this form, which is in the collection of the psychiatric clinic at Göttingen, resulted from hydrocephalus of the posterior cornua, where the back of the head was much dilated. There are also several examples of remarkable rachitic skulls, with beetle-formed, down-pressed, and very broad posterior segments of crania. The predominant development of the occiput inferiorly draws the basilar process downwards and somewhat forwards, and thus occasions a steepness of the *sella turcica* (Virchow's Schädelkyphose). No other forms of partial hydrocephalic development have hitherto been observed by me. If the *crania progenea* were not typical examples of the compressed form, they might be regarded as hydrocephalus frontalis and temporalis, with a lateral hydrocephalus occipitalis. The reverse of the hydrocephalic type is furnished by those crania in which there are general or partial arrest of development in the convexity of the skull

and consequent predominance of the base. With these must be classed almost all microcephali—those heads with retracted frontal or temporal region. It appears to me of great advantage that, in clinical demonstrations, these fundamental cranial types should be associated." The author promises in a future number of the "Archiv" to give an illustrated paper, going more into the details of the subject.

Deficiency of the corpus callosum. The next paper is a very carefully-written and well-illustrated description of the brain of a cretin, in which there was only a rudimentary corpus callosum. The preparation had been brought from Zurich, by Professor Griesinger, and had been several years in spirits; but Dr. Julius Sander, the assistant in the clinique for nervous disorders, to whom he entrusted it, has succeeded admirably in presenting an intelligible description. Dr. Sander draws from the consideration of this and the other cases which have been recorded the negative deduction that the corpus callosum is neither the organ of motor co-ordination, nor the seat of the intelligence. The cases which he quotes are recorded by Poterin-Dumontel, Foerg, Reil, Paget Chatto, Mitchell Henry, and Langdown Down. In three cases in which the organ was altogether absent, the individuals were by no means idiotic, and two of them were employed as messengers. He is inclined to follow Paget in the belief that it merely acts as a medium of communication between the two hemispheres, which without it might act independently of one another.

Public Provision for the Insane in Austria. In 1861 the administration of asylums and the responsibility of providing for the insane in Austria, was handed over by the State, or Imperial authorities, to those of the various districts. Dr. Schlager reviews at some length the present position of matters, and the probable prospects. There is very much to be done to bring things into anything like a proper condition. There are only two well-arranged asylums in the empire, one near Prague, and the other near Vienna. Dr. Schlager advocates the erection of buildings, not to contain more than 500 each, with which he would associate agricultural colonies. Dr. Riedel, with the support of Professors v. Schroff and Leidesdorf, is in favour of an extension of the old German system of large establishments for curables and incurables separately.

Unilateral Atrophy of the Face. Dr. Paul Guttman describes an interesting case of withering of the muscles of the left side of the face. The patient had frequently suffered before she was eleven years of age from toothache of both sides, dependent sometimes on carious teeth, and sometimes, it is said, on rheumatism. At times the cheeks were swollen from the effects of the toothache, but otherwise they had hitherto been always in an apparently healthy condition. Then, without any ascertainable cause, the left cheek began to become paler, and has never since regained its previous healthy red. Soon the cheek began to sink in, but so gradually that medical assistance was not sought for three years. Treatment was then adopted, consisting of

the application of a stimulating linament, and the use of the induced galvanic current regularly for four weeks. Whether this really produced improvement or not, the cheek is said to have become fuller. For the next two years the wasting continued; but for the next, which were also the last two, there has not been any apparent progress. At the time she came to Griesinger's clinique, where Dr. Guttmann, as assistant, had her under his care, she appeared, on the right side of the face, to be the girl of eighteen years of age that she was; but on the left side she looked more like fifty years old. On examination, the muscles of the affected part were found atrophied, scarcely any subcutaneous fat existed, and even the bones were smaller than those of the healthy side. The author attributes the atrophy to arrest of development of the vessels of the left side of the face, resulting from irritation of the corresponding vasomotor nerves. Prolonged galvanic stimulation was tried, but without result.

The "Free Treatment." Such is the name which Professor Griesinger proposes to his German brethren for what we have learned to call the "non-restraint system." The new name may take root in the land of its birth, but is not likely to be imported here. The article which is thus entitled is the first in the second number of the *Archiv für Psychiatrie*, and consists of a strenuous advocacy of the "free treatment" which has still to be urged on the attention of the profession in Germany. The arguments in its favour are put by the author with his usual force; and the tone of the paper may be indicated by the following quotation:—

"It used to be said, and it is still said, 'Yes, restrict the application of restraint as far as possible, but do not interdict it altogether.' And yet the free treatment is only truly such when it can be thoroughly carried out, where the patient never sees the instruments of restraint, and knows that they will never be applied, and when the attendants, having completely given up the use of straps and bands, have learned to work naturally by ever gentle means. It is only thus that that other spirit pervades the establishment which is everywhere obtained with the introduction of non-restraint,—that quite different tone, that quite different motive, which so quickly raises everything to a higher level in those establishments where the free treatment has been adopted.

"I have myself made this experiment on two occasions, once in the little asylum at Zurich, and once in the lunatic division of the Royal Charité. Both are sections of large hospitals, and in both the experimental introduction of non-restraint presented difficulties of which no idea can be formed in those establishments which have been erected with direct reference to it. In the Royal Charité there was still felt the influence of an able man personally gentle, but who believed that in the application of restraint, the douche, and other means of intimidation and repression, he possessed the chief remedies in mental therapeutics; and there were current in the institution many stories of their beneficial

application, which, in the absence of very decided convictions of their injurious influence, would have frequently destroyed one's confidence. Yet experience has shown that even in these circumstances with the active support of my younger colleagues, the first negative part of the free treatment, the actual non-restraint, can be completely carried out." It is to be hoped that the German alienists generally will listen to these arguments; and if any words of ours can influence those who still cling to the old method, we would assure them that British alienists would with one voice refuse to return to the use of restraint. They had experience of the *difficulties* of the restraint system; and now that they have had sufficient opportunity of judging of its opposite, non-restraint will be cherished not only on account of its benefit to the insane, but also on account of the comparative ease and satisfaction which it gives to the physician and others under whose care they are placed.

Encephalomalacia and Poisoning with Carbonic Acid Gas.—Dr. Th. Simon has collected several cases of poisoning with this gas, which he believes are sufficient to prove that cerebral softening and apoplexy are directly produced by the poison. He considers, also, that a considerable time elapses between the application of the cause and the appearance of these effects. The only point to be determined is under what circumstances the cause produces such effects.

Aneurysmal Degeneration of the Cortex Cerebri.—Ludwig Meyer describes a case which in its history presents great resemblance to general progressive paralysis. The patient was a young man of about 27 years of age, and generally in sound bodily condition. Of middle height and broad, powerful frame, his general appearance was more than ordinarily robust. The symptoms were at first of a melancholic character, and passed generally through varying conditions of excitement and depression, accompanied by paralytic symptoms of the kind described as general paralysis. At last, after a period of excited dementia, he was found one day speechless, the muscles of the back of the neck firmly contracted, the rest of the muscles lax, especially on the left side of the body, where also there was no sensibility, and on the other side, also, it was almost absent. The pupils were dilated, the temperature low, respiration stertorous, pulse 48 and very small. This condition continued two days, and then death came.

The *post mortem* examination revealed a slight effusion of blood over the upper and anterior surface of the cerebrum, with small points of capillary apoplexy in the corresponding part of the cortical substance. The microscopic examination showed extensive aneurysmal alteration of the capillaries, with fatty degeneration of their walls. Meyer tries to show that, considering the healthy condition of the rest of the body, we must refer the brain disease primarily to the mechanical effect of the great pressure of blood dilating the delicate containing vessels. In criticising his argument, his general pathological views, as they are found in his other writings, must be taken into consideration.

Microcephalic Brains. Dr. Julius Sander gives a careful description of two such brains—one from a patient met with in Griesinger's "Poliklinik," and the other from a preparation in the anatomical museum of Berlin. The latter had been previously described by C. Vogt and Johannes Müller, but not with the completeness of the present memoir; the former was obtained in the autopsy of a child who died about six months old. In life the head presented a strong resemblance to the simian conformation, and was of what is called the Aztek type. After giving careful descriptions of the two specimens, Dr. Sander discusses the question whether the external resemblance to the ape is merely external, or whether the partially developed brain correspondingly points to our alliance with the lower animals. And he shows clearly that this latter deduction is by no means to be drawn from the more complete examination.

Hereditary Syphilis in connection with Insanity. Dr. E. Mendel relates a case in which symptoms of cerebral disturbance exhibited themselves more or less in a girl who ultimately became unmistakably insane and was placed in an asylum in her sixteenth year. She remained there two years and then died, without having suffered from any apparent disease, except the cerebral disturbance which was indicated by her mental condition and convulsions of various kinds. On *post-mortem* examination a pointed exostosis nearly half an inch long was found protruding from the base of the skull about half an inch to the left of the margin of the foramen magnum. There was also thickening of both dura mater and arachnoid and adhesion at one spot to one another, and to the bone. The left lateral ventricle was greatly dilated, and the cerebral substance was much thinned at the posterior and external wall. The membranes were adherent to the brain substance at the spot where they were themselves adherent—at the posterior end of the sagittal suture at the left side. The mother of the girl had secondary syphilis, which she believed to have begun at the commencement of her being pregnant with this child.

The Mode of Examining the Contents of the Cranium. Professor Griesinger describes a mode of investigation, which he has adopted in some cases, especially where tumours of the brain were suspected to exist. It consists in cutting through the calvarium in a line passing vertically over the head from ear to ear. The section is made by the saw passing through both bone and brain, thus making a section of the brain down to the level of the line which, according to the usual method, separates the calvarium from the base of the skull. A similar section is then made in the line of the usual method, but only in its anterior half. The anterior half of the calvarium is thus separated along with the contained portion of brain; and the structures which are exposed may be examined more exactly *in situ* than by the ordinary method. The further removal of the brain is effected by completing the section in the ordinary line, but in this case in the ordinary way, and without dividing the brain at the same time.

The Relation between the temperature of the Body and Epileptiform and Apoplectiform Attacks in Paralytic Insanity. Dr. Westphal adds to his numerous careful investigations of this disease another equally careful on the temperature of the body during the fits. This he finds almost always increased by an attack; and he attributes the elevation, in a large number of cases, to pulmonary affections (pneumonia, bronchitis, &c.) which he finds so generally to follow rapidly on the attacks.

The Annual Meeting of the German Alienists took place last September, in Heppenheim, under the presidency of Dr. Jessen. The papers and discussions were—

1. *The Pathologico-anatomical Basis of General Paralysis*, by Dr. H. Schüle.
2. *The Relation between Life Assurance Associations and Suicide by the Insane*, by Dr. Flemming.
3. *Medico-legal Opinions in Insanity ought only to be given after personal Examination*. Prof. Griesinger.
4. *Malformation of the Skull*. Prof. L. Meyer.
5. *The Regulations for Admission to Asylums*. Prof. Jessen and Dr. Roller.
6. *A Degeneration of the Cartilage of the Nose*. Dr. Köppe.

According to Dr. Schüle, *General Paralysis* depends upon the following conditions:—

1. An *Encephalo-myelitis chronica*, also complicated in a special typical variety with a *Meningitis chronica*.

2. The *Meningitis chronica* is characterised to the naked eye by a yellowish grey opacity covering the affected portions of the brain, and microscopically appears as a considerable cell proliferation, which frequently goes on to the formation of pus.

3. The *Encephalitis* consists (*a*) in a very abundant proliferation of the nuclei of the vessels, both internally and externally, with consequent new formation of vessels, aneurysmal degeneration of some parts of vessels, with obliteration and amyloid degeneration of others; (*b*) in increase of the connective tissue nuclei of the neuroglia, especially about the vessels, and very often connected with their nuclear proliferation, also in another metamorphosis of the intercellular substance of the neuroglia in which it becomes denser and granular, and appears to be filled with delicate fibrils, which possibly may be regarded as the filling up of the interspaces of the neuroglia, with amorphous connective tissue, which afterwards splits into fibrils. This process of proliferation in the vessels and the connective tissue extends also into the medullary tissue, to the basal ganglia and to some of the cerebral nerves.

The *Myelitis* is characterised, so far as is yet known, by the simple atrophy of the nerve tubes, with increase of nuclei in the neuroglia, and in the occurrence of compound granular cells.

The rule adopted by *Life Assurance Companies* to forfeit the sum assured in cases of suicide, is objected to by Dr. Flemming, who maintains that some legal protection should be afforded to the friends of those who commit suicide in consequence of insanity. Dr. Ludwig Meyer mentioned the plan adopted by several British companies of making policies indisputable after a certain time, such as a year, had elapsed from the date of insurance to that of death, except in cases of fraudulent intent. He proposed that the association should communicate with the German companies, with a view to obtaining some such modification of their regulations. A committee was appointed with this view.

Professor Griesinger called attention to the practice of giving *medico-legal opinions* in cases of supposed insanity *without personal examination* of the patient, a practice which appears to be very frequent in Germany. After some discussion, the following resolution was adopted —“That psycho-legal opinions should, whenever possible, be given not upon written evidence only, but also upon the results of personal examination.”

Dr. Roller brought the subject of *Admission to Asylums* before the association. He was of opinion that such admissions ought generally to be under the control of the legal authorities, but that in urgent cases their concurrence should not be necessary. *Professor Jessen* believed that there ought to be two categories of inmates of Asylums —those who came voluntarily, and those who came on compulsion, and that the interference of the authorities is only necessary in the latter case. The discussion did not lead to any definite result, and the subject was referred to the next meeting for further consideration.

Dr. Köppe exhibited four preparations of a degeneration of the nasal cartilages, completely analogous to the hæmatoma, well known to occur in the ear. This concluded the public business of the meeting.

II. *English Psychological Literature.*

*Concerning Aphasia.** By HENRY MAUDSLEY, M.D. Lond., Physician to the West London Hospital; Lecturer on Insanity at St. Mary's Hospital Medical School.

[*The Lancet*, November 28, December 5.]

In the remarks which I am about to address to you, my aim is not to contribute any new facts to the clinical history and the pathology of the condition known as aphasia, but to weigh the bearing of the facts already recorded, to examine how far these support the theories that

* Read before the Medical Society of London, Nov. 9th, 1868.