

## PART III.—PSYCHOLOGICAL RETROSPECT.

1. *French Retrospect.**(Continued from p. 118).**Annales Médico-Psychologiques.*

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*Note upon Megalomania or Partial Lypomania with predominance of Grandiose Delirium.* By Dr. Ach. Foville.

This paper goes over the same topics that are quite familiar to those at all acquainted with the interminable discussions connected with the nomenclature and classification of mental disease. There are brief notes of some fresh cases. The concluding paragraphs are as follows:

“The details which I have just given as to the pathogenesis and symptoms of megalomania, although very short, permit, it seems to me, a clearer knowledge of its nature, and enable us to determine its exact place in the list of mental diseases.

“Thirty or forty years ago it was, without hesitation, considered a distinct form of monomania; it was called the monomania of pride or ambition. Now-a-days this view no longer holds good; it is not a monomania, for the delirium is very complex, very extended; it is not a distinct vesania, a pathological entity by itself, for it forms part of another disease of which it is only a phase, an advanced stage of evolution.

“Megalomania belongs entirely to the history of partial lypomania, with predominance of hallucinations and ideas of persecution; it is the highest degree of insane systematising which the delusions of persecution attain.

“This nosological theory, already partly indicated by Morel, and distinctly formulated by myself twelve years ago, has been received favourably by the majority of French authors who, since that time, have had occasion to work at this subject.”

*Non-restraint.* By Dr. Bécoulet.

It is a matter of surprise that this subject should still be so earnestly debated by our French colleagues. Those who have not already been converted to the system as seen in our asylums, will not be changed by any number of papers, no matter how fair, how temperate, how reasonable they are; nay, though one rose from the dead they would remain unmoved. Non-restraint, like every other system in this world, is not perfect, never will be perfect, and, so far as we know, no one was ever foolish enough to say that

it was perfect, and that through its use all accidents, dangers, troubles were to be banished from asylum management. As a practical method of treatment no true knowledge of it can be got from papers, discussions, and arguments. So be it understood it must be seen in use, and were we unfortunate enough to be present at a meeting where it was to be discussed, no power on earth would restrain us from flying to the door. It must be practised.

With Dr. Bécoulet's paper we have really no fault to find, except that it goes over well-trodden ground, and will probably fail to influence those who might derive some benefit from its very temperate conclusions. We, however, take exception to his statement that there are scarcely any epileptics in English public asylums, which is altogether erroneous; and we should feel highly flattered as a nation when we are told that our character is calmer and more easily amenable to discipline than that of the French.

#### *Clinical Cases.*

##### *1. Tumour of the Brain with Mental Derangement.*

The patient, æt. 23, a chair-maker, was admitted to the Saint Anne Asylum, under the care of Dr. Dagonet, in April, 1873. His history, as furnished by his father, was as follows:—No hereditary tendencies, no previous serious illness, habits steady. When aged 17 he fell on the head, was stunned for the moment, but there were no other immediate symptoms. During the war of 1870 he served as a mobile and suffered much from cold. It was after this campaign that he began to complain of violent pains in the head; then attacks of vertigo occurred, then, one after the other, paralysis of the right arm and leg, loss of sight, deafness. From the beginning of these symptoms, a little more than a year, a circumscribed swelling had been observed, limited to the posterior part of the scalp. At the same time the patient's character changed; he became irritable, mischievous, at last his mental symptoms necessitated his being placed in an asylum.

On examination there were found incomplete right hemiplegia, with marked diminution of sensibility; double amaurosis, deafness. In the median line and slightly posteriorly, there was a small, badly-defined prominence of the scalp, depressible and elastic in the centre, where pressure caused pain. Both discs atrophied; pupils unequal and both globes markedly protruded.

The mental symptoms call for no special attention; there were alternate quiet and excitement with delusions of persecution.

Towards the end of February, 1874, a very limpid serous fluid escaped by the nose, drop by drop. The pains in the head were very severe, and the patient became more feeble. On 29th March the nasal discharge became sanious; the patient was confined to bed. He died on 16th April, after being comatose for several days.

An incision carried through the cranial swelling disclosed a mass of semi-fluid matter, yellowish, mixed with pus; it was partly removed with the integument. On the under surface, towards the posterior third of the parietal suture, the bone was injected and spongy; in raising the skull-cap a fragment became detached; this fragment was really a small osseous tumour, in the substance of the dura-mater. On cutting this membrane, a large tumour came into view; it was adherent at, and around the point corresponding to the osseous fragment. The tumour rested on the parieto-occipital region of both hemispheres, though more upon the left, where it had hollowed out a pretty deep cavity. It was not adherent to the cerebral substance, which was a little softened superficially in the area of compression.

The tumour was the size of two fists, weighed 350 grammes, rounded and smooth on the surface; it was easily cut with a knife, the cut surface of a yellowish-white colour; no fluid escaped from it. Unfortunately no microscopical examination of its structure was made.

2. *Case of Double Consciousness.* By Dr. L. Camuset.

This patient was a young man affected with hystero-epilepsy, who completely lost all recollection of a year of his life. This long period of amnesia began with an attack of hystero-epilepsy in May, 1879, and ended in a similar, though very severe and prolonged attack in April, 1880.

The account of this case is long and minute, and gives an excellent description of this remarkable condition. As many such are now on record, we will content ourselves with reproducing the account of the hystero-epileptic attack.

First of all, the epileptic attack: the patient uttered a cry and fell; then tonic movements for some seconds; then clonic convulsions continuing the whole day and part of the night, with intervals of various length, during which the patient was comatose. The convulsions were extraordinarily severe; the legs, previously paralysed, were, like the arms, forcibly struck out in every direction. The trunk was raised in an arch and then so suddenly unbent, that the body rebounded by the shock, like the stroke of a fish's tail. He fell by chance either on the back or on the head. The face was distorted by horrible grimaces. Had he not been protected by placing mattresses on the floor and against the wall, the patient would certainly have killed himself.

Attempts were made to arrest the attack by compressing certain organs, the flanks, the testicles, but without result. It having been noticed that during the intervals moderate compression of the epigastrium caused a recurrence of the convulsions, attempts were made, by strongly compressing this region during the attack, to arrest it, but without result.

It was undoubted, however, that an aura existed, arising in the

region of the stomach. The patient had stated after previous attacks that when his illness seized him it ascended from the stomach. Besides, in the intervals between the actual attacks, it was only necessary to press slightly upon the stomach to cause the clonic convulsions to begin afresh. The eyes first filled with tears, then turned upwards, next the fingers closed slowly, and then the general attack recommenced. This phase of the disease continued till the middle of the night. The intervals of rest became closer in proportion as they became longer.

Next day the third stage appeared—the ecstatic. It continued almost twenty-four hours. The patient lay on his back; his face expressed intense contentment; his eyes were brilliant and looked up. From time to time the face brightened up; the patient smiled. When spoken to he did not answer; if one insisted by shaking him slightly, he smiled more, he laughed outright. Towards night, the laughter was spontaneous and more and more noisy. It was accompanied by hiccupping, and occasionally by positive barking.

*Medico-legal Cases.*

*Incendiarism.* By Dr. G. Giraud.

In this review a number of instances of this perversion are given in more or less detail. Attention is very properly drawn to the fact that attempts at this crime are very frequently associated with the development of puberty.

*Case 1.*—A lad, aged 16. He is a typical example of mental weakness, with dangerous tendencies in one direction. The experts authorised to examine into his mental condition reported:—

1°. That G— had presented unmistakable signs of mental weakness from childhood.

2°. That the physical and mental disorders which he had presented before, during, and after the commission of the criminal acts of which he was accused, without being characteristic of a well-defined pathological condition, still indicate that in yielding to a morbid impulse he did not enjoy mental liberty, and that consequently he should not be considered responsible.

3°. That on account of the permanent danger there would be in allowing a person affected with this form of insanity to be at liberty, he should be confined in a lunatic asylum.

In little more than a fortnight he set places on fire sixteen times, often several times in the same day. Suspicion was attracted to him by the fact that he almost always gave the alarm and was present at all the fires. At first he denied, but ended by acknowledging that he set fire to the sheds, crops, &c. When asked as to his motives, he always answered that he did not know. He was 16 years of age, tall for his age, but rather feeble, being thin, pale, and anæmic. He complained of frontal headache. He answered

simple questions readily, but though he had been at school for five years, he could scarcely read or sign his name. His intelligence was decidedly limited, but he had some religious ideas, and he knew that it was wrong to kill, steal, &c. His appetite was irregular, he slept little, and his sleep was disturbed.

*Case 2.*—L. was accused of having caused four fires in his commune. He was 19 years of age, badly educated, and had been a farm labourer from boyhood. He acknowledged his guilt. He also admitted that he had caused eleven fires in a neighbouring commune, but he subsequently withdrew this statement and maintained his innocence.

The lad was evidently stupid, but nothing else could be said against him. At the age of 13-14 he appears to have had some transient mental derangement, for a former master stated that, "after a few days the lad exhibited signs of extravagance, which were considered fun, but they were renewed so often that it was concluded that he could not be in the enjoyment of his senses. He became remarkably excited when scolded for his conduct. He extended his arms, raised his eyes to heaven, sang some incoherent words, spoke of God, repeating some words from sermons which he had heard. During these attacks of excitement his eyes were wild. No wickedness. He did his work as cowherd well, but he had neither inclination nor aptitude for anything else. One day he took it into his head to take a plough to pieces which had been left in the field." Such attacks never returned. His intelligence developed somewhat, for he learned to drive the horses, to labour, to sow, to thresh, to make cider, &c.

The experts were unable to certify that he laboured under any form of mental or nervous disease, though they thought that the absence of all motive might raise a doubt as to the absolute integrity of his power of free will.

He was condemned to five years' penal servitude.

*Case 3.*—A girl, 17 years of age, made two small attempts at fire-raising. There was no positive evidence, but appearances were very much against her. In the end the prosecution was abandoned. At all kinds of manual household work she did well, but she had never been able to learn to read and write, although a schoolmaster's daughter. She alone of the whole family was in this condition. She could not be considered an idiot or an imbecile properly so-called, but her mental development and degree of responsibility did not agree with her age, but rather with a child of eight or ten.

*Case 4.*—An old man of 69 burnt his house down because of his destitution. He threatened to do so, and said that he would destroy himself or be arrested. There could be no doubt that he laboured under senile dementia; he was removed to an asylum, where he soon died.

*Case 5.*—A man, aged 34, was accused of setting fire to an

arbour and destroying trees in a pleasure garden, about a kilomètre from his own commune. He was found on the place when the fire occurred. He desired to revenge himself upon the proprietors, because he believed that they had improper relations with his wife and that they met in the summer-house. He did not regret what he had done, declaring that God would not call him to account for the act, and that he had only done his duty.

He lived badly with his wife, who had not the best of characters. In consequence he took to drink, and in the end his neighbours did not consider him right in his mind. Whilst under detention and observation his conversation and conduct were markedly insane. He remained in an asylum for a few months, when he improved so much that he was discharged.

A few other cases are given, but they need not be reproduced.

*On Febrile Delirium in Lunatics.*

At a meeting of the Société Médico-Psychologique Dr. Christian read the history of a case—a man who had been insane for many years, labouring under what may be called monomania of persecution. He fell ill of erysipelas and died. During his illness he became delirious, and it was noted that this delirium appeared to have no connection with his ordinary state of mental derangement.

The reading of this paper led to several of those present expressing their experience in the treatment of similar cases, and on the effect of intercurrent diseases generally on mental derangement. The remarks are, as a rule, interesting, but they need not be further noticed, as the total result was to admit that we do not yet understand the relations in such cases. In any given case of insanity we cannot foretell whether an intercurrent disease will intensify or diminish the mental symptoms, or whether it will assist or retard recovery.

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2. *American Retrospect.*

By D. HACK TUKE, F.R.C.P.

*Proceedings at the Twelfth Annual Session of the National Conference of Charities and Correction held at Washington, D.C., June 4-10, 1885. Boston, 1885.*

Among the papers read at this Conference eight are by experts in the Psychological Department of Medicine, and occupy more than 60 pages. Dr. Chapin, the Superintendent of the Penn. Hospital, Philadelphia, presents a report of the Committee on the Provision for the insane, in which it is stated that of the 92,000 insane persons in the United States 43,000 are not in asylums. Of Boards of State Charities it is held that their powers in respect to asylums should be limited to the examination and report of their condition and the investigation of abuses. The policy of committing