

PART III.—PSYCHOLOGICAL RETROSPECT.

French Retrospect.

By S. W. McDOWALL, M.D., and J. G. McDOWALL, M.B.

Annales Médico Psychologiques for 1874. (Continued from page 126.)

On the Action of small doses of Digitalis on Maniacal Excitement, particularly in that of Epileptics.

While temporarily occupying the position of the Superintendent of the Asylum for women at Bordeaux, Dr. Bigot renewed his experiments on the action of digitalis on maniacal excitement. From 450 patients, ten of the most excited were selected, and treated with 10 minim doses of the tincture twice daily. Of these patients, one recovered from her excitement in one day, four others partially on the fourth or fifth day, and in the rest little or no improvement took place.

On becoming physician to the Asylum of Bonneval a new series of experiments was undertaken by Dr. Bigot. To ten patients labouring under great excitement, chronic, acute, epileptic or purely maniacal, the same drug was administered in similar doses for about a fortnight, in conjunction with the use of the usual tepid bath of one or two hours' duration. In two cases this treatment was discontinued in less than the fortnight, the pulse becoming extremely slow, and syncope appearing imminent. No benefit resulted in any of the cases. Dr. Bigot ascribes the dissimilar results obtained in the two experiments to difference in temperament in the two populations, and to the variability in energy of the drug.

The same treatment administered to a number of epileptics liable to attacks of intense excitement, was followed by great success. All the epileptics who took the tincture, whether at the beginning of, or during their excitement, became quiet on the second or third day, whilst it was notorious that usually it lasted a much longer time. These now following are notes of nine cases treated in this manner during the year 1873:—

Obs. 1—B. (Celine). A woman, aged 28. Had suffered during several years from attacks of hysterical epileptic mania at her menstrual periods. In the asylum she exhibited constant slight choreic movements, and during the first six months two or three epileptic attacks of ordinary intensity were observed in the night. At all times irritable, whilst menstruating she made herself dreaded by all about her. The tincture was given from the 4th to the 20th January. An attack of excitement, during menstruation, occurred

at the beginning of this interval, and terminated in one day in outbursts of tears. The excitement at the next period was of short duration, and terminated similarly, there remaining a tendency to weep on the slightest provocation. Treatment was then directed to the hysteria, atropine being administered from April to December. Its use was accompanied by a gradual diminution of the chorea and epilepsy. Her mind remains enfeebled, and her emotions susceptible, but she has been saved from becoming a dangerous epileptic, and she works. The good result of the treatment in this case is doubtless due to the hysterical substratum of the disease.

Obs. 2—Céline, G. A tall, healthy girl of nineteen. She was somewhat demented, and said that she first suffered from epilepsy two years since, after exposure to cold during menstruation. Her attacks, always severe and preceded or followed by excitement, were worse during the menstrual week. Bromide of Potassium was given with temporary benefit, but in January, 1873, she became ungovernable, incapable of understanding what was said to her, or of doing anything. The administration of the tincture lowered the pulse, during the first fortnight, from 104 to 72, and was followed by an exceedingly calm menstrual period. During the following two months the digitalis produced a similar, and even more satisfactory result. Two months later she died during a series of fits.

Obs. 3—Léonie, M. Aged 40. Has been epileptic since the age of nine. Before taking digitalis her attacks of excitement lasted about fifteen days, during which time she was obscene and dangerous. On the first two occasions on which it was administered, quietude resulted on the second day; on the third occasion it was less successful. Subsequently the drug was given at intervals, with the result of diminishing the intensity and duration of the epileptic attacks, and greatly moderating the preceding excitement.

Obs. 4—Eugène, L. Aged 37. Single, epileptic from infancy. His attacks are of two kinds, moderate and severe. During two out of every five or six days he has about twelve attacks, of which two are severe. These are followed by great excitement. Digitalis in the same dose at first cut short the excitement, and after some months prevented it. The attacks are much diminished in intensity, but not in number. The pulse fell from 82 to 60.

Obs. 5—Charles C. Aged 32. Imbecile from infancy, when he suffered from hemiplegia of the right side. His epileptic attacks recur every eight days; are numerous during the day, and are followed by stupor, then by violence. Under digitalis the pulse fell from 80 to 66, and the excitement was cut short on the second day. He died of erysipelas in April.

Obs. 6—Charles P. Aged 33. Epileptic about twelve years. For some days in each month he has several attacks daily; then a week of excitement and reckless violence. Under digitalis the pulse fell from 98 to 60, and the excitement was cut short on the third day, and did

not reappear for three months. From time to time, until the end of the year, it was administered with complete success, the excitement being replaced by semi-stupor. The epileptic attacks are diminished in intensity.

Obs. 7—Michel S. Aged 45. Became epileptic twenty years ago, during the year of his marriage. He is tall, well-made, and demented. During three days of the week his attacks were frequent, severe, and accompanied by great excitement; the rest of the week was spent in quietude. Every two or three months an attack of increased intensity was observed. Digitalis at once substituted a semi-stupor for the excitement, and diminished the intensity of the attacks of epilepsy.

Obs. 8—Louis P. Aged 29. Epileptic for ten years. The attacks, rare at first, appear every three or four days, from four to six attacks per day. Dangerous excitement existed for twenty-four hours before the first attack. Administration of digitalis, at first successful, failed on a second occasion, notwithstanding the reduction of the pulse from 110 to 56. A third trial was successful, but eventually atropine was substituted for the digitalis with the result of diminishing the number of attacks without reducing the excitement.

Obs. 9—Louis G. Aged 46. Epileptic from youth; powerful, somewhat demented, and very dangerous during excitement. For some months atropine was given, but without reducing the excitement. Atropine and digitalis were then given together, with the result of quelling it before, during, and after the attacks.

In concluding, Dr. Bigot dwells on the importance of the treatment by which the dangerous form of excitement which accompanies epilepsy may be calmed.

Idiotism and Consanguinity.

By DR. MAURICE BINET.

Are marriages of consanguinity always followed by a tendency to degeneration in the offspring? or are they only so when contracted by unhealthy individuals? These questions, important as they are, are yet unanswered; it is, therefore, well that all cases bearing on the subject should be investigated and published.

In the following cases the injurious action of consanguine marriage appears to be evident. There lives in the town of Ch. (Nièvre) a family composed of husband and wife, both well-made and intelligent, and three idiot children, who, on reaching a certain age, suffered from arrested physical development. The physical constitution, the mental state, or the habits of the parents, failing to account for the condition of the children, a careful investigation of the family history revealed the following facts:—

1st.—The grandmothers of the parents were sisters. They married men having no relationship to them or to each other.

2nd.—From these marriages were born—from the elder, two sons and five daughters; from the younger, two sons and two daughters.

One of the sons of the younger married one of the daughters of the elder, his cousin-german. (1st marriage of consanguinity.) His brother married a woman who was not a relative.

3rd.—The father and mother of the degenerated offspring were children of these two brothers. They are then cousins-german. (2nd marriage of consanguinity.)

There exists two marriages between near relatives on the side of the father, and one on the side of the mother.

It is affirmed that in these families no hereditary taint, such as epilepsy, insanity, idiocy, or scrofula, has been observed. Further, it has been ascertained that the direct progenitors have been healthy, moderately intelligent, and not short-lived. The father of the idiots is an only son, and lost his father by an accident. The mother has married sisters and brothers who have healthy children. On marriage the father was twenty-six years of age, the mother thirty; they are sober and regular in their habits, and in tolerably good circumstances.

The history of the children is as follows:—

A. The first, a boy, was born at the full period, twenty-seven months after marriage. Up to the fifth month of pregnancy the mother suffered from vomiting and loss of appetite, after which she regained flesh. A normal labour of three hours was followed by rapid recovery. The child was healthy for five weeks, after which it began to suffer from vomiting, loss of flesh and strabismus, maladies from which it continued to suffer, more or less, until death. Its weight, clothed, never exceeded 7 kil. 500, but when about a year old the arrestment of growth became more apparent. It suffered from hernia, and from constipation up to the last month of its life, when chronic diarrhoea supervened. It could not stand. Its intelligence was not less feeble, never having been seen to laugh or to recognise anyone, or heard to cry, except when suffering from colic. It died at twenty months in a state of complete marasmus, being unable to take any food. It was never seen to be convulsed, but it coughed, and was generally drowsy.

B. The second child was a girl, born twenty months after her brother. The confinement and pregnancy, in all respects, were similar to the former, but with the view of placing the child under more favourable circumstances, it was sent to a wet nurse. After five weeks the same vomiting appeared, and at two years the same arrest of development is evident. The child is uneasy in any posture but that of lying, being too feeble to preserve any other. She weighs 5 kil. 500; her height is 63 centimetres.

The diameters of her head present the following measurements:—

Bi-parietal	0 m. .115
Bi-temporal	0 „ .087
Occipito-frontal	0 „ .228
Mento-occipital	0 „ .160
Mento-frontal	0 „ .130

Sensibility is obtuse, and intelligence wanting.

C. The third is also a girl. The phenomena of pregnancy and delivery resemble those of the two former cases. The history of the child is also precisely similar. At ten months and a half she weighs five kilogrammes, that is only five hundred grammes less than her sister, not yet having reached the period when arrested development became more marked in the two other children.

The diameters of her head are as follows :—

Bi-parietal	0 m. .110
Bi-temporal	0 „ .100
Occipito-frontal	0 „ .140
Mento-occipital	0 „ .177
Mento-frontal	0 „ .109

In all particulars she resembles her brother and sister.

This observation is interesting in the highest degree. Thus, on one side, are three children whose lives intra- and extra-uterine are precisely similar, in whom at the same periods the same phenomena are observed, and whose constitutions, physical and mental, are singularly feeble. They carry in their behaviour and appearance the stamp of an idiocy so similar that it is difficult to distinguish one from the other. Again, on the other side, are parents healthy, moderately intelligent, of regular habits, without privation, and free from vice, hereditary or acquired.

The facts appear to indicate the cause of degeneration in the offspring to be consanguineous marriage, the effects of which become startlingly manifested after successive unions in the same family.

On the Condition of the Eyes in General Paralysis. By DR. MORECHE.

At considerable length the author points out that early writers on general paralysis have either quite omitted, or but casually dwelt on, the eye symptoms of the disease. Thus in the works of Esquirol, Bayle, Calmeil, Delaye, Foville père, Daveau, Thore, &c., but little importance is attached to these symptoms. In 1849 M. Baillarger observed that many patients have one pupil larger than the other, the difference in some cases being so great that it is astonishing that this observation had not been made sooner. This symptom sometimes exists from the beginning of the disease, and may now, in doubtful cases, aid in diagnosis; generally, however, it is not seen till an advanced period.

Attention being thus attracted to the symptom, nearly all subsequent observers have noted the state of the pupils. In 1853 M. Lasèque observed inequalities of the pupils in one-third of his cases, and, in the last stages, rapid enfeeblement of vision, often more advanced in one eye than the other. In 1853, also, M. Moreau (de Tours) published the result of his researches into the peculiarities

of vision in general paralytics, and summarised as follows:—1st. Convexity of the eye ball exists in two-thirds of the cases. 2nd. Inequality of the pupils is seen in more than half. 3rd. In half the cases the eyebrows do not preserve their arch. M. Marcé, after noticing irregularities of the pupil, adds that in certain cases lesions of the eye, such as rapid loss of vision, strabismus, or ptosis have preceded the unmistakable symptoms of general paralysis.

M. Billod in 1863 published the results obtained by observation of the eyes of four hundred patients, and relates two cases where paralysis of the third pair has coincided with general paralysis. In 1873 Ach. Foville published similar observations, and concludes that in some cases general paralysis is consecutive to an affection of the nervous system, the disease being propagated to the hemispheres from a cranial nerve.

Dr. Mobeche gives the results of his own observations at the Asylum of Ville. Evrard. He finds that in the majority of cases the pupils are abnormal, the most frequent lesion being inequality, whilst irregularity is also very common. Inequality is most frequently due to dilatation of one pupil, the other remaining normal; less frequently to undue contraction of one pupil.

The state of the pupils in 93 patients is thus tabulated:—

Pupil	{	Right greater . . . 32	} 57	} 93
		Left greater . . . 25		
		No inequality . . . 36		

Follin has estimated that the normally contracted pupil in the adult measures 2 mill. The following table gives the measurements of the pupils in 93 cases observed—

Pupils measuring less than 2 mill.	. . . 23	} 186
" " from 2 to 3 mill.	. . . 114	
" " from 3 to 4 mill.	. . . 20	
" " from 4 mill. and above	. . . 29	

M. Lasèque found the pupils more frequently contracted than dilated, a result which M. Moreau believes attributable to the examinations having been made at an early stage of the disease. The latter observer has published the following table, but does not state to what diameter any of the three classes corresponds:—

Pupil	{	Large . . . 26	} 100
		Middling . . . 56	
		Little . . . 18	

The contractility of the iris is very often modified in general paralysis. Often, when but slightly dilated, it acts slowly and incompletely, and when closely contracted does not dilate in darkness, or when vision is directed to a distant object. This is not due to adhesions, as it readily dilates when treated with atropine.

Unequal dilatation and loss of contractility are not the only symp-

toms which the eye of the general paralytic presents. In a large number of cases the pupil has lost its circular form, and displays the most varied shapes. When the pupil is contracted, often immovable, its shape is nearly always irregular, angular or jagged. Pupils normal as to size and contractility are those in which form is least frequently changed; but they are not rarely found altered. They take sometimes the form of a polygon with blunt, rounded off angles, and unequal sides, somewhat resembling pupils deformed by adhesions. A common form is that of the ellipse, the great arc of which may be in any direction, or it may be quadrilateral or triangular. When there is great dilatation, the most common form of irregularity is where half or two-thirds of the pupil is circular, and the circumference completed by nearly straight lines, resembling a segment of a sphere joined to a segment of a polygon. Lastly, the opening of the pupil may not be in the centre of the iris. These somewhat rare cases are seen only in dilated pupils, and indicate that dilatation has not taken place to an equal extent in all directions.

The state of the pupil frequently varies, passing from contraction to dilatation in a day. These changes are observed chiefly at the beginning of the disease, when the pupils are contracted or but slightly dilated. Dr. Mobeche has never seen a dilated pupil retake its normal dimensions, while the other dilated in its turn. The majority of authors affirm that alterations in vision are rare until an advanced stage of the disease is reached, an opinion founded probably on imperfect examination. By means of the typographical scale of Giraud-Teulon, accurate results may be obtained, the patient's sight being defective if he can read only 3 or 4 in the scale at the distance of a foot. By this means difference in power between the two eyes may be observed. It is difficult to state, in precise figures, the relations which exist between sharpness of vision and dilatation of the pupils, defects attributable to other causes possibly being present. As a general rule patients, whose pupils are not abnormally dilated, can read No. 2 and No. 3. In these cases there is rarely a difference between the eyes; where there is, the iris has quite lost its mobility. Where the pupil was dilated to from 2 to 3 mil. no great difference in power was observable, but, after this, dilatation and diminution in power increased together.

Contraction of the pupil, unless where the iris had lost its mobility, did not produce serious modification of sight.

It would be erroneous to conclude from the frequency of the abnormalities of the eye in general paralysis that the retina is diseased in all these cases; and it is necessary, as a rule, to search for the causes in other parts.

It has already been stated that the mobility of the iris was generally decreased as dilatation increased. These patients are in the position of individuals whose pupils have been dilated by Belladonna, their vision remaining intact for distant objects, but confused for objects near at hand.

If the abnormally dilated pupil be artificially contracted, vision becomes equally good on both sides, or nearly so. "We have instilled into the eyes of several of our patients, in which one pupil was dilated, some drops of collyrium of éserine, and after the pupils had become of equal dimensions there did not remain a sensible difference between the acuteness of sight of the two sides; cases where a lesion of the retina existed being excepted."

Austin believes that there exists an intimate relation between the state of the iris and the mental condition of the patient. He asserts that in cases where the right pupil is affected, the patient will be depressed and melancholic; where the left, the patient will be maniacal and possess exalted delusions.

Further, if the state of the iris becomes changed, the mental condition will also be changed. These ideas have not been confirmed by other authors, and do not correspond with the results obtained by Dr. Mòbèche.

B. There now remains to inquire what are the causes of this difference between the pupils. Authors are far from agreed on this point. M. Baillarger is of opinion that general paralysis is the result of a lesion of both hemispheres, often more extensive, however, on one side than the other; and that the degree of abnormality of the pupil serves to indicate in which of its halves the brain is most extensively diseased.

M. Billod having established that serious defects of sight were unusual, except in the advanced stages of the disease, whilst inequality of the pupils was common in all stages, rejected lesions of the optic nerve as causes of this dilatation, except in rare cases. He then proceeded to search for these causes in the iris itself. He recalls that contraction of the iris is controlled by the common oculo-motor nerve, and that it is quite involuntary, being excited by the action of light on the retina, and not on the iris, which is insensible, and receives the influence by reflex action. Section of the optic nerve produces dilatation and immobility of the iris, and irritation of the inner cut surface contraction; that is the same result as that produced by the action of light on the retina. Again, section of the common oculo-motor nerve behind the ophthalmic ganglion produces immobility of the iris, although the retina or optic nerve be irritated. M. Billod considers dilatation to be the result of the common oculo-motor nerve.

M. Voisin looks for the cause of dilatation exclusively in the great sympathetic, in the cilio-spinal centre. When this centre is, to a certain extent, hyperæmic, the action of the cervical sympathetic is increased, and the corresponding radiating fibres of the iris contract energetically, producing dilatation. When softening has supervened, the dilatation gives place to contraction and immobility. The great sympathetic being thus paralyzed through its centre of innervation, all movement is restricted to the circular fibres, controlled by the

common oculo-motor nerve, resulting in contraction of the pupil. This is not seen until the last stage of general paralysis.

The views of Billod and Voisin are thus diametrically opposed, the former locating the lesion in the third pair, the latter placing it in the great sympathetic.

M. Voisin affirms that if the oculo-motor nerve was diseased, in addition to dilatation, there would be external strabismus, ptosis and diplopia. He also places contraction of the pupils among the symptoms of the last stage of the disease; this, however, is contrary to general observation.

"We believe the opinions of these two authors to be extreme. Lesions of the pupil may be the result either of an alteration in the common oculo-motor nerve, or in the great cervical sympathetic." M. Voisin says that if the nerve of the third pair was paralysed, external strabismus or ptosis would be observed. But in paralysis of the ciliary muscle, which is equally under the control of the common oculo-motor nerve, mydriasis is often seen, and rarely affections of other parts controlled by that nerve. In certain cases, then, dilatation will be produced by a lesion analogous to that which produces paralysis of accommodation, which moreover often accompanies mydriasis, whilst in others it will be the result of hyperæmia of the medulla and increased activity of the great sympathetic. Similar considerations are applicable in cases where the pupil is contracted.

Should the retina be insensible, dilatation may be present without lesion either of the oculo-motor or sympathetic nerve, but disease of the retina is probably generally preceded by an affection of one or other. The graver lesions of sight, as amblyopia and amaurosis, are not common in general paralysis, but are liable to be passed over, more especially when the affection is limited to one eye. Total blindness of both eyes is rare, Dr. Mobèche having observed but three cases. Amaurosis appears at various stages of the disease, most frequently late, but it may precede all other symptoms. Several of these latter cases have been reported, and have been specially investigated by M. Ach. Foville. He believes that in some patients general paralysis results from the extension of disease to the brain, from peripheral portions of the nervous system. He regards such cases, however, as forming exceptions, not the rule. Paralysis of the third pair has also been observed during the course of the disease.

M. Moreau has drawn attention to a well marked increase in size of the eye-ball. Among 100 individuals he found forty in which the convexity was considerably increased, and twenty-five in which it was slightly so. Dr. Mobèche's researches have given the following results:—

Eyes with convexity	{	Considerably increased 5	}	26
		Slightly increased 18		
		Diminished 3		
		Normal		
				67
				<hr/> 93

M. Moreau has also called attention to the state of the eyebrows in these patients. He has nearly always found them separated at their inner ends; fifty-one in a hundred lost the normal arch, rising on the forehead or falling on the eye like a moustache. The condition of the eyebrows in Dr. Mobèche's case was as follows:—

Eyebrows	{	Encroaching on the root of the nose 11	} 27
		Leaving the arch 16	
		Following all the arch	
			66
			93

Bulletin de la Société de Médecine Mentale de Belgique. Nos. 1-4, 1873. (Continued from page 136.)

On the use of Restraint.

M. Ingels regretted that Dr. Lentz, in his paper, had not entered fully the question of principle, and proposed, in a few words, to direct the attention of the Society to it.

In consequence of the arrangements in the greater number of their asylums, the physician spends in it at most a few hours daily, resulting in the use of restraint being placed at the discretion of those left in charge of the patients, and being regarded by them as a necessary evil. In England a similar condition prevailed before Conolly, who took the bold step of at once forbidding all restraint in his asylum, an attempt which proved successful beyond expectation, his example having been generally followed throughout England. It is, therefore, an established fact, that the management of the insane is practicable without the use of mechanical restraint. There are, however, certain shadows in the smiling picture which has sometimes been painted of non-restraint.

This word, in its wider signification, is not completely applicable to the system, for often some patient must be restrained, and this is effected either by simple holding, or by seclusion. As to continued manual restraint, its use is unjust to the attendants, and it may be looked for that they will, in time, lose patience, and proceed to acts of violence, and the frequent occurrence of late of broken ribs in English Asylums may perhaps, in this manner, be largely accounted for; it seems better, then, to resort occasionally to mechanical restraint, than to look for an angelic patience in attendants.

The entire disuse of the means of restraint is apparently founded on an exaggerated sentimentality, or an over-regard for the feelings of the patients, many of whom, however, offer a much longer and more determined resistance to manual than to mechanical, while in others the slight shock produced by the use of the latter is beneficial. The following case illustrates this:—

A man found wandering by the police was admitted to the Hospice-Guislain in a state of great excitement, and during the formalities of admission stabbed himself in the neck, wounding the internal jugular vein. Hæmorrhage having been checked by digital compression, and sutures introduced, he remained comparatively quiet for two days, and lost no blood. On the third day he again became intensely excited, and was kept in bed by two attendants, opium and chloral having been administered without effect. In the evening, hæmorrhage having recurred, the strait-jacket was employed, and, though protesting against it, he submitted quietly to its use, and continued quiet. Though afterwards, from time to time, excited, he was always obedient.

It is true that in a similar case restraint would have been employed in England, for its disuse is not so absolute as, at first sight, it appears to be. In the analysis of asylum reports, in the "Journal of Mental Science," Oct. 1873, it is stated that mechanical restraint is adopted in preference to manual in surgical cases, and in cases of extreme violence and determined suicide. Its adoption in the latter class of patients is to be wondered at, for, as pointed out by M. Lentz, it is in it that the worst results are obtained. In England, as in other countries, delirious fever patients are restrained mechanically; why not also the violent insane? While the use of restraint is to be praised, its abuse is to be blamed, and it is better for a patient to move about in the open air partially restrained, than to be secluded with his limbs entirely free. Connected with seclusion there is another difficulty to be met, that of the patients tearing their bedding and clothing, and thus becoming exposed to the cold, and, as yet, no satisfactory mode of dealing with it has been proposed. In such cases it is better to secure the patient in bed, and it is thus that they are dealt with at the Hospice-Guislain.

There is undoubtedly among attendants a tendency to abuse restraint, especially in cases of dementia which are restless at night, and leave their beds, but, still, while here careful watching is to be preferred, the apparently inoffensive patients may create serious disturbance. Forced decubitus is thus a form of restraint which ought to be retained, and, further, its employment permits the use of a urinal, thus preventing the formation of bed sores. What is greatly to be desired is the formation of dormitories with few (from six to 20) beds, where watching could be easily carried out, and a minimum of noise secured; and that this may become practicable the number of patients in one asylum must be limited to five hundred.

M. Le President considered the term non-restraint to be a play on words, for the cell, in that system, took the place of the strait-jacket, a change which, he believed, all present agreed with him in regarding as far from beneficial.

M. Lentz, also, did not accept the term non-restraint. He, however, believed that forced decubitus should be abolished. M. Vermeulen

and M. Ingels differed from him. M. Bulckens thought restraint should be diminished, not abolished, and recommended a form of screw for attaching fetters to the limbs. M. Le President was of opinion that the discussion had shown that the Society was agreed that the limitation, and not the abolition, of restraint was advisable.

After some discussion on the formation of special wards for suicidal and fresh cases, the discussion closed.

PART IV.—NOTES AND NEWS.

DR. BUCKNILL'S RESIGNATION.—THE VISITORSHIP OF CHANCERY LUNATICS.

On the 4th inst. we had occasion to announce the resignation by Dr. John Charles Bucknill, F.R.S., of the office of Lord Chancellor's Visitor of Chancery Lunatics. The circumstances under which Dr. Bucknill has, at a comparatively early age, been under the necessity of resigning so distinguished a position, call for wide and sincere sympathy. For some time his health has been failing, and a prolonged tour on the American continent, undertaken several months ago, has proved insufficient to restore to him the bodily vigour necessary for the performance of his duties; and a strenuous attempt to struggle through his labours, in defiance of his physical impairment, has been followed by his resignation.

It is scarcely necessary to state that Dr. Bucknill, both during his earlier career and while acting as Chancery Commissioner in Lunacy, has done work which commands the respect of the profession. His intimate knowledge of practical psychology, and his great command of general information, have enabled him to produce works on the subject of lunacy and psychology which promise to stand for a time preeminent in the literature of the specialty, even though the department of science is one in which rapid strides are being constantly made. The character of the work which Dr. Bucknill has already accomplished leads us to hope that though physical weakness has compelled him to relinquish duties which involve almost constant travelling, yet rest and retirement may enable him to enrich still further the literature of a branch of the profession of which he is the acknowledged head.—*Medical Times and Gazette*, Dec. 18th.

SUICIDE OF THREE GIRLS.

The self-destruction of three sisters at Florence is mentioned in a letter from that city, published in the "Patrie." Not many days ago Madame Polonio was walking in the evening in the gardens of the Piazza Lipia with her three daughters—Maria, Emma, and Olga, respectively twenty-one, eighteen, and fifteen years of age. They were apparently in good spirits, and not a word escaped them to give the slightest suspicion of the terrible resolution which they had taken. The following morning the three young girls were found lying together on the floor, the still smouldering ashes of some charcoal in a brazier giving sufficient proof of the cause of death. The only explanation that presents itself is that the young ladies had their imaginations excited by mystical and extravagant theories which they had found in some of the books they had read.