

delay means simply to increase the expenses of construction whenever it is taken in hand, as our numbers are daily increasing, and, instead of the Asylum being a Hospital for the treatment of the Insane, it is rapidly becoming a Refuge for the chronic Insane, the patients lapsing, owing to the want of means for their cure, into hopeless forms of Insanity, in which state they will be life-long sources of expense to the Colony."

It is to be hoped that Mr. Seccombe's energy will overcome the obstacles which now exist to the proper care and treatment of the insane under his charge. In this connexion it is unfortunate that the income of the Colony is at present exceeded by its expenditure, but he has our best wishes for his success.

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#### 4. *German Retrospect.*

By WILLIAM W. IRELAND, M.D.

*Hypertrophy and Sclerosis of the Brain in Idiots.*—Dr. Oscar Brückner ("Archiv.," xii. Band, 3 Heft) has made a curious study of the symptoms and pathological appearances found in the brain of an imbecile woman who died in the asylum at Halle. She came of a family visited by phthisis, but free from any neurosis. She was weak-minded from birth, began to speak at two years of age, and to walk about four. She was sent to school at seven years of age, but it was found that she could not learn. There were no epileptic fits till the ninth year, when she experienced a very severe one. After this she had frequent spasms of one or other of the extremities, like the motions of chorea, accompanied by momentary loss of consciousness. There was also a jerking character about her ordinary movements, which had not been noticed before. Her mental powers at the same time became duller. She was more apathetic and indolent. In a few years the convulsions ceased, and the mental faculties became brighter. In September, 1876, after being teased by some children, she passed into a state of maniacal fury, which necessitated her entrance into the asylum. In a short time she passed into a state of dementia. She spoke little, would not dress herself or comb her hair, and was sometimes dirty in her habits. After a year the epileptic movements returned, and she was shifted into the poor-house as incurable, where she died of phthisis in 1880.

On examination there were found general hypertrophy of the brain and numerous hard masses of hypertrophy of the neuroglia scattered over the surface of the cortex, and also affecting the corpora striata, the optic thalami, and the cerebellum. The sclerosed matter was found to be composed of the connective tissue at the expense of the nervous elements. Very few vessels were seen traversing the sclerosed

patches. The fact that this adventitious matter was more abundant in the frontal gyri (the first and third) and the lower part of the median and neighbouring frontal convolutions seems to explain both the diminished mental power and the motor disturbances.

Dr. Brückner cites a somewhat similar case of Bourneville's. This was an idiot girl, who did not speak, and was paralysed on the right side. She had frequent convulsions, which commenced with movements of the muscles of the eyes at the age of fourteen months. At the end of the second year she had a complete epileptic attack. She died in the *status epilepticus* when fifteen years old.

On examination there were found little rounded, whitish, opaque masses of a greater density than the nervous matter of the cortex, amongst which they lay, somewhat bulging above the surface—as M. Bourneville expresses it, a sort of hypertrophic sclerosis of portions of the convolutions. The left side of the brain was more affected than the right. The gyri most infiltrated were the first and third frontal, the two median and the lobulus paracentralis on the right hemisphere. The second and third frontal and the anterior median gyrus were the most affected.

*Cysticercus in the Brain* ("Neurologisches Centralblatt," 15th November, 1882).—Zenker, in a treatise on this subject, has collected fifteen cases of *cysticercus racemosus* since the first case was described by Virchow in 1860. Five of them were noticed in the brains of patients who had died of other diseases, and seven died of the effects of the parasite, four of these quite suddenly. What the other three died of is not mentioned. Some of the cysts wanted the head. These remain sterile. The wall of the bladder is without vessels, and structureless. In five of the fifteen cases, in which the cysts were small, there were no cerebral symptoms; in eight, such symptoms were marked, though variable in character. In the more decided cases chronic arachnitis, and following upon that, chronic hydrocephalus. The duration of the disease varies much. In one case the parasite seems to have remained in the brain for seventeen years. As long as the *cysticercus racemosus* remains small its effects may be unnoticed, but when it increases in size it produces severe functional disturbances of the brain, sometimes complete amentia, and often sudden death.

*Cysticercus* has been found in the spinal cord by Walton, producing symptoms such as appear towards the close of *tabes dorsalis*.

*Cysticercus in the Brain with Insanity*.—“The Irrenfreund,” Nos. 7-8, 1881, contains a description of a patient affected with this rare form of disease. Miss N., 57 years old, had a hereditary neurosis both on her father's and mother's side. She had suffered from hysterical attacks when young, and when about forty-five from mental derangement for several years from which she recovered. About two months before the second attack she was troubled with headache, sleeplessness, and startings in the limbs, which her medical attendant attributed to

hyperæmia of the brain. The appearance of melancholia with delusions of persecution and hallucinations, and an attempt at suicide led to her being put under the care of Dr. Claus in the asylum of Sachensberg.

On admission she was found to have trembling in the arms, and the right pupil was dilated. There was a moderate degree of ptosis of the right eye, and hypermetropia of both eyes. The patient saw a great variety of objects such as threads, pearls, sparks, white bodies like flakes of snow, and coloured streaks flying here and there. She often thought she saw a beam which she felt to descend and lie upon her head. She complained of weakness and giddiness, and was in a state of deep melancholy fearing for her life. The appetite and sleep were good; the bodily functions normal. Hallucinations of hearing and of touch were soon added. She thought she heard threats and reproaches from the people around, and held her companions to be witches. She sometimes said that she tasted poison in her food. After four months she was sent out of the asylum, but soon had again to return. It was noticed that the hallucinations were stronger by lamplight, and were seen more distinctly by the right eye which was sometimes troubled with nystagmus and with the spasmodic closure of the eyelid. She described what she felt in the following manner:—

A pain began in her right eye, the eye ball moved about, then there was numbness in the head, in the fingers and in the whole body, with a distressing and indescribable feeling in the head as if she were losing her senses. At another time she felt as if she had got a blow on the right eye, or as if it would fall out, and there was tenderness at the point of exit of the supra-orbital and the supra-trochlear nerves. Coloured forms floated before the eye like balls of flame, generally of a blue colour. These appearances were sometimes not apparent to the left eye, though sometimes they were visible to it along with the right one. Towards the close of her time in the asylum a right lateral hemiopia was observed. Her intelligence remained good. She had at an early period of her illness lost the power of writing correctly; the words came in wrong order, and she could not keep the lines straight. There was slight paralysis of the face on the right side. The startings in the muscles of the arms and legs gradually got worse, passing into clonic spasms which continued for half-an-hour at a time, so that she would stand up in bed which she found caused them to cease. At last they passed into regular epileptic fits with loss of consciousness.

About four months after her first admission there was partial paralysis of the right arm with diminution of sensibility which lasted seven weeks. Eight months after, following three epileptic fits, there was paresis of the left arm lasting several days. The epileptic fits became very frequent, and she died nearly two years after her admission. The brain was found to weigh 1,350 grammes. Scattered over

the encephalon were found as many as from three to four hundred cysts from the size of a pinhead to that of a bean. They were found to be the *cysticercus cellulosus* of the *tænia solium* with four suckers, and double set of hooklets. Some of them seemed to be undergoing a process of degeneration. These parasites covered the convexity of both hemispheres, but were most numerous on the right side. More than a hundred of them lay on the frontal, parietal and temporal lobes. On the right floor of the orbital portion of the brain there were twelve cysts; on the left there were five. The optic nerves were free; but one cyst lay in front of the chiasma. The cerebellum, and outer surface of the pons, medulla, and spinal cord were unaffected. Some of the cysts were found imbedded in the grey substance of the hemisphere, and even a few in the white matter. The parts around the cysts were hyperæmic, and there was some formation of nuclei observed through the microscope. There was a cyst in the anterior left corpus quadrigeminum. Apparently the brain tissue was not much affected, even in the immediate neighbourhood of the cysts. Dr. Claus observes that though there were a much larger number of *cysticerci* on the right side of the brain, it was not on the crossed side that the convulsions or paralysis were most marked.

*Melancholia, Induced by a Sound in the Ear.*—Tuczek has described ("Zeitschrift," Band xxxviii., Supplement Heft) a case observed in the clinique at Marburg in which melancholia seemed to have been induced by a peculiar sound in the ear. The patient was a lady of twenty-nine who had suffered an abortion with great loss of blood. The melancholy disappeared after the cause ceased. The noise in the ear came on suddenly. The patient compared it to the ticking of a watch or crackling of the finger nails. It was twice as frequent as the pulse and was synchronous with an undulation of the external jugular, but was not influenced by the respiration. The hearing power was not diminished, and the auditory meatus was found free from any foreign body. The tympanum was normal. The patient was unquiet and anxious and sought to attract attention to the distress in the ear. She believed that something was wrong in her head and slept badly. It being noticed that pressure of the tympanum against its posterior wall made the noise cease, the meatus was stuffed, and the sound did not come back when the padding was removed. The mental condition straightway improved, the patient became cheerful and hopeful, sleep returned and her general health became good. In six weeks she was discharged as recovered.

I once observed a case of the same kind in a man wounded in the temporal bone. The sound was like that of the beating of an artery in the ear, or like the heart's sounds applied close to the ear. It used to come on suddenly, sometimes four or five times a day, when the patient would lie on the opposite side till it went away. It caused him great distress, and he much feared its coming on; but there was

no melancholia or symptoms of mental aberration. At last he discovered that it could be stopped at once by closing the nostrils and suddenly taking a deep breath, so as to bring a stream of air through the meatus to strike against the tympanum. In the same way, closing the nostrils and making a forcible expiration would bring it on. It thus appeared to be in some way connected with the convexity of the tympanum being directed outwards.

*Census of the Insane in Prussia* ("Centralblatt für Nervenheilkunde," 15 Sept., 1882).—By the census of 1880, there were found to be in Prussia 34,309 insane persons of the male sex, and 32,036 females; 66,345 in all. By the census of 1871, there were found to be 28,002 males, and 27,041 females; in all 55,043 insane. During these nine years the number of the insane had increased by 20 per cent., and the deaf and dumb 18 per cent., while the sane population had only increased 10·6 per cent. Out of 10,000 persons there were found to be insane —

	Males.	Females.	Total.
1871.....	23	22	22
1880.....	25	23	24
Or one insane person—			
In 1871 out of	443	462	448
In 1880 „	391	432	411

This is a much surer way of knowing whether the number of the insane is increasing than from counting the number of lunatics in asylums, which is influenced by causes quite apart from the increase or diminution of the insane in the population at large; 28·6 of male lunatics, and 28·3 of female ones were in asylums in 1880. The number cared for in these establishments seems to have a connection with the material well-being of the different districts.

It was found in the census that 9,809 males and 7,827 females were born insane, 17,636 in all; and 16,088 males and 16,277 females, 32,365 in all, had become insane afterwards, while this point could not be determined in 8,412 males and in 7,932 females =16,344. The reporter does not tell us whether idiocy in Prussia is increasing or not, though he leaves the inference that it is increasing.

As regards the age of those affected with insanity, there were in 1880 :—

	Males.	Females.	Total.	In 10,000.	In 1871.
Under 15 years .....	4,038	3,110	7,148	7·3 per cent.	7·7 per cent.
15—50 years .....	22,485	19,601	42,086	31·2 „	29·9 „
Over 50 years .....	7,313	8,686	15,999	38·6 „	31·0 „
Unknown .....	473	639	1,112		

Of 10,000 persons professing the Evangelical religion, 24·1 per cent. were insane; of the Catholics, 23·7; of the Jews, 38·9; and of members of other religions, 18 per cent. Of 10,000 persons the Evangelists counted 9·80 per cent. deaf and dumb, the Catholics 10·39 per cent., and the Jews 14·38. Hereditary neuroses seem thus to be commoner with the Israelites.

*Statistics of Epileptics in the Rhine Provinces.*—A statistical table has been made, which is interesting, as it distinguishes the number of the sane and insane among epileptics. It is as follows :—

Department.	Epileptic.	Under 14 years.	Over 14 years.	With property.	No property.	Mental state sound.	Mental state deranged.
Aix.....	687	78	609	87	600	528	159
Coblentz.....	635	72	563	179	456	478	157
Cologne.....	560	94	466	74	486	425	135
Düsseldorf .....	1,048	136	912	209	839	808	240
Trèves .....	530	83	447	79	451	414	116
Total number of epileptics .....	3,460	463	2,997	628	2,832	2,653 or 76·7 per cent.	807 or 23·3 per cent.

*Agricultural Colonies for the Insane.*—At a meeting of the Medico-Psychological Society at Karlsruhe ("Zeitschrift," Band xxxix., Heft 1), Dr. Landerer, of Göppingen, gave an account of the colony of Freihof which has now lasted fifteen years. Those lunatics thought fit and able to work lived in a separate house not quite a mile from the asylum, and under the same management. They cultivated 90 hectares of ground. He had from 30 to 36 labourers out of 350 lunatics, a small proportion. He calculated that 200 lunatics were worth 50 sound labourers. Acute and troublesome cases of lunacy were not employed. The care of cattle was found the best and most profitable occupation. He recommends a hop garden as giving a profitable employment to many hands. After the discussion on Dr. Landerer's paper Dr. Riegen gave an account of what he had seen of the insane colony at Fitzjames, at Clermont (Oise).

*Hyoscyamine in Insanity* ("Zeitschrift," Band xxxix., Heft).—Dr. Kretz has used this drug, originally brought into notice by Dr. Lawson, in many cases at the Asylum of Illenau. Merk's Crystalline prepara-

tion was the form employed; the dose 0.01 of a gramme twice a day. The highest daily dose was 0.03, the highest dose given was 0.05. It was sometimes given in the form of subcutaneous injection. Dr. Kretz finds the following symptoms accompany the administration of hyoscyamine: A feeling of tightness and oppression in the chest, with difficulty of breathing, a diminution in the powers of vision so that they are less able to read or do fine work, and an unpleasant feeling of itchiness in the skin and dryness in the throat accompanied with numbness, giddiness and tendency to stumble. On observing the patient closely it is found that the frequency of respiration is diminished; but from five to ten minutes after the dose the respiration becomes more frequent and slowly returns to the normal standard. In like manner the pulse becomes slower, weaker and smaller, then it becomes more frequent, returning after several hours to its usual rate. The dilation of the pupil becomes visible in about ten minutes. In some cases there was a haze before the eyes; in one the patient saw red and yellow; in another the haze took the form of spectres and devils on which account the hyoscyamine was stopped.

Dr. Kretz thinks that it should not be used when there are hallucinations. He has given it continuously for five months in doses of 0.01 without injury to the general health. He points out that hyoscyamine has both a hypnotic and a calmative effect. It acts both upon the sensorium and on the motor and sensory nerves. The danger of over-doses of the drug consists in failure of the heart's action. Dr. Kretz considers that it acts most favourably where the symptoms of motor restlessness are prominent. It is also useful in soothing maniacal excitement, in chronic mania, and in fits of periodic and circular exaltation.

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##### 5. *French Retrospect.*

By Dr. T. W. McDOWALL and Dr. D. HACK TUKE.

(Concluded from Vol. xxix., p. 598.)

*Compulsory Feeding.* By Dr. E. Régis.

The author appears to be excessively afraid of the dangers attending the passage of the œsophageal tube. To obviate the risk of pouring broth into the trachea and lungs he has invented a tube so arranged that, if by any chance it did get into the wrong passage, the operator would discover his mistake by producing temporary asphyxia. To anyone as nervously anxious as Dr. Régis we would recommend a trial of the instrument, though we are honestly of the opinion that an ordinary tube can always be passed with perfect safety if proper care be taken.

In many cases of refusal of food there is marked derangement of digestion. To cure this condition Dr. Régis recommends the washing out of the stomach with water or some alkaline fluid, such as Vichy