less than a generation seems to have almost doubled, the increase being greater in England than in Ireland, where, owing to the decrease of the population, it might have been expected that the number of the insane would have also declined, but the increase is explained by the fact that, as the diminution of the population has taken place through emigration, the decrepit in mind no less than in body are left behind.

In conclusion, the Inspectors can see no reason to suppose that insanity is actually on the increase, various causes tend to bring its existence into light, principally the establishment of well-organized receptacles for the treatment of mental affections.

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *American Retrospect.*

(Communicated.)

Archives of Medicine. New York. Vol. iv., 12th August, 1880.

In a communication read last June, before the American Neurological Association, by Dr. William A. Hammond, he endeavours to prove that Thalamic Epilepsy is entitled to distinct recognition on clinical and pathological grounds. He refers to Hughlings Jackson's division and definition of epilepsy before proceeding to detail two out of five cases which have led him to these conclusions. Passing by what relates to Hughlings Jackson's ideas, and the reasons for which they are rejected by Dr. Hammond, we will only confine ourselves to the principal facts suggesting that his two examples exhibit no exclusive characters to warrant the hypothesis based thereon, or that they belong to any new variety of epilepsy, inasmuch as their description plainly sets forward nothing but a sensorial aura, very familiar to those practically acquainted with epilepsy. In proof of this, we lay before the reader the essential points and features of the attacks in the two cases selected by Dr. Hammond to exemplify this alleged new kind of epilepsy.

A young woman, about 22 years of age, consulted Dr. Hammond to be treated for "visions" of great variety, which she was in the habit of having every day. There was no vertigo or spasm of any kind. As soon as the hallucinations appeared, and while still conscious, she conversed about their characteristics, and was fully aware of their unreality. Suddenly, a loss of consciousness ensued, but, in a few seconds, she would as suddenly make a few coherent remarks, and would be entirely herself. Usually a seizure lasted from twenty to thirty seconds, of which not more than five seconds were passed in

unconsciousness. Sometimes they had been as long as a minute, but very rarely. There was no hereditary tendency; the first attack had supervened four years previously, after a severe period of study at school; her general health was good, and, thus far, there had been no mental deterioration. The attacks were, however, becoming more numerous, and of somewhat greater duration. Menstruation had begun at fifteen years of age, and had always been regular.

The following is the description of the first attack witnessed by Dr. Hammond:—

"A few minutes after entering the consulting-room, and while she was conversing in regard to some points in her clinical history, she exclaimed—'It has come, and, oh! mother, what do you think it is? A beautiful chair covered with red velvet all spotted with gold stars. It is just such a chair as I suppose is used for a throne. Well, this is the first time I ever had a chair appear to me. I have had rocks and all sorts of animals, but, but, but—' Here her head sank on her breast, her eyes were closed, and her respiration became so quiet that it seemed for the moment to be suspended. There was no extraordinary paleness of the countenance, and there had not been the slightest convulsive movement. In about three seconds she raised her head, smiled, and looked as if nothing of an untoward character had occurred. I at once formed the opinion that the paroxysm was a fraud, and I was indiscreet enough to say so in very plain terms. I told her that she had attempted to deceive me, and I demanded her reasons for so extraordinary a performance. She and her mother both became indignant—justly so, I suppose—and left the house."

They, however, returned after about four months, when Dr. Hammond having, in the interval, had occasion to observe a similar case, became satisfied of the error of his opinion, and that there was an actual morbid entity, with very interesting and characteristic phenomena. The visions in the meantime had continued in an aggravated form, the period of unconsciousness had been much more prolonged and severe, and the paroxysms were of more frequent occurrence.

She was kept under observation, scarcely a day passing for more than a month, during which Dr. Hammond did not see her, and he had opportunities of witnessing seventeen paroxysms. Sometimes they were preceded by a well-marked aura, and this consisted always in a singular sensation, apparently somewhere within the cranium, but not capable of being exactly localized or described. This was never felt until within the last two years. It lasted only a second or two, and was immediately followed by the "vision."

Another paroxysm is described, when the patient saw "a large white bear in motion before her on the carpet. It seemed to be walking slowly to and fro, its head bent towards the floor as if scenting something." Dr. Hammond took out his watch, and timed the duration of this attack. Thirty-five seconds elapsed, and then her pupils

suddenly dilated, and she displayed a series of symptoms similar to those noticed with the previous attack. The only point in which there was any notable difference between them was—in Dr. Hammond's own words—the greatly increased duration of the period of unconsciousness, and he was informed by her mother that frequently this was prolonged to two minutes or more. During this paroxysm Dr. Hammond ascertained that there was complete cutaneous insensibility in the face and hands, he "took up a fold of skin on each forearm just above the wrist, and stuck a cataract needle, which was at hand, through it with a like result." After the attack she looked at both her arms where she had been pricked. A drop of blood was oozing from each puncture. She asked what it was, and then, without waiting for an answer, exclaimed, "You bled me."

She was seized with another attack while Dr. Hammond was making memoranda of the phenomena observed during the one to which we have just alluded, and occasion was offered for new experiments on her case. "While she was walking up and down the floor," so the record runs, "she said that she was going to have another attack, as she felt the peculiar sensation again in her head. She had no sooner uttered the words when the vision came. 'It's a girl this time,' she exclaimed, 'a girl with long auburn hair, and a cap on her head; she looks like a French nurse. I think I will sit down, for if I do not I shall fall as soon as I become insensible,' saying which she quietly sat down in a large armchair. I pinched the skin of her right hand. 'Oh!' she exclaimed, 'I feel that, I am not insensible yet. I see everything in the room, as well as I do the girl who is not here; I can feel the least touch, and my hearing is as good as ever.' I asked her what 'the girl' was doing. 'O, nothing,' she replied, 'she is only standing there in front of the fire-place, looking at me.' I told her to shut her eyes, and then to tell me if she still saw 'the girl.' 'Yes,' she answered, 'just as distinctly as I did when they were open.' At forty-one seconds she became unconscious, and remained in this state for one minute and five seconds; awaking—I say awaking, for her appearance was like that of a person asleep—suddenly and apparently in a normal condition of mental and physical health."

Dr. Hammond tried inhalation of nitrite of amyl, of ether or chloroform, firm pressure on the jugular veins, a band drawn tightly around the head, during the presence of the hallucination, and the further progress of the attack to unconsciousness was prevented. A strong volitional effort proved also a successful measure against the attacks. Bromide of sodium, in doses of fifteen grains three times a day, at once diminished the attacks, and made them altogether cease after a month. Having continued this efficacious treatment for over a year, she considered herself cured, and suspended it. She was then married on December 2, 1879, and on the 5th of the same month, while engaged in household work, had a return of the visions, of much more severe character than she had ever had. There had been

strong convulsive movements and loss of consciousness as accompaniments. Others similar had followed. Her husband, who witnessed several of the attacks, stated that the unconsciousness, instead of, as in the earlier stages of the disease, following the visions, was now contemporaneous with them, if not actually the first in order of sequence; that her face became very red, and that she had no knowledge whatever of the nature of the seizure after the attack had passed off. The spasms were throughout of a clonic character, and apparently equal on both sides. The last vision had been of a very terrifying character, and so far as Dr. Hammond could judge, "the paroxysms were now very similar to those of epileptic mania, and certain forms of what is called morbid impulse, with which neurologists are familiar." The bromide of sodium treatment was resumed, with, in addition, gradually increasing doses of the bromide of zinc, beginning with one grain with each dose of the bromide of sodium. The attacks at once ceased, and, up to the time of the reading of the paper, the patient has remained in excellent health, without even the symptoms of a paroxysm.

In the second case we find the same remarkable effects of the bromide of sodium, in doses of fifteen grains three times a day, to stop completely the *thalamic* seizures from the first day. But, in this instance, we are deprived of any personal examination by Dr. Hammond, who rests entirely on the account given by the patient and his wife, to declare, that "there was no spasm of any kind" during the attacks, which consisted of hallucinations of sight, smell, and hearing, accompanied with numbness, or tingling, or a kind of thrill passing through the right side of the body, and followed immediately by periods of unconsciousness.

Slight local contractions and visceral spasms escape detention very easily, and, consequently, we cannot look upon this second example—so far as it concerns the absolute absence of spasm—with the importance attached to it by Dr. Hammond. Possibly, there might have been fleeting delicate convulsions in the mouth, or in the throat, or in the eye, without attracting the attention of the patient's wife. This should by no means be judged an improbable thing, since, for instance, the convulsive movements of the iris had never been observed by Dr. Hammond himself; for when Dr. L. C. Gray, of Brooklyn, read, at the same meeting of the Association, a paper on the "Pathognomonic Value of a Dilated and Mobile Pupil in Epilepsy," Dr. Hammond at once acknowledged that he had not noticed the point that Dr. Gray insisted upon, but would in future.* Yet, the phenomenon is quite conspicuous in almost every case of epilepsy, and, above all, in *epilepsia mitior*, and in the incomplete paroxysms under consideration. It will not be out of place to remark, incidentally,

* "Proceedings of Sixth Annual Meeting of American Neurological Association," in "Journal of Nervous and Mental Diseases." Chicago, July, 1880, p. 518.

that this contraction of the iris is not a new symptom, as Dr. Gray seems to believe, for it was pointed out first by Dr. Clouston* in 1871, and, under the name of the *epileptic pupil*, has been subsequently described by Echeverria, in its relations to the different attacks, and as a valuable sign to detect their simulation.†

Returning to the first case, there is, indeed, nothing to place it out of the range of the ordinary forms of genuine epilepsy. The singularities described in relation with its premonitory sensorial phenomena, establish no differentiation of an essential character, since they actually constitute a sensorial aura, demonstrated, beyond doubt, by the fact, pointed out by Dr. Hammond, that, as soon as the hallucinations appeared, inhalation of nitrite of amyl or chloroform, pressure on the jugular veins, and even a strong volitional effort, would prevent the threatening fit. This certainly settles the real nature of the phenomena ascribed to this new variety of epilepsy, and it needs no discussion that, however, singular an aura might be, it can never establish, clinically or otherwise, any separate morbid entity of the kind of attack it announces, as assumed by Dr. Hammond.

Otto Binswanger, of Breslau, in his paper on Vaso-motor Epilepsy, relates cases which bear great analogy to the present ones; we might cite several from other authors, beginning by Mercurialis and Portal, and, in Herpin's posthumous work on "Incomplete Attacks," there is the whole Chapter viii devoted to the very kind of paroxysms presented by the young woman treated by Dr. Hammond, and which usually lead to the convulsive fits, and, not infrequently, also to the maniacal, attended, as in this instance, with sudden uncontrollable impulses. In regard to such incomplete attacks, Herpin states: that epileptics with this form of fits beginning by vision trouble, are in much larger number than the aggregate of those with disorders affecting the other senses, and, after describing the different varieties of intellectual disorders and of hallucinations initiating these attacks, he concludes—"To sum up, the whole facts belonging to the category of incipient intellectual disorders, or of sensations in the head, show that complete loss of consciousness immediately followed these *preludes* in the majority of cases. Sometimes a short interval of some sensorial trouble, and very rarely of visceral spasm, or external convulsions, supervened between them and unconsciousness."‡

Moreover, we do not see quite clearly that the first attack of the young woman witnessed by Dr. Hammond was so entirely free from the spasmodic element as he assumes. For a spasmodic rather than a natural condition is pourtrayed when the patient, in the middle of the discourse about her visions, suddenly utters—"but, but, but—as

* The Bodily Symptoms of Insanity. "The Practitioner." London. Vol. vii., 1871, p. 21.

† "American Journ. of Insanity," July, 1873, and "Comptes Rendus du Congrès International de Médecine Mentale," 1878. Paris, 1880, p. 254.

‡ "Des Accès Incomplets d'Epilepsie." Paris, 1867, p. 120.

her head sank on her breast, her eyes were closed, and her respiration became so quiet that it seemed for the moment to be suspended." But, be this as it may, we repeat, that this whole case exhibits nothing uncommon from the regular evolution of genuine epilepsy beginning by incomplete fits preceded by a sensorial aura.

We have already expressed our doubts in regard to the second case, and they arise mainly from the two following reasons. Firstly, the existence of a new variety of a disease based on absence of symptoms acknowledged essential to its manifestations, and which may, besides, be easily overlooked, even by physicians, cannot be sustained on mere unverified assertions of such absence of symptoms by the patient and unscientific persons. And, secondly, because we regard the spasmodic or convulsive element as essential to all the manifestations of the true epileptic neurosis, and capable of being almost always detected by close and attentive inquiry. Furthermore, we may assert, upon careful and extensive comparative study of the premonitory phenomena in relation to the other symptoms of the attacks, that in every case in which they are announced by tingling sensations, or a thrill passing through the limbs to the head, the convulsions are never missing, although they may exhibit a partial, and, so to speak, silent character, limited to the muscles of the throat, the mouth, the face, and now and then to those of the abdominal, gluteal, and cremasteric regions. We are the more positive on this fact that it is very easy to verify it.

It is not our purpose, as said from the beginning, to discuss doctrinal points, and as Dr. Hammond's statements on the morbid anatomical basis of *thalamic* epilepsy are entirely hppothetical, we refrain from arguments on the subject. We will, however, observe, that neither spasms, nor the degree of frequency and extent of cerebral lesions, suffice to constitute epilepsy. The origin of the disease does not essentially spring from the brain or its cortical substance, nor from the organs that may be convulsed, but from the modification excited in the medulla oblongata; or, to be more correct, in its cells connected with the vaso-motor nerves controlling cerebral nutrition. The perturbed nutrition correlative to this morbid irritation, becomes, from the first, incompatible with functional integrity of the nervous elements, and hence the sensorial and mental derangements, which ordinarily accompany the neurosis, and which it would be improper to regard as morbid entities.

We cannot help pointing out a very striking inconsistency of Dr. Hammond in his criticism on Ferrier's views concerning the case quoted from vol. iv. of "The West Riding Lunatic Asylum Medical Reports." If unconsciousness, as held by Dr. Hammond, "is the essential phenomenon without which, in fact, there is no epilepsy," we do not see how he can claim, in support of the doctrines set forth in his paper, a case of epileptiform convulsions attended with paralysis and hallucinations, *without the least degree of unconsciousness.*

Finally, during the discussion originated by the paper here analysed, Dr. Hammond, in answer to Dr. L. C. Gray, asserted that—"there was not a single case on record where a lesion of the optic thalamus was found after death in which there were not hallucinations of sight."* This positive affirmation cannot certainly be granted. The classical paper of L. Türck "Uber die Beziehung gewissen Krankeitsherde der grossen Gehirnes zur Anesthesie," refers to four cases, with autopsies, in which there were lesions confined to the optic thalami, and in none of them mention is made of hallucinations of sight. In the no less valuable contribution on the "Functions of the Optic Thalami," by Crichton Browne, there are several cases in which the phenomenon does not appear noted. Charcot, in his Lectures on "Diseases of the Nervous System," mentions similar instances under his own observation. A case of tumour of the optic thalamus, without any hallucination of sight, observed by Sieveking, has been recently published,† while Hughlings Jackson, and several other eminent authors that might yet be cited, have also reported no less positive examples, which entirely upset the above absolute assertions. On the other hand, cases are by no means uncommon in which hallucinations of sight have existed without any morbid alteration of the optic thalami. Further, they may be completely extirpated without causing blindness, or loss of the pupillary action; and these positive facts strongly oppose the speculations put forward by Dr. Hammond in support of his theory. As to the morbid entity *Thalamic Epilepsy*, much additional light must yet be gained by more definite observations than those presented, before we could with any propriety accept its hypothetical existence.

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2. *French Retrospect.*

By M. Motet, Secretary to the Societé Médico-Psychologique, Paris.‡

Shop-Lifting. (*Le vol aux étalages*). Persons of faulty brain. (*Cérébraux.*) Sudden Insanity. (*Délire par accès.*) A Medico Legal Sketch. By Professor Lasègue. "Archives Générales de Médecine." Paris, 1880.

Professor Lasègue is one of the most respected and renowned chiefs in mental medicine in Paris. At the head of the service of the Special Infirmary of the *Depôt des Aliénés*, at the Prefecture of Police, he unites with a consummate experience of mental affections a pro-

* *Loc. cit.* "Journal of Nervous and Mental Diseases," p. 496.

† "Medical Times and Gazette," Oct. 2, 1880, p. 402.

‡ The following contribution from M. Motet, a distinguished Honorary Member of our Association, forms one of a series which will appear in this Journal.—[Eds.]