

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

water. It is quite possible that in some cases such treatment may be found useful. As to the method in which it should be performed, we would not advise anyone to follow exactly the author's method. He begins by *withdrawing* the acid fluid from the stomach. It would be much safer to inject some tepid water first. All risk of injuring the mucous membrane is then avoided; for should the pump be used when there is no fluid in the stomach, the mucous surface can scarcely escape being injured.

As to the substances which should be used in artificial feeding, the author believes that the addition of peptones to those ordinarily used will be of great value. His experience leads him to believe that these highly nitrogenous matters will be readily absorbed by even the most disordered stomachs.

#### *Clinical Cases.*

I. *General Paralysis in an Imbecile.* The symptoms observed during life, and the lesions found post-mortem, leave no room to doubt that it was a genuine case of general paralysis. It is not by any means as clear that he was an imbecile. The patient's mother was insane. He was born in 1824, became maniacal in 1855, and remained at Charenton till 1860. In 1856 he had a single attack of cerebral congestion. In 1878 he again became excited. He had repeated attacks of cerebral congestion and died of well-marked general paralysis. During the whole of his asylum life he was described as weak-minded.

II. *General Paralysis. Recovery?* The author, M. Mabile, confesses that the case is one of remission of the symptoms, not of genuine recovery. Benefit seems to have followed the use of prolonged baths and setons.

III. *Hallucinations in an Old Blind Man who had been Operated on Twice for Cataract.*

The patient is an old man, 83 years of age, in good health. He is quite aware of the nature of his attacks, which as a rule last about two days and a night, during which time he cannot sleep.

During the attacks he sees himself surrounded by figures which approach him armed with daggers, but they never strike or lay hold of him. Sometimes he seizes the daggers and easily breaks them. One day he fell asleep after an attack with five daggers close to his throat, but without feeling anything. He often sees his bed filled with men, and this explains why he refuses to go to bed when he is suffering from his hallucinations. He has also seen himself surrounded by precipices.

In the intervals between these attacks he has sometimes hallucinations of a different character. He sees, for example, a table on his bed, and several people about to dine at it; he takes cakes and carries them to his mouth, but in doing so he feels nothing in his hand and tastes nothing.

T. W. McD.

*Archives de Neurologie*; sous la direction de M. Charcot, 1883. This excellent journal continues to be conducted with the same spirit which characterised its first appearance. It is frequently enriched with finely executed plates representing pathological changes, as in the number for May, 1883, in which a case of tubercular meningitis of the ascending frontal and parietal is represented, illustrative of the motor centres of the brain. In the same number is a continuation of the series of articles by MM. Charcot and Paul Richer (of which we have given a summary in a previous number) on the study of Hypnotism in Hysteria, with especial reference to the phenomenon of neuro-muscular hyper-excitability. Three propositions are maintained in this paper, viz.: 1. This phenomenon is reflex in character. 2. Its nature is founded upon a special modification of the activity of the central nervous system. 3. The centripetal course of the reflex arc differs from that of the cutaneous sensitive nerves. It is in the subjacent parts that these nerves must be found. It has been proved by Sacs and others that there exist in the tendons and the aponeuroses of the muscles, centripetal nerves which play a special rôle in muscular tonus and the functions of the muscular system. The authors think it rational to suppose that these are the special sensitive nerves through which the afferent influence is conveyed. Thus, when a tendon is tapped, its own nerves are directly involved; if a muscle is struck, the sensitive nerves of its aponeurosis or the muscle itself are excited to action. When pressure on the ulnar nerve causes in the lethargic stage of hypnotism contraction of the hand and forearm, this is not due to the direct mechanical excitation of the motor filaments of the ulnar, but to its sensory filaments, through which the action is transmitted to the medullary centre and thence reflected along the motor filaments to the muscles it supplies.

*L'Encephale*; sous la direction de MM. Ball et Luys. 1883. Many articles of interest appear from time to time in *L'Encephale*, among which, in the number for August, 1883, is a paper by MM. Ball and Régis on the Families of the Insane, being a contribution to the Study of Heredity. Great labour has been bestowed on this investigation, and with valuable results. We summarise what the authors say about general paralysis. These statistics demonstrate that it is not an insanity, and ought not to be classed among mental affections, for it does not originate like them in insanity, and does not engender it. On the contrary, like cerebral disorders not involving insanity, it arises from and propagates these cerebral disorders. It results that general paralytics belong, not to insane families, but to families prone to cerebral affections other than mental; that general paralysis, when hereditary, is not so *quoad* the insane element, but the cerebral one, or, as M. Doutebente says, there is an hereditary tendency to (cerebral) congestions; that consequently general paralytics do not transmit insanity to their offspring, but head affections of various kinds; and that hence the family of a general paralytic would be prone to the

cerebral disorders of childhood and advanced life. Passed the critical period of infancy, such children manifest cerebral excitement in the form of extraordinary intelligence, and, if they survive to maturity, astonish the world by their brilliancy.

*Bulletin de la Société de Médecine Mentale de Belgique.* 1883. This journal, and the Society, maintain their activity. Number 31 contains an important article of 43 pages on the Classification of Mental Disorders, by M. Jul. Morel, the President of the Association. He passes in review a large number of classifications, and ends in adopting, with certain modifications and additions, the principles followed by Guislain in his well-known nosology. Dr. Morel's article should be read by all interested in the classification of mental disorders.

*Rapport à l'Académie de Médecine sur les Projets de Réforme Relatifs à la Législation sur les Aliénés au nom d'une Commission, composé de MM. Baillarger, Brouardel, Lunier, Luys, Mesnet, et Blanche, rapporteur.* 1884.

This "Rapport" was read by Dr. Blanche to the Academy of Medicine on the 22nd of January. Among other matter it contains a flattering reference to Broadmoor, and the hope is expressed that France will soon have its Broadmoor also. Ten propositions close this carefully prepared address, which, coming from a mental physician of Dr. Blanche's experience, will no doubt exert much influence in the deliberations of the Senate on the important question of a change in the French Lunacy Law, which now excites so much interest across the Channel.

D. H. T.

## PART IV.—NOTES AND NEWS.

### THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

The Quarterly Meeting of the Association was held February 5th, 1884, at Bethlem Hospital, at 4 p.m., Dr. Orange, President of the Association, in the chair. There were present—Drs. S. H. Agar, A. J. Boys, R. Baker, P. E. Campbell, Fletcher Beach, J. E. M. Finch, J. R. Gasquet, W. R. Huggard, H. Lewis, H. Rooke Ley, C. Mercier, G. E. Miles, P. W. Macdonald, W. J. Mickle, J. H. Paul, H. Rayner, J. B. Spence, H. Sutherland, A. H. Stocker, D. Hack Tuke, D. G. Thomson, L. A. Weatherly, E. S. Willett, T. O. Wood, &c., &c.

At the commencement of the proceedings, the PRESIDENT referred to the death of Dr. Parsey, Medical Superintendent of the Warwick County Asylum at Hatton, remarking that Dr. Parsey had been President of the Association in 1876; and also that he had completed a longer term of service at one asylum than would probably fall to the lot of many then present. Dr. Parsey went to Hatton in 1852, being the first superintendent of that asylum, and everyone who had visited that asylum knew to what a reputation it had deservedly attained under Dr. Parsey's management. There was one respect especially in