

PART III.—PSYCHOLOGICAL RETROSPECT.

Italian Psychological Literature.

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The numbers of the *Archivio* that have accumulated since the last Retrospect contain many articles of interest, the most prominent of which can alone be noticed.

A Committee of the "*Società Freniatria Italiana*" met in November, 1876, to consider some proposed alterations in the Italian penal code submitted to them by the Government; but the only point which led to any discussion of importance concerned the position of habitual drunkards before the law. Dr. Biffi and others maintained that they should be held less responsible for any crime they might commit when intoxicated than those who were only occasionally drunk; but it was urged, on the other hand, that the State was interested in offering no premiums to habitual intemperance.

The meeting of the Society itself, held last September at Aversa, was opened by the Prefect and the municipal authorities. In his introductory address, the President dwelt particularly on the recent death of two eminent Italian alienists, whose labours have often been mentioned in these summaries:—Professor Livi, who died from over-anxiety during a trial at Leghorn, in which he was engaged as assessor; and Father Salerio, for 35 years the physician and director of the monastic Asylum, San Servolo, at Venice.

At the subsequent sittings various papers of physiological and pathological interest were read, some of which will be hereafter noticed, and interesting discussions took place. It was determined to petition the Italian Parliament in favour of placing such persons as might be found only partially responsible for any crime (a provision of the amended penal code) in asylums and not in prisons. Committees were appointed to inspect the neighbouring asylums and other institutions, and finally to carry on the business of the Society until the meeting of 1878, which is to be held at Reggio.

Drs. Bufalini and Rossi have been continuing their experimental researches in the physiological laboratory of Sienna, and they publish an account of the secondary changes in the spinal cord after division of the lumbar nerves; a subject which Dickinson, Vulpian, and Haylem had previously investigated. The authors find, as the result of nine experiments, that the gray matter of the cord is not affected, but that the white matter is atrophied by diminution in the number of its constituents. This atrophy is most marked in the posterior and lateral columns of the cord, and does not extend above the lumbar enlargement.

Dr. Tebaldi relates a case of primary dementia, which came on gradually in a young man; in which he tried *Indian hemp* as a stimulant. In large doses it produced transitory delirium, with restlessness, but, not being persevered with, the patient returned to his former condition.

Dr. Morselli contributes an elaborate analysis of the statistics of *suicide in the Italian prisons*, of which I can only summarise the main points. These are:—

1. The frequency of suicide and attempted suicide is greatest in prisoners between 21 and 30; while in the population at large its frequency is greatest after 40 years of age. Probably the young feel confinement most.

2. Suicide is committed or attempted more frequently in prison by country people than by townspeople; this is the opposite of the rule for the country at large.

3. Nearly half the attempts of suicide (as is also true of the attacks of insanity) are made within the first year of imprisonment.

4. Twenty-three per cent. only of those who attempted suicide had been condemned to less than five years' imprisonment.

5. Two-thirds of those who attempted suicide had always been reported as well-conducted in prison.

6. The proportion of suicides in Italian prisons is lower than in other European countries for men; but the proportion in women is relatively higher.

7. Suicides are more frequent during the summer months than in winter.

8. There is no evidence that in Italy suicides are more common in prisons on the cellular system than in others.

Morselli is strongly of opinion that Dr. Nicholson rates much too highly the proportion of simulated attempts at suicide to the real ones.

A *new asylum* has been recently built at Voghera, for the province of Pavia, to contain 300 patients. The elevation and plans seem to combine abundance of ventilation with the shade required in a southern climate; but the airing courts are singularly small to our English notions, and the more excited patients are apparently provided with a series of separate courts for each patient, which would be still more strange to us. The building is on the plan of several blocks, eight being provided for each sex, and the patients classified in these.

Drs. Colombo and Pizzi have carefully examined the *specific gravity of the brain* in seventy post-mortems. They find it 1,023 for men, and 1,018 for women; but these figures also vary considerably according to age, the average (for both sexes) being 1,019 up to fifteen years of age, 1,026 between fifteen and forty-five, and 1,017 afterwards. The brains of insane patients vary considerably on either sides of these figures, the lowest they have observed being 1,013, the highest, in one containing many nodules of sclerosis, 1,044.

The eminent physiologist, Lussana, has recently published a

detailed study of the function of the *cerebral cortical centres*. He remarks particularly that in the following points the so-called motor centres in the convolutions differ from the motor centres in the cerebral peduncles, pons, and medulla :—1. Profound anæsthesia and asphyxia prevent the movements. 2. The movements are only produced by electrical, not by chemical or mechanical, stimulation. 3. If the centres are removed, only an incomplete and transitory paralysis results. He concludes that in these cortical centres we have the organs by which the will and the various instincts act upon the true motor centres, and that in the experiments performed electricity is substituted for the voluntary impulse. Professor Palmerini, of Sienna, applies this view to the symptoms of three cases which had been carefully observed during life and after death ; and suggests that incompleteness and variations for better or worse characterise what may be called cortical paralysis, and distinguish it from true hemiplegia. He does not seem to be aware of Dr. Hughlings Jackson's similar observations.

Dr. Gaspare Virgilio gives us the Report of a Committee of the Società Freniatria on the provision to be made for *criminal lunatics* in Italy, of which the main points seem to be the following :—They propose that, instead of having one asylum for the insane criminals of the whole of Italy, two or four smaller asylums should be established in connection with the principal prisons. In this way they think many of the inconveniences of Broadmoor, which they connect with its size, might be avoided, and the patients be more conveniently classified. The primary division they propose is between those who were insane at the time of committing the crime and those who only became so after conviction ; the former class they think should be treated in ordinary asylums as dangerous lunatics, and the latter only placed in criminal asylums. We learn incidentally that the committee believes the number of lunatics confined in Italian prisons to be very large, although there is no precise information on the subject.

The *Rivista Sperimentale di Freniatria e di Medicina Legale* continues to maintain the high character it had established in its two previous years. Much of its contents relates to branches of forensic medicine which do not come within the scope of this notice ; among the other papers, I may remark especially upon the following :—Dr. Adriani has made some experiments on dogs, from which it would appear that the muscular weakness, giddiness, and apathy so often observed during the administration of *bromide of potassium*, are probably due to an admixture of the bromate of potash. He has considerable faith in the curative action of the bromide in epilepsy, but considers it often necessary to push it to $7\frac{1}{2}$ drachms a day, and continue its use for months or even years. Drs. Morselli and Tamburini continue their examination of *idiots*, laying particular stress on the points in which they resemble the inferior races of mankind.

Such are their lesser size, the greater rapidity of the pulse, the foul-smelling cutaneous secretion, a slight varus (so that they stand on the outer side of the foot), and their mode of walking with the body inclined forwards and swaying from side to side. Professor Livi's last essay is upon "*Monomania*," and is principally remarkable for the great clearness with which he distinguishes moral from impulsive insanity, and ascribes the former to an insensibility to higher motives, so that the lunatic satisfies his desires without fear or shame.

Tamburini calls attention to the frequency with which osteomata are found upon the spinal arachnoid in cases of *general paralysis*, particularly when there have been symptoms of ataxia or paraplegia during life. In a clinical lecture on the same disease, he adds another explanation to those which have been previously suggested to account for the inequality of the pupils; he ascribes it to irritation, ending in destruction, of a cortical motor centre which governs the movements of the iris.

In 1876 one Carlino Grandi was tried at Florence for the murder of four boys, whom he had enticed into his shop in a Tuscan country village, and killed with such secrecy that he was not suspected until passers-by heard the cries of a fifth child whom he was about to strangle. The man had all the appearance of an idiot; he was perfectly bald; though twenty-four years of age, there was no sign of puberty, and his mind was equally ill developed. His object in putting the children to death seems to have been to revenge himself for their jests on his personal appearance. His insanity was testified to by three experts, and by the Governor of the gaol; yet the Court sentenced him to twenty years' penal servitude.

Among the numerous articles of interest in the *Rivista Clinica* of Bologna, there are only a few that concern us. Dr. Raggi gives a detailed account of the relations of *pyrexia* to insanity. He does not throw any light upon the temporary improvement which so often in chronic lunatics accompanies febrile diseases, or the permanent cure which these sometimes produce. But he shows, by their diversity, that the pyrexia is the one efficient factor in such cases; and he suggests that probably the good results of violent counter-irritation may be due to the fever with which it is accompanied.

He also gives a description, based upon three cases, of a variety of insanity, which he terms *clithrophobia*. This is the exact opposite of Westphal's "*agoraphobia*," the patient being alarmed at being confined in any room, and becoming violent in consequence. When analysed, this seems to be based upon some morbid sensations or apprehensions of difficulty of breathing when shut up in a narrow space.

In a third article, he suggests that the *epileptiform attacks* in the course of general paralysis and other forms of insanity may be due to stasis in the meningeal veins, which he has observed post-mortem in two such instances. He considers that when the meninges are

thickened any slight disturbance of the circulation from mental excitement or constipation would suffice to cause this.

Considerable attention has been devoted of late in Italy to what is called the "patronato," *i.e.*, finding suitable provision and occupation for patients who are discharged recovered from asylums. In Venice, in particular, F. Salerio's last work was to establish workshops and a home for patients who had recovered, but who did not wish, or were not suited, to return at once to the outer world.

PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

A Quarterly Meeting of the Medico-Psychological Association was held in the Hall of the Faculty of Physicians and Surgeons, Glasgow, on Friday, 15th March, 1878. There were present—Drs. Yellowlees, Gartnavel; Robertson, Glasgow; McLeod, Carlisle; Cameron, Lochgilphead; Ireland, Larbert; Clouston, Morningside; Wallace, Greenock; Rutherford, Lenzie; Prof. Gairdner, Glasgow; McLaren, Larbert; Skae, Ayr; Fairless, Bothwell; &c.

Dr. ROBERTSON in the Chair.

Dr. CLOUSTON read a paper by Dr. Turnbull, Morningside, on a case of "Hallucinations of Four of the Special Senses." (See p. 97, Jan. No.)

Dr. ROBERTSON said—The case is one of a class which, at all events, in large cities, is rather common. It is certainly, however, not usual to find so many of the senses affected in the same person, though I have seen similar cases. There is an occasional feature observable in hallucinations, particularly so far as my experience goes, when these are due to alcohol—they may be unilateral. This applies specially to the organ of hearing: the imaginary voices may be heard only in one ear, or in one much more than the other. This peculiar condition is most common where the cause is acute alcoholism, though I have met with it in cases of the chronic form of that disease. These one-sided phenomena in the sphere of mind correspond, I think, to unilateral convulsions and hemianæsthesia in ordinary bodily disorders. In addition to the tendency to suicide referred to in the paper, there is occasionally a disposition to homicide. In Dr. Turnbull's case, it is somewhat exceptional that the hallucinations of sight should be secondary to those of hearing; they usually arise first, or simultaneously with those of hearing.

Dr. IRELAND said—I think it would be a useful subject for research for many of our members to ascertain what is the anatomical substratum affected in these cases. Hallucinations implicating four of the special senses would indicate a diseased condition of a considerable portion of the nervous tract which is set apart for conducting impressions received from the periphery. Dr. Ritte, in a recent paper, has tried to prove that hallucinations are due to disease or irritation of the optic thalami. This theory is based upon the researches of Dr. Luys, who thought he had found nuclei lying near one another in the optic thalami, in which the impressions of the different senses are elaborated. It would be interesting to know whether this has been confirmed by the observations of any of our members.

Dr. YELLOWLEES thought this case a very typical illustration of the "Insanity of Intemperance." It is singular, when the special senses were so fully involved, that the sense of smell was not implicated. Such patients very frequently complain of unpleasant odours and poisonous gases. Sometimes they seem possessed by a universal suspicion, and all the information derived through