

author the explanation of his own doctrines and ingenious outlines. The passages here adduced are marks, without which this analysis would have proved insufficient to their clear understanding. That which is, above all, most striking with them is, their fruitful aim to introduce into mental pathology the process of investigation ordinarily employed for the study of other diseases. To ascribe to individual dispositions, to moral influences, a preponderant part in the genesis of mental affections is a very dangerous mistake, and, without denying the share which properly belongs to psychology, it is but just and in conformity with our scientific tendencies, to direct our inquiries to the disclosure of the cerebral lesion. If we cannot always detect it, there is, however, reason to assume it in every case. Actual facts beyond which we cannot go, do not teach us anything, and the conclusion to which we are forcibly led is—that we must indispensably become acquainted with the whole cerebral biography of the patient to arrive at a proper understanding of mental alienation.

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### 3. *Italian Retrospect.*

By J. R. GASQUET, M.B.

The first paper in the "Archives" is the conclusion of a very practical article of Prof. Verga's, on the care of the insane in private families as compared with asylums. Our readers will be amused to find that asylums built in separate blocks are suitable for England, "where the thick and perpetual clouds increase the need of air and light, and where the love of isolation is a trait of the national character;" but, beyond this, there is nothing that I need quote.

Prof. Maggiorani has attempted to account for the connection (which he believes to be a very close one) between *phthisis and hysteria*, and the other neuroses, by suggesting that in both states the compounds of phosphorus are ill-assimilated and too freely excreted.

Prof. Stefani, of Ferrara, gives some interesting details of the results of destruction of the *semi-circular canals*; whether from disease (as in a cock he had the opportunity of examining), or from vivisection in pigeons. As might be expected, this is followed by atrophy of the cells of Purkinje in the cerebellum, to which he ascribes the violent torsion of the head to the opposite side, which occurs some time after the destruction of the semi-circular canals on one side. The posterior convolutions of the cerebellum at the same time undergo fatty degeneration; but this he considers is due to the manner in which these birds frequently strike their heads. He proposes to investigate, by further experiments, which cells of Purkinje correspond to each semi-circular canal.

Dr. Bonfigli makes a very detailed examination of Prof. Lom-

broso's work on *Pellagra*, which was formerly reviewed in this Journal. He concludes that there is no sufficient ground in supposing pellagra to be due to a fungus in the maize, but rather that it is a disease of chronic inanition, owing to the Italian peasantry having often no other food than Indian corn, which is insufficient alone to support life. This is a return to the views expressed by the Mantuan Commission, which Lombroso had opposed. He also (it may be remembered) looked upon arsenic as a specific for pellagra; and Bonfigli agrees with him so far, that it is the most valuable means for improving nutrition in that disease.

Dr. Porporati describes eight cases of what he terms "*pseudo-athetosis*" occurring in the insane, by which he means that continual repetition of certain movements, which is familiar in melancholic and demented patients. These phenomena appear to be more akin to rhythmic spasm ("Romberg's static spasm"), than to athetosis; but in any case they deserve further notice than they have received, and it is for this reason that I refer to Dr. Porporati's cases, which are too few (being, moreover, accompanied with no post-mortem observations) to supply any satisfactory explanation of their nature.

Professor Verga gives an interesting account of *David Lazzaretti*, a poor Tuscan carter, who (it may be remembered) founded a communistic religion, of which he was the prophet. He gained some followers, but excited the suspicion of the Italian Government, and was finally shot, while leading a procession, by the police in 1878. From the details collected of his life, it appears that his paternal uncle had suffered from religious insanity, and that he was himself of markedly insane temperament. He had three visions, at distant intervals, in his early life, but was not "converted" by them until 1868, when he went to Rome to relate them to Pius IX., and afterwards published them in his native country. His hallucinations of sight and hearing, always bearing on religious matters, and on his own prophetic office, became more and more frequent, and led the police to look upon him as an impostor. Prof. Verga has no difficulty in showing that this was not the case; and the particulars of his visions are well worth comparing with those of Swedenborg, and others who have suffered from the same form of insanity.

Dr. Raggi has treated two cases of melancholia, accompanied by extreme anæmia and exhaustion, with the *introduction of defibrinated blood into the peritoneum*, as recommended by Ponfick. The blood was passed, by means of a funnel and elastic tube, into a canula which had been introduced as in the operation of paracentesis: no serious results occurred, and considerable improvement in each case rapidly followed.

In the "*Rivista Sperimentale*," Dr. Maragliano gives the results of some very careful experiments on the *hypnotic action of lactic acid*. His conclusions are—that it has no effect if administered soon after a meal (probably because it is then employed in digestion), or imme-

diately before going to bed. But it does appear to produce sleep if given three or four hours before bed-time, in the dose of 8 to 10 grammes of lactic acid, or 12 to 15 grammes of lactate of soda. Even so it only produces sleep in quiet, melancholic patients, not where there is any restlessness or excitement. In these larger doses it causes disturbance of the stomach, is very costly, and is inferior to any of the recognised hypnotics. Contrary to Jerusalemsky's belief Dr. Maragliano does not find it assists the action of morphia.

Drs. Riva and Seppilli give an account of *the intercurrent diseases of the insane*, which they have further developed in the "Annali Universali di Medicina," for last year. The following are the most interesting points in this very minute and careful study. In *pneumonia* the temperature generally follows the ordinary rule; but it is occasionally higher in the morning than in the evening; or, it may be, hardly above the normal; or, again, defervescence may be very slow and irregular. *Pulmonary gangrene* is not associated exclusively with melancholia and refusal of food; our authors rather look upon it as due to septic embolism. In three cases they had the opportunity of observing there was no fetor of the breath or gangrenous expectoration. The course of the temperature was the same as in septicæmia, rising rapidly to 105° or 106°, and then falling irregularly. Out of 19 cases the left lung was affected in 10, the right in 7, and both in 2. *Phthisis* causes 9 per cent. of the mortality in Italian asylums, and is, on the whole, much more frequent in states of depression and mental weakness than of exaltation. Our authors differ, however, from Dr. Clouston, who believes it to be most common in dementia; they consider his statistics are fallacious, because based upon the condition of the patient at the time of death. By taking the mental state on admission as their basis, they find that 41 per cent. of the patients dying of phthisis were melancholiacs, and only 22 per cent. demented. But they agree with him in remarking that the absence of many of the characteristic signs of phthisis in lunatics has been exaggerated, and that it often follows a typical course. The temperature is almost invariably pyrexial in some period of the disease, but it is usually not above 100° or 102° at night, returning to normal in the morning. This, and the loss of weight, are the two chief symptoms which should suggest phthisis in an insane patient. *Acute and chronic enteritis* are more important in Italian than in English asylums, causing about 10 per cent. of the mortality.

Dr. Bonfigli concludes his very elaborate essay on *Moral Insanity*; the ruling ideas in which are, that it is not a true species, but a complex state, dependent on various conditions of enfeeblement; and that the irresponsibility thus brought about is sometimes only partial.

Dr. Riva states that in a large proportion (30 out of 117) of lunatics examined with the ophthalmoscope, the *choroid* is found to have undergone alterations that are characteristic, of which the most notable are segmentation (ordinarily a senile change) and lessening of

the amount of pigment in the choroid and retina. These alterations are most frequent in those forms of insanity that run an irregular course, and they are apparently connected with the rapid changes that take place in the intra-ocular circulation.

Professor Silvestrini enters at length into the *pathology of epilepsy*, and criticises the various theories—vaso-motor, reflex, and cortical—that have been suggested to explain it. He is able to make a serious breach in the first of these—for all vaso-motor change implies some previous change in the nervous structure of the vaso-motor centres—but it will hardly be thought his own view is happier than those he seeks to displace. He replaces one unknown term by another still more unknown, when he says that epilepsy is “the expression of an apparently tensive state of the nervous system, produced by a stimulus which may start from any point therein, but which most frequently originates in the cortex cerebri, and especially in the motor zone in cases of partial epilepsy.”

Drs. Buccola and Seppilli have made some important experiments on the modifications of sensibility which may be produced by external agents, bearing upon *metallotherapy*, on the one hand, and *hypnotism* on the other. Their results coincide in the main with those already published by other observers. Thus, in healthy subjects, they found zinc plates, mustard-leaves, and solenoids increase the tactile, thermic, and electrical sensibility of the part, while etherization diminishes it; in most cases “transference” to the corresponding side of the body takes place. They eliminated the influence of expectant attention by experimenting on decapitated frogs, when they found the application of a metallic plate greatly increases reflex excitability. Their experiments in cases of hemianæsthesia contain nothing new, except that they found sometimes the sensations of heat and of pain return, while those of cold and of ordinary touch are still absent. They connect this fact with the view that the former class of sensations are transmitted through the grey matter of the cord, while the latter pass up through the posterior columns. After examining the various theories that have been proposed, they conclude that none are sufficient to account for all the phenomena, though they evidently lean to Schiff's view, that the molecular movements of some bodies are in unison (so to speak) with those of the nervous system, and thus exalt its sensibility.

Professor Tamburini writes on the *nature of hallucinations*, which he believes to be invariably due to some morbid excitement of the sensory cortical centres (of peripheral or central origin), analogous to the excitement of the motor centres which produces epilepsy. He quotes four cases, with autopsies, in support of this view, from English journals, and gives one of his own, in which there had been vivid hallucinations of all the senses during life, and after death the convolutions which Ferrier considers to be sensory, were found to be softened and destroyed by a tumour.

Dr. Venturi has returned to the old *treatment of insanity by revulsives*. In a case of choreic insanity he believes that an issue cured the patient; and, in four cases of general paralysis, he produced considerable improvement (especially as to the motor symptoms) by putting a seton in the neck, and rubbing croton oil into the scalp.

The *Societa Freniatica Italiana* held its annual meeting at Reggio in September. We have not yet received any report of the proceedings, but it would appear, from the account of a preliminary meeting in April, that some of the members desired to alter the constitution of the Society, so far as to combine medical jurisprudence with its more special objects.

A new periodical is announced—"Archivio di Psichiatria, Antropologia Criminale, e Scienze Penale," edited by Professors Lombroso and Garofalo. We have not yet received a copy of it, but hope, in the next issue of this Retrospect, to give some account of it to our readers.

## PART IV.—NOTES AND NEWS.

### THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

A Quarterly Meeting of the Medico-Psychological Association was held on Wednesday, Dec. 1st, at Bethlem Hospital, the President, Mr. G. W. Mould, in the chair. There were also present:—Drs. Herbert Major, G. H. Savage, D. G. Thomson, H. Rayner, Fletcher Beach, W. H. Platt, James Stewart, Robert Boyd, G. M. Bacon, Hack Tuke, Crochley Clapham, W. J. Mickle, W. E. R. Wood, W. R. Huggard, D. Bower, T. H. Lowry, O. Jepson, W. Eager, C. S. W. Cobbold, G. H. Pedler, A. H. Stocker, and E. S. Willett.

The following gentlemen were duly elected members of the Association, viz. :—

H. Case, M.R.C.S., Medical Superintendent, Leavesden, Herts.

Thos. Morgan Joseph, L.R.C.P., Medical Superintendent, Gladeston, New South Wales.

R. Battersby Scholes, M.B., C.M. Ed., Medical Superintendent, Callan Park, New South Wales.

W. B. Kesteven, M.D., St.A., Little Park, Enfield.

In accordance with the notice given on the agenda, Dr. SAVAGE introduced the subject of "The Nomenclature of Insanity." He said that members of the Association would be aware that the College of Physicians was about to make alterations in the nomenclature of diseases, and Dr. Bucknill and himself had been placed on the committee for naming mental diseases. Both Dr. Bucknill and himself felt that it would be well that they should be assisted by any gentleman who had any points to suggest for consideration. In the present nomenclature there was much that was faulty to a degree; certainly it must be remembered that it was not meant at all to be a scientifically exhaustive classification. It was to be used, as the preface said, "in England and all countries where the English language is in common use" for the registration of disease, and would consequently apply more to the registration of deaths from diseases than anything else. It would be quite out of the question to have an exhaustive nomenclature, but a careful examination of the present one would readily show that the principles upon which the diseases were classified were faulty. To begin with, it was said in the introduction that the classification was intended to be upon an anatomical basis. The words