

The book from which we have culled the foregoing annotations on matters so little known in this country, is agreeably written and abounds in sensible remarks on the treatment of the insane. There is indeed one chapter in it of which no notice has been taken, not because it is deficient in useful suggestions, but on account of its subject being alien to that for which we especially introduced the treatise to the notice of our readers; we mean the last chapter, which is occupied with the author's views of asylum construction, and with the plan proposed by him to meet the requirements of the official programme for the intended asylum for Madrid.

J. T. A.

PART III.—QUARTERLY REPORT ON THE PROGRESS OF PSYCHOLOGICAL MEDICINE.

I.—*Foreign Psychological Literature.*

By J. T. ARLIDGE, A.B. and M.B. Lond., M.R.C.P. Lond., &c.

Journal de Médecine Mentale.—The numbers of this journal for October and November, 1863, contain some notices of cases of cerebral disease in which the speech had been lost. To signify this state of speechlessness, the term "*aphemia*" has been coined, and the hypothesis started by M. Auburtin and others, is that this condition is always associated with a lesion of some sort of the anterior lobes of the brain. In his examination of this hypothesis, M. Auburtin analyses recorded cases of lesions so situated, and finds them in favour of it. Instances, few in number, but contrariwise, are explained away, but the curious fact remains that in all the cases referred to, one only excepted, the lesion existed on the left side, and again, that in one example quoted where the disease was on the right side of the anterior lobe of the cerebrum, the speech and mind were unaffected. The particular portion most remarked upon as the seat of morbid change in *aphemia* is the third frontal convolution. In the November number following an interesting case in illustration of the hypothesis in question is detailed by M. A. Foville. It was that of a woman suffering from chronic mania, who had a sudden attack of hemiplegia of the right side with complete loss of speech, from occlusion of an artery, and in whom extensive disease was found after death in the right hemisphere, particularly in the vicinity of the fissure of Sylvius, and also extended to the third frontal convolution. Three other illustrative cases follow by MM. Cassimir Pinel, Bourneville, and Delasiauve. In M. Pinel's record it is not stated on which side the lesion was found, but in that of M. Bourneville it was on the left, whilst in that of M. Delasiauve, it was, as a sort of exception, met with in the right hemisphere.

In the September number of this journal, Dr. Semelaigne commenced some literary essays on the opinions and practice of the ancients in insanity, from the time of Hippocrates, which have been since continued, and will be found interesting to the student of the history of medicine. The same writer

has followed up his remarks on "the Differential Characters of Pathological Error," commenced in the June number. They are of a psychological and general character, and do not admit of analysis. The same may be said of M. Delasiauve's able essay on partial delirium, read at the meeting of the Medical Congress held at Rouen, in October last, and printed in the number of the 'Journal de Médecine Mentale' for that same month.

Dr. Berthier discusses, in the December number, the manifold advantages of employment to the intellectual, moral, and physical condition of the insane, under all forms of their malady. He justly denounces uniformity or sameness of employment as irrational: "Variety (he writes) is the balm of sadness, and monotony is, in the case of females, often mischievous." It seems unnecessary to remark that sedentary occupations must be varied by walks out of doors. This is the teaching of common sense, and yet, like many other similar lessons, it does not receive the consideration it demands in not a few asylums. There is a disposition to form patients into gangs of labourers or artizans, and to extort regular monotonous work from them day by day, with little relaxation. Thus it is a practice in some institutions to collect female patients as laundresses, and exclusively occupy them at the work almost all the week, and to make matters worse, these hard-working people are in some places kept apart from other inmates; the nature of the employment in which they are engaged being substituted for the character of the disease they suffer from as the basis of their classification in the establishment.

As M. Berthier rightly observes, employment is a means of treatment of great value, when placed exclusively in the hands of the physician, who should make use of it in promoting the cure, and as auxiliary to medical agents. He advocates the right of the patients to a share in the profits of their labour, and fixes the mean of this share at one-sixth of the net earnings of an individual. Where the gain from labour is comparatively large, he would reserve one-half for the patient, to be given to him at the time of his discharge. Patients discharged, who have not been profitably occupied might receive the portion earned by others who have died in the asylum. This scheme of dividing the profits of labour performed by patients between them and the institution, would greatly derange the system pursued in this country, although when it is considered that the workmen are *patients*, placed in an asylum on account of a disease, and for the purpose of having that disease treated, and further that no compulsion can legally be exercised, the plan must be considered equitable.

In the same part of the 'Journal de Médecine Mentale' is a notice of the deplorable state of the prison of la Roquette, in Paris, in which young criminals are confined on the 'solitary system' in cells. In 1859, the Minister of the Interior reported the imprisonment of 9893 persons under age, of whom 1304, were in the department of the Seine. The majority were uneducated altogether, and 205 only had decent parentage. The remainder were illegitimate, orphans or foundlings, mostly born amongst the worst classes of society, and almost all scrofulous or rachitic, and it might be added, unsound in cerebral organization. The cellular system was adopted for children in 1830, and M. Darin reports the transfer of 33 of the boys to the Bicêtre, sufferers from insanity or from epilepsy, and in broken down bodily health, and he draws a comparison between the unhappy inmates of La Roquette, and the same class of criminal children in the country penitentiaries where this cellular system is not in use, and where employment and exercise are secured for them. Another argument in favour of the latter institution is, that instead of the recommittals after discharge equalling 33 per cent., as at La Roquette, they are only 11 per cent.

The members of the Medico-Psychological Society of Paris maintained an animated discussion of the subject of the partial responsibility of the insane at the several meetings, commencing in March, and continued until the end of July last year. This discussion is largely reported both by M. Delasiauve in his journal, and also by the editors of the 'Annales Médico-Psychologiques.' This much debated subject was examined in the January number of this journal, in a notice of an excellent essay by M. Bri  re de Boismont.

Dr. Berthier continues his series of papers on the management of asylums, and in the February number of the 'Journal de M  decine Mentale,' enters on the subject of the purposes of cells or single rooms as means of treatment. He objects to M. Renaudin's general denunciation of such rooms, and then falls foul of English practice with respect to them, having picked up the notion from reading that seclusion in single rooms is the panacea in this country against all the turmoil and irregularities of the insane, and the substitute for mechanical and manual coercion. It is so lamentable that these foreign asylum superintendents should persevere with these oft-refuted objections against non-restraint, and not inspect for themselves English institutions with a view of acquiring a personal acquaintance with what is actually the practice in them.

Annales M  dico-Psychologiques.—The July, September, and November (1863), divisions of this excellent journal are in our hands. The original articles are, "On a Special Diagnostic Sign between an attack of 'Essential' Insanity, and the delirium accompanying or even preceding Typhoid Fever," by M. Dumesnil; "First Lecture of a course of Comparative Psychology," by Professor Chauvet; "On Amaurosis and inequality of the Pupils in Progressive General Paralysis," by M. Billod; "On the Medico-agricultural Colony of Leyme," by M. Bonnefous; "On the General Responsibility of the Insane, and on their Partial Responsibility," by M. Bri  re de Boismont; "On the Colony of St. Luc," by M. Auzouy and "On the Asylums of Russia," by M. Herzog. Besides these there are a notice of the works of Aubanel, by M. Thore, and several medico-legal reports. The essay by M. Dumesnil, though particularly devoted to the diagnosis of mental disorder in typhoid fever from "essential" insanity, contains references to other forms of sympathetic and symptomatic insanity, and particularly to that variety dependent on intestinal irritation, or on a subacute form of enteritis. Several cases of this sympathetic mental disorder are given both to show that the prognosis is in such generally favorable, and to illustrate the fact of the occasional manifestation of the intestinal malady subsequently to the mental. This circumstance he explains by supposing that the abdominal lesion is overlooked, the attention being preoccupied with the cerebral disturbance, and by arguing that "the critical phenomena, in a large number of cases of mental disorder, are really nothing else than the termination of a visceral malady of some sort that has commenced in an indistinct manner, and been slow in its progress; that in ordinary enteritis the precursory symptoms and intellectual disturbance, when this latter occurs, are at times of rather long duration, whilst with respect to follicular enteritis the contrary holds true."

The character of the mental disturbance is not constant when due to intestinal lesion, but the form of insanity assumed, does not affect the prognosis, as Dr. Loiseau supposed. The delirium accompanying or preceding typhoid fever is commonly of a maniacal though occasionally of a melancholic type attended with illusions and hallucinations, and its character as a sympathetic condition is usually sufficiently clear. Its being mistaken for an attack of "essential" insanity is most likely to happen when hallucinations and illusions are present, and the febrile and visceral phenomena

are latent. Such mistakes are, it appears, not unfrequent in the French asylums, a certain number of patients being admitted every year, in whom the delirium is only a complication of typhoid fever. The proportion would be larger, were it not that whilst the necessary preliminary steps to admission are being taken the delirium subsides, or its true nature is apprehended. Yet not only is the transfer of a typhoid patient to an asylum prejudicial, but the misapprehension of the actual disease is productive of mischief by delaying the proper treatment of fever. To obviate such errors M. Dumesnil asserts that in typhoid fever albumen will mostly be found in the urine, its quantity being in direct proportion with the gravity of the disease, whilst in acute mania and in meningitis, this deposit is not met with.

The colony of St. Luke in connection with the asylum of Pau was commenced by Dr. Auzouy, the superintendent of the asylum, in 1860, at a farm of 20 hectares (about 60 acres), in the immediate vicinity of the town. The need of such means of out-door employment was particularly great, inasmuch as the asylum, containing nearly 400 patients, is situated within the town of Pau, and occupies a very limited area. The number of patients transferred to the farm was at first only five, but in 1862 was increased to 22. But besides these constant residents a detachment, as large as possible, is sent to the farm every morning from the asylum, returning at night. This detachment includes both males and females, the latter being employed in weeding and in gathering fruit and other products of the soil. Moreover, those who cannot work are taken for a walk or drive to the estate, as a means of diversion to their minds and a source of interest, and although it is unenclosed by any fence or wall capable of opposing the attempt, escapes have been very few.

M. Auzouy bears gratifying testimony to the excellent results of this plan to the entire institution; the stronger inmates of the town asylum are eager to be sent to the farm to work, whilst to those labouring under severer mental disorder and particularly those suffering depression, this annexe operates most advantageously by diverting and arousing them, and lessening the feeling of seclusion and restraint, which chafes the minds of so many upon their first admission. Its "therapeutical advantages" are equally apparent; during the two years this agricultural colony has been in operation, almost every one of those discharged cured has been a labourer there, and "the number of solid and durable recoveries has been sensibly augmented."

These happy results would of themselves well repay the cost of this addition to the Pau asylum, but the superintendent is enabled to show that the scheme is also a source of profit. At the close of the first year, indeed (as might be expected, where a fresh organization was to be carried out, and various preliminary expenses incurred), there was a balance against the farm of some 7000 francs; however, the accounts at the end of the second year showed on the contrary a net profit of 3450 francs, and this, notwithstanding the large item of 2000 francs paid as rent for the farm. For it may be stated that the resources of the asylum did not admit of the purchase of the estate at once, but it was taken on a lease for six years, with the option of purchase at the end of the term at a prearranged price.

M. Auzouy follows up his description of the annexe of the Pau Asylum by an excellent chapter on the different modes of colonization for the Insane. He accepts the conclusion of the commission appointed to examine and report upon the system at Gheel, that this plan is not desirable, and he then points out the advantages and disadvantages of an annexe separated by some distance from an asylum, as in the instance of his own establishment. Among the latter the principal one is the want of the same directing and supervising agency in the annexe at all times, as in the parent institution; a deficiency not to be supplied by a subordinate officer. Another objection is that,

though patients frequently like the change from one place to another, and some tire of a continued rural abode and employment, yet the transfer to and fro is attended with trouble and inconvenience, especially in bad weather. The plan, therefore, M. Auzouy regards as the best, is the immediate connection between the farm and the asylum, not indeed, a coalescence of the two, but the maintenance of the former as an establishment *extra muros*; and he is now taking steps to carry out this plan by the erection of a new asylum close to the farm, to replace the objectionable town institution. Moreover, with the view of providing for certain pensioners (the private patients almost invariably found in foreign asylums) for whom the common life of an institution is undesirable, he proposes to build some cottages on the estate for separate residences.

It would be a happy thing for the inmates of our London Hospital of St. Luke, if M. Auzouy's example were followed, and a farm at a moderate distance from the metropolis obtained, where certain of their number might be employed, and enjoy a purer and more life-giving atmosphere than they can do in the existing confined limits of the hospital, surrounded as this is with a dense population. Even if the funds of this London Hospital for the Insane are insufficient to bear the expenses of removal and rebuilding, and even if, as some assert, there are advantages accruing from its urban situation, the acquisition of a farm is surely practicable, and the employment of the patients, if not positively profitable, as it is in most instances, would be an immense boon to them physically, mentally, and morally,—a sufficient result surely for an institution which occupies the position of a public charity.

The Asylums of Russia.—A brief account of these asylums, almost unknown to English physicians, is given by M. P. Herzog, and is well worth notice in these pages.

In all the principal provincial towns of Russia there are public hospitals which include sections for the insane, but the principal special asylums are found at St. Petersburg and Moscow. The St. Petersburg asylum is some two or three miles from the city, on the Peterkoff road. It was founded in 1832, and contained, in 1862, 400 patients, of whom 160 were women and 140 men. It is about to be enlarged, so as to accommodate 100 more inmates. It is under the control of the Imperial Council, presided over by Prince Peter of Oldenburg. One of the members of this Council is appointed chief director, whilst the medical service is under the inspection of the Inspector-General of the hospitals of St. Petersburg. The immediate superintendence is lodged in the hands of a chief physician and of a manager. The former has three assistants, besides two internes, and the latter two; the one acting as steward, the other in enforcing the regulations (*le service de la police*). The patients are divided into six sections, under the surveillance of three attendants, with two assistants each, whilst there are ten other servants in each section to wait upon the patients and to keep the apartments clean, and two to superintend employment. The annual charge of the asylum reaches 392,000 francs.

Besides this large special establishment there are at St. Petersburg sections for lunatics in three of the public general hospitals, including the clinical hospital of the Academy of Medicine, and further, three private asylums.

At Moscow the asylum accommodates 200 insane of the two sexes, and is under the direction of a chief physician, with two assistants and an interne. There are also a small institution (*asile de police*) for 100 lunatics, and a private asylum.

There is, moreover, a public asylum for 150 patients, in course of construction at Kasan, the plan for which has been produced by a commission of asylum physicians and architects, formed under the auspices of the

Director of the Medical Department of the Interior. The physician who has been appointed as the superintendent was commissioned to visit the asylums of other countries, and to introduce whatever improvements in internal arrangements and organization he observed for the benefit of this new institution.

At Riga are a small public hospital for 25 male and 25 female lunatics, and a private asylum. At Dorpat and Vilno public asylums are in progress of construction; the one at the former city is to be used for giving clinical instruction in lunacy. In Finland are two receptacles for the insane; a maison-de-santé at Helsingfors, and an asylum for incurables.

The mental disorder of Pellagra, in its relation to medical jurisprudence, forms the subject of an excellent article by Dr. Legrand du Saule, in the 'Gazette des Hôpitaux,' of which an abstract is given in the 'Annales Médico-Psychologiques.' The following are the conclusions arrived at:

1. Among the victims of pellagra whose minds are disordered, the delirium frequently undergoes a transformation in type, but the impulse to homicide and suicide persists, and therefore serves the purposes of diagnosis. 2. The psychological disorder precedes, in some instances, the alterations of nutrition and the cutaneous phenomena, and this circumstance, especially if the pellagra be sporadic, is liable to lead the medical jurist into errors which only long-continued observation can obviate. 3. The insanity of pellagra, when clearly pronounced, absolves the patient from criminal responsibility for his acts, and also vitiates his civil proceedings, his contracts, gifts, and the disposal of property by will.

The subject of pellagra, its etiology, symptomatology, diagnosis and treatment, has been selected for a prize of considerable amount by the Academy of Sciences.

The introductory lecture on 'Comparative Psychology', by M. Chauvet, will be read with interest, as also will the excellent essay by M. Brière de Boismont, on the general responsibility of the insane, the contents of which are in the main similar to those of the brochure on the 'Legal Responsibility of the Insane,' analysed by us in the previous number of this journal.

On Amaurosis and inequality of the pupils in progressive general paralysis, is the topic of a clinical essay by M. Billod in the November number of the 'Annales Médico-Psychologiques,' by which he hopes to supply a deficiency in the history of that disease as generally portrayed. Among 400 cases of general paralysis which have come under his observation, in the course of twenty years, he has only thrice seen weakness of vision advance to total blindness, and hence it would appear that amaurosis is a rare consequence of that malady. Nevertheless, the inequality of the pupils, observed in at least one-third of the cases of general paralysis, would seem to indicate an alteration of the retina behind the dilated pupil and impaired vision. However, M. Billod tells us that this dilatation frequently exists without any alteration of vision in paralytics, although indissolubly associated with such an alteration in true amaurosis. To explain this apparent enigma he appeals to the physiology of the eye, and shows that the iris, not being sensitive to light, is solely acted upon in a reflex manner from the impression of light upon the retina being conveyed to it by the third nerve. Experiment proves that irritation of the optic nerve produces the same effects upon the iris as light does when it falls upon the retina, and that, if by section of the third nerve communication with the encephalon is interrupted, the pupil is motionless under the influence of light upon the retina, as well as under the effects of direct irritation of the optic nerve. Hence in amaurosis the immobility of the

iris is a consequence of paralysis of the retina, whereas in general paralysis, where, notwithstanding the integrity of the retina, there is dilatation of one or of both pupils, this dilatation is owing to some lesion directly affecting the third nerve, either by paralyzing it or else, as where there is inequality of the pupils, by over-exciting it on one side the brain. This latter interpretation is sanctioned by the fact that the dilated pupil in cases of paralysis is not usually at the same time immovable.

In those instances of general paralysis where there is more or less complete blindness along with inequality of the pupils, it must be concluded that, besides a lesion affecting the motor power of the third nerve, there is also one involving the retina or the optic nerve. So that in such cases the immobility of the iris is dependent on two causes,—the one indirect, a consequence of an alteration of the retina or optic nerve, inducing paralysis; the other direct, operating immediately upon the oculi-motor nerve in its distribution to the iris.

The congestive state of the brain, which constitutes one of the essential pathological characters of general paralysis, can produce amaurosis only indirectly by its destructive effects upon the cerebral structure in general, and by its extension to the optic nerve, of which it seems, from the autopsies of paralytics, to produce atrophy, and therefore an asthenic form of amaurosis.

Where inequality of the pupils precedes amaurotic blindness, the loss of sight is commonly complete. In one of M. Billod's cases unequal expansion of the pupils preceded the loss of sight, and lasted for some time after entire blindness, and was finally replaced by unequal contraction. By producing dilatation by means of belladonna, it was seen that the action of the motor nerves of the iris was still unequal on the two sides, notwithstanding the destruction of sight. Both in this example likewise and in one other—both cited at large by M. Billod, the progress of the amaurosis was very slow. At times obscurity of vision is noticed at the outset of paralysis; at others it appears in the later phases of the disease; whilst in others again it has been known to precede the development of the paralytic symptoms.

The principal anatomical lesion discovered in the two cases of general paralysis he specially examined, was an alteration in structure of the optic nerves and commissure, and of the optic tract, in conjunction with the changes commonly observed in that malady. In both instances also the convolutions were small, as M. Parchappe also remarked in his case No. 248, a circumstance which M. Billod accepts as indicative of general atrophy of the brain, of which the atrophy of the optic nerves represents one degree. The pathological changes are minutely detailed in the two cases referred to in illustration of this paper, and in two parallel ones recorded by M. Parchappe.

Asylum of Leyme.—Besides a medico-legal report, the remaining original article of the November number consists of a detailed history and description of the *Asylum of Leyme*, in the department of the Lot, by Dr. Bonnefous, the Assistant-Physician of the establishment. It is in the form of a letter to M. Jules Falret, the reporter to the Paris Medico-Psychological Society on the system of Gheel, but it is too long for a lengthened notice in the present number of the journal. The chief characteristic of the asylum would seem to be the greater licence allowed its inmates abroad in the fields and in the neighbouring village, which its isolated position renders more feasible than would be the case with most asylums. Seclusion in a single room is resorted to as the severest means of repression where confinement within the building fails; but in some instances the camisole is used, the patient being at the same time allowed exercise abroad, under surveillance. No means of repression, however, are allowed to be exercised except by the medical men. There is no compulsion to labour, but it is left entirely to

the will of the patient to employ himself or not, and to continue or remit work. When he prefers it he can wander at large in the vicinity of the asylum buildings, servants of the institution being located at various distances around it for the purposes of supervision. Escapes are rare. During the twenty-eight years it has been established only four unfortunate events have transpired, viz., the pregnancy of one female from the unfaithfulness of an attendant, two suicides, and the burning of a building-shed. The first occurrence was soon after the opening of the asylum, and the last-named took place eight years ago. The licence allowed in respect to employment extends also to food; the patients have no allotted measured portion, but partake of whatever is provided, and are unlimited as to quantity, excepting, indeed, those for whom a particular dietary is ordered on medical grounds, who are separated from the rest at table, and the idiotic and demented who require a limit to be imposed upon their appetite. With respect to clothing, the rule is to have a uniform dress, and is only departed from in exceptional cases.

Patients who are removed from other asylums to this one at Leyme, and reported as unmanageable or dangerous, are found, under the influence of almost perfect freedom and of the absence of restraint, to be no longer so, but to become quiet members of the general society of the place. The truth appears to be that the insane become quieter and more manageable the greater the freedom given to them, and the more they are intermingled with other people. At Leyme the insane and the sane live together as members of one family, having a common interest in the well-being of the establishment. Unlike Gheel, the liberty in this asylum allowed to a patient can at once be curtailed under the direction and supervision of the medical staff, and no such brutalities as have been brought to light in the former place in the detached cottages, can take place in the latter, where an active surveillance is carried on.

Throughout his letter Dr. Bonnefous refers to the conclusions arrived at by M. Jules Falret respecting Gheel, and contrasts his own institution with that famous colony, pointing wherein they resemble and wherein they differ, discovering in the differences prevailing evidences of the superiority attaching to the former. This communication will therefore be read by much interest at the present time, when the system of village colonies for the insane occupies so much attention.

In this same number for November is an abstract of the proceedings of the last meeting of our English Association of Medical Officers of Asylums, which is to be continued in the next number of the 'Annales,' and may therefore call for comment hereafter. The notice is written by Dr. Dumesnil, who is well qualified to write it, by having some personal acquaintance with English asylums, and being therefore less likely to stumble on that "rock of offence," the system of non-restraint as understood and carried out in this country.