

have no report to submit from the inspectors of any inspection made by them in 1880, and as the same has been the case for some years back, it appears to me only right that I should supplement the absence of such documents by reports of visitors to the asylum in the last three years; and as these reports are very generally from persons of experience in asylum management, and many of them well-known authorities, I hope the institution will not suffer in its character from the want of official reports."

It would be well if, in next year's report, Dr. Lalor explained the reason of the inspectors omitting to visit the Richmond Asylum. To persons non-resident in Ireland such a state of affairs appears inexplicable. The management and general condition of Dr. Lalor's institution are so well known that they may fairly be said to be above criticism. It is nevertheless absolutely necessary, for the satisfaction of the public conscience, that all Irish asylums should be inspected by the proper officials.

(To be Continued.)

2. French Retrospect.

By J. G. McDOWALL, M.B.

(Continued from Vol. XXVII, p. 601.)

Visit to some Lunatic and Idiot Asylums in Holland. By Dr. BILLOD.

This paper contains not only an account of some of the Dutch asylums, but a short *résumé* of the system of management and inspection. Their condition and arrangements appear to be good, and are very favourably spoken of by Dr. Billod. None of his remarks, however, call for special notice here, except one, which is an amusing commentary on the opinions of those who see in Gheel and similar colonies the perfection of asylum treatment. When at the Utrecht Asylum he saw two private patients who had escaped from Gheel in order to return to Utrecht, where they had formerly been under treatment.

The method of secluding violent patients in places very like cages is most objectionable. Most persons will agree with Dr. Billod that restraint is preferable to such a method of treatment.

Clinical Study of some features of Lypemania. By Dr. H. MABILLE.

This paper is divided into two sections. The first is devoted to observations on the pulse, respirations, temperature, and arterial tension; the second to the loss of sensibility of the digestive canal.

Part I.—Writers differ as to the condition of the pulse and temperature in melancholiacs, and rightly so, for according to circumstances which Dr. Mabile points out and explains, they vary

independently of the mental symptoms. He believes he may conclude from the observation of ten cases, the details of which are carefully given, that in the different forms of lypemania there are not only differences in the delirium and its intensity, but also in the activity of the locomotor apparatus. He accordingly divides his cases into three groups :—

1. Lypemaniacs without suspension of locomotion.
2. Lypemaniacs with incomplete suspension of locomotion.
3. Lypemaniacs with almost complete suspension of locomotion.

What are the conditions of the pulse, &c., in each group ?

In the first, the maximum temperature was 37·5, the pulse 92, and the respirations 20. Arterial tension normal. The minimum was 37·1, p. 64, r. 16. The conditions were in short normal. The delusions were not powerful enough to suspend the bodily activity of the patients, who worked, walked, &c., very much as if nothing ailed them.

In the second group, comprising the patients in whom the bodily activity was partially suspended through the powerfulness of the delusions, the results were :—

T.—Maximum	...	37°	Minimum	...	36·4°
P.	„	64	„	...	52
R.	„	14	„	...	12

Arterial tension increased.

The third group includes those patients whose life is entirely passive. They never move voluntarily, never speak, eat little, or require to be fed. In them the following results were obtained :—

T.—Maximum	...	36·5°	Minimum	...	35·9°
P.	„	60	„	...	48
R.	„	13	„	...	9

Arterial tension much increased.

The author therefore concludes that the essential symptom in such cases is the existence or non-existence of active movement. To it he would attribute chiefly, but not entirely, the variations in temperature, circulation, respiration, and arterial tension, for in proportion as the motility diminishes the changes indicated arise. The same changes occur in health, and in diseases where bodily exercise is limited. The blood is imperfectly oxygenated, the circulation is thoroughly embarrassed, chemical changes throughout the body occur slowly and imperfectly, and as a necessary consequence the temperature is lowered.

It is very important to observe that whilst the frequency of the pulse is diminished, the arterial tension is increased. This exactly coincides with the law formulated by Marey that the frequency of the pulse is in inverse ratio to the tension. He showed that during the absence of muscular effort the pulsations diminish in number and the arterial tension increases, whilst that after muscular exercise the frequency of the pulse is increased and the tension diminished.

He does not wish to exaggerate the importance of the motor phenomena in the production of disorders of the circulation and calorification in lypemaniacs, and is careful to point out that they alone do not explain some of their symptoms. Two cases are thus given in detail. In the first there was complete anæsthesia of the whole surface of the body, and pricking with a pin was not followed by the escape of a single drop of blood. In the other there was anæsthesia of the left side (non-hysterical). Pricking with a pin failed to produce blood on that side.

In both cases the contraction of the vessels of the skin was due to irritation of the vaso-motor nerves; muscular movements were almost suspended; the pulse and temperature diminished; the arterial tension increased; and in the first there was marked increase in the temperature in the rectum. In health the rectal temperature is only a few tenths higher than the axillary, and in ordinary cases of lypemania the same thing is observed; but in the last case mentioned the difference was excessive. At the *post-mortem* examination great congestion of the viscera was found, due, in Dr. Mabile's opinion, to the driving of the blood from the periphery to the central organs.

In concluding this part of his paper, he briefly refers to, and opposes, the ordinarily received opinion that melancholic stupor is due to cerebral œdema. Then some exceptional cases are noticed, in which, anæmia being the chief symptom, there are rapid cardiac movements, though the pulse is small, almost imperceptible. The volume of blood is diminished; the quantity propelled by each cardiac contraction is small, and of necessity the heart must act more frequently.

Again, it is not unusual to observe in lypemania of the "anxious" form, violent movements of the body with great pallor of the face. There is intense precordial anxiety, respiration is tumultuous, the heart's action rapid. Along with acceleration of the pulse, there is enormous increase of arterial tension. Cyon's experiments explain these apparently exceptional cases.

A very important conclusion follows from the facts set forth by Dr. Mabile, viz., the result of the increased arterial tension in lypemaniacs. It is evident that the heart, having increased obstacles to overcome, must exert extra force, and, like all organs in such circumstances, it must become hypertrophied. Cardiac hypertrophy in melancholiacs has been pointed out by many writers—Esquirol, Bayle, Calmeil, and others. They attributed the mental state to the diseased state of the heart. But the fact is that, in place of being primary, the hypertrophy is secondary; and the more powerful the constriction of the vessels, the greater will it be. Further observations are required to confirm this, if correct, most important conclusion.

Part II. deals with the loss of sensibility of the alimentary canal in lypemaniacs. It does not equal in importance and interest the

portion we have given so fully, and it will be enough if his conclusions are reproduced :—

1. Besides peripheral anæsthesia, there is frequently in lypemaniacs, chiefly in those who refuse food, a partial or complete sensory paralysis of the alimentary canal, and its presence may be diagnosed with a fair amount of precision.

2. This paralysis appears to follow refusal of food.

3. Nervous exhaustion through want of nourishment, and the sudden distension of the stomach by alimentary substances (introduced by the stomach-pump), appear to be the chief causes.

4. This state of anæsthesia prevents assimilation, diminishes the forces of the patient, and, in spite of the ingestion of sufficient food, allows the continuance of the feeling of hunger, which, again, combined with the state of anæmia, increases the patient's mental symptoms.

5. These results may be avoided by prompt artificial feeding, the food being introduced slowly.

6. *Tr. nucis vomic.* will prevent constipation, and when anæsthesia is present, pepsine, nervous stimulants, and electricity will overcome it in the majority of cases.

Visit to the Asylum of Pedro II. at Rio de Janeiro. By M. F. JOUIN.

This is probably the only asylum in the world directed by an emperor. It appears to be a pet institution of the Emperor and Empress of Brazil, and they take an active interest in all that concerns it. The site is grand, the building admirable, and the furnishings, &c., luxurious.

It contains between 330 and 350 patients, and though so small, is the only asylum in Brazil, an empire of about 5,000,000 people, with a capital containing 500,000 inhabitants. Is this exceedingly small number of lunatics to be attributed to the heat of the climate or to influence of race? M. Jouin thinks to the latter chiefly. He was much struck by the small number of negro patients. Rio contains about 250,000 negroes, but there were not more than 1 in 7 or 8 in the asylum, and these were idiots. He saw only one maniacal negro. More remarkable still, there was not a single representative of the Indians in the asylum. The great bulk of the patients were Europeans of recent importation, or those whose family residence in Rio went back one, two, or three generations. It appears, therefore highly probable that race, more than civilization, is a highly important, though, perhaps, remote, factor in the causation of insanity.

Acute cases predominate. Out of 203 males, 141 laboured under some form of mania. Only six were general paralytics, and they were of recent European importation.

The medical staff is large. There is the medical director; a physician and an assistant have charge of the males, and the women are equally well cared for. Another physician specially and ex-

clusively attends to intercurrent diseases. Then there is an apothecary and his assistant. In the asylum of Pedro II. there must be abundance of time for the medical staff prosecuting original scientific work.

“*La Folie a Double Forme.*” By Dr. BAILLARGER.

Only the first half of this paper has appeared, and it is devoted entirely to settling rival claims of priority in describing this form of mental disease. To the men engaged in this dispute it may be of surpassing interest, but to most workers in medicine events of thirty years ago are apt to fail in commanding attention. It will be well to wait for the appearance of the second half of the paper before attempting to condense what is already published.

Clinical Cases.

1. *General Paralytic with Hæmatoma of the Ear and Purpura Hæmorrhagica.* By M. J. CHRISTIAN.

The patient had been a professor of languages in England. He had been at Charenton about three and a half years when some symptoms of scurvy appeared; the gums became fungoid, and bled, and treatment was not quite successful in stopping the hæmorrhage. Then a hæmatoma developed in the left ear, and at the same time characteristic purpuric spots appeared on the trunk and elsewhere. Two months afterwards, when these symptoms had disappeared, he died in an epileptiform attack. Nothing special was found at the *post-mortem* examination.

2. *Case of rapidly fatal General Paralysis.* By M. MABILLE.

For about three months the patient appeared occasionally distraught, but was able to attend to his business. Suddenly he became acutely melancholic, refused food, &c., and died in six weeks.

3. *General Paralysis.—Cysticercus in the right cerebral hemisphere.*
By M. BAILLARGER.

During life there was no special feature of interest except that there were repeated incomplete attacks of right hemiplegia. Various lesions more or less common in general paralysis were found in the brain; and in right hemisphere, at the union of the posterior and middle lobes, above the corpus callosum, there was a hydatid cyst, equal in size to the end of the little finger, generally transparent, but presenting at its extremity an opaque and solid white spot about nine millimetres in diameter. The vesicle was attached to the internal surface of the membranes, and was situate between them and the grey substance which it had depressed. M. Brocq examined the specimen microscopically, and demonstrated a cysticercus. The head had the double range of hooks and the four suckers, which leave no doubt as to its nature.

4. *Cases of Remission in General Paralysis after prolonged Suppuration.* By M. J. CHRISTIAN.

The author gives the history of two general paralytics, in whom all symptoms, except slight dementia, disappeared after prolonged suppuration. From the observation of such cases he concludes that the early symptoms of general paralysis should be treated by setons, blisters, cauteries, &c., in fact by all the remedies which establish a lively revulsion to the periphery. In both cases the mental and motor symptoms disappeared together, a fact he considers as supporting his theory that the motor symptoms are secondary and consecutive to the mental state.

Medico-Legal Cases.

I.—Case of M. K., who demanded his immediate discharge from an asylum, on the ground that he was sane and illegally confined. In consequence of this demand, he was, in Jan., 1878, transferred to the asylum at Rennes to allow of his mental state being reported on.

M. K. had first been placed in an asylum in Sept., 1874, and was then found to have delusions of persecution which rendered him dangerous to his family and others. In 1878 he was 54 years of age, tall and well-built. His head was small but symmetrical. His tongue and hands were tremulous, and there was some loss of power in the muscles of the legs and trunk. His hands retained their full power. There was analgesia of the whole cutaneous surface. Questioned on the subjects of his delusions, M. K. was at first very reticent, but eventually declared his belief that his wife and children were plotting with his brother-in-law and his wife's aunt to deprive him of his goods, and that his wife was guilty of immorality with her brother and son; but, as a rule, his accusations were vague and confused. His memory was good, and apart from his delusions, his intellectual powers appeared normal.

The father of M. K., one of his sisters, and a niece had all suffered from delusions of persecution, and his eldest brother committed suicide. For years before being placed in an asylum he had been very intemperate.

After full investigation of all the facts of the case, and prolonged observation of the patient himself, it was concluded that he retained his delusions, was still dangerous to his friends, and ought to be detained in an asylum. His demand to be set at liberty was accordingly rejected.

II.—Case of Josephine Citoleux, charged with insulting a clergyman, with breaking fences, and with theft. In Dec., 1878, J. C. went to the house of the vicar of the parish, and after insulting him grossly, had to be removed by the police. Much excited at the time, she was examined by a medical man, who certified that she suffered from a monomania of persecution. Next day she became calm, and

in a few days was set at liberty. In Feb., 1879, she entered the court of the vicar's house, and broke some glass, and being further strongly suspected of having committed a robbery, she was again imprisoned.

In 1870 J. C. had been charged with setting fire to the house of her parents, and two years later was convicted of theft. In Jan., 1874, she was again convicted of theft, and in the same year was certified as insane when on trial for a similar offence. In April, 1875, she was again on trial for theft, and was again acquitted on the report of a medical man, but was sent to prison a year later on a similar charge. Imprisoned again in Sept., 1877, she was, for the eighth time, arrested in Feb., 1878, and the present inquiry as to her mental state was instituted.

J. C. had at all times been badly behaved, disobedient, and untruthful, and had, at different times, been certified as suffering from various forms of mental disease. Her father was a drunkard, and committed suicide, and one of her cousins had been for years in an asylum.

Direct Examination.—J. C. is 22 years of age, under middle height, and though well nourished, is pale and anæmic. Her thyroid gland is enlarged. Her palate is irregular in shape, and her teeth obliquely planted. Her speech is defective, and the two middle toes of her left foot are joined throughout half their length. She menstruates irregularly.

After admission to the asylum her behaviour was on the whole good; but on one occasion she was detected stealing. Questioned on her previous life, she persistently denied all actual crime, but admitted having on one occasion been unjustly convicted. She frequently asked to be removed from among the excited patients, and feigned illness to gain her end.

In April, at her menstrual period, she attempted to escape, but having injured her foot, was recaptured.

Conclusions.—1. The girl Citoleux is a degenerated being of very weak mind and greatly perverted morals.

2. Such being her condition, her menstrual periods produce a state of excitement, during which she is compelled to commit acts of which she is unconscious, and has lost freedom of will.

3. She ought to be considered irresponsible.

4. On account of repeated offences, which she will not fail to repeat, the accused ought to be kept under continual supervision.

III.—Case of F., accused of attempt to murder. The facts are as follows:—On the evening of the 19th Oct., 1877, the vicar of the parish of Saint-Germain-Louviers, whilst returning home, was shot at by a man whom he passed. Having on various occasions received threatening letters from F., he informed the police of the affair, stating whom he suspected. F. was arrested, and soon admitted his guilt; but accused the vicar of being unduly intimate with his wife, and of attempting to poison him.

On examination F. was found to be a man of 38 years, but looked 45. He had an expression of sadness, but smiled when spoken to, and replied readily. His memory was good; but he often digressed from the topic of conversation. He readily admitted having shot at the vicar, and appeared surprised when it was suggested that he was of unsound mind. F. had a brother who became melancholic, then demented, and died in an asylum.

F. had been a workman in the cloth manufactory. He married at the age of twenty-three, and lost his wife, to whom he was much attached, in 1870. Having two children, he wished to marry again, but was refused by the woman to whom he paid his addresses. After his wife's death F. began to drink, and soon after his second attempt at marriage he removed to Elbeuf, partly because his fellow-workmen teased him. Soon after his removal he married again, and lived comfortably with his wife for two years. At the end of that time he became restless and suspicious, and suffered from hallucinations of hearing. At first he told his wife he was afraid she was unfaithful, then that he was sure she was, and later, believing that she and her mother put poison in his food, he ate nothing at home. His hallucinations of hearing continuing, he left his home, afraid that his wife and her mother would stab him in his sleep, and wrote threatening letters to the vicar demanding a large sum of money from him. He also wrote an account of his life, recording his hallucinations. During this period he often changed his employment, his work being badly done, and he was regarded by his masters as weak-minded.

Conclusions.—1. F. is a chronic lunatic, suffering from delusions of persecution.

2. His illness dates long anteriorly to the crime.

3. The attempted crime was due to his mental state, and he is not responsible.

4. The nature of his ailment renders him a dangerous lunatic, and in the interest of public security, he ought to be detained in an asylum.

IV.—Case of A. J., accused of murder and wounding. A. J. was admitted to the hospital of Beaufort on the 20th May, 1878. On the night of that day he had three epileptic attacks, on the following night two, and on the third night one. Next day, on being pressed by one of the sisters to take his food, he suddenly attacked her with a knife, wounding her and two other sisters who came to her assistance. He then rushed into the women's ward, and stabbed patient after patient, until overpowered by the police. One woman died of her wounds almost immediately, and many of the others were dangerously injured.

Examined by a magistrate the same day, A. J. soon became excited, and was sent to the prison at Bauge, where on more than one occasion he became very violent, believing that people were trying to shoot him. When questioned on the crime he had committed, he had no recollection of it.

A. J. had been epileptic for twelve years, had been a heavy drinker, and more than once obviously insane. He was now reported as irresponsible, dangerous, and requiring constant supervision in an asylum.

V.—Case of Jaques C., accused of murder. J. C. settled in the village of Tessonières in 1849. He was a farmer, worked hard, and saved money. He lived unhappily at home, but was popular out of doors. More than once his first wife had to take refuge in the houses of her neighbours, and on one occasion he seriously injured his idiot child with a hammer, because its crying annoyed him.

Married again to a quarrelsome woman, his life became intolerable, and his wife often told her friends that some day her husband would kill her, while J. C. himself repeatedly declared that he would kill either his wife or her sister. J. C. at this time was looked upon as being eccentric, and was described by his mayor as a good worker, but of feeble mind, easily angered, and occasionally deranged mentally. He became low-spirited at intervals, and would then refuse to work, and then his wife would upbraid him as being lazy. On one such occasion, seeing his wife seated with her back to him, he suddenly seized a hatchet, and striking her blow after blow on the head, killed her almost instantaneously.

Immediately after the crime he appeared happy, and as if relieved, and directed his daughter in various matters of business. He told all who came that he intended to kill his wife, and now he had done it, as she made his life miserable, and accused him of being lazy. He appeared quite unconcerned, and invited his visitors to drink.

On being questioned, J. C. denied having heard voices urging him to murder his wife, or that he was overcome by an irresistible impulse. He had no delusions of persecution, and five minutes before the crime he was not thinking of it.

Conclusions.—The medical commission conclude that J. C. suffered from an intermitting form of insanity; that this malady, which, in favourable circumstances, might have remained latent, had been aggravated by unfavourable circumstances, and by the violent character and bilious temperament of the accused; that little by little his moral sense had become enfeebled, and the idea of murder arisen; and that consequently, an attack of derangement occurring, he had committed murder. The act was too sudden and too incautiously done to be regarded as really premeditated, and must be looked upon as an intense insane idea, immediately acted on. In his frequent lucid intervals, J. C. might have guarded against his impulses to commit murder by flight or by a judicial separation, and he must therefore be, in a slight degree, held responsible for his act.

Alleged Irresponsibility of Alcoholic Criminals.

The discussion was opened by M. Dalby with a long and interesting address. Beginning by quoting the belief of Joseph de Maistre

that human justice is the voice of God Himself, and His representative on earth, and that punishments are various forms of expiation, and represent Divine vengeance, he points out that this belief is still, to a great extent, held and acted on, even by magistrates. Criminal law should, however, be regarded as a safeguard of society, and not as an instrument of Divine vengeance, for our ideas of the just and unjust are variable, and so consequently are our judgments of human acts.

The 64th article of the penal code says "there is neither crime nor offence when the prisoner was in a state of insanity at the time of the action, or when he was constrained by a force which he was unable to resist." No discussion is possible on the second part of the legal excuse for crime. The force implied is a material force. If it was otherwise, if the law-giver had wished to speak of a psychological force, of a subjective moral constraint, he would have entered on a metaphysical domain where no judgment is possible. It might be said that on every occasion the act is accomplished by aid of an irresistible force, for the act being accomplished, no one can know if the agent was able or not to resist his impulse. Further, it is probable that under the name of insanity, the law intended to include not only the condition characterized by complete incoherence of ideas, but every kind of totally unconscious mental state.

Insanity excuses crime, and places it in the category of accidents, and in its presence moral and legal responsibility cease to exist. Nothing is clearer, nothing more just, for in the state of insanity, of absolute unconsciousness, and in the total absence of judgment, intent, design, or aim, there is no probability that the accidental circumstances in which the crime was committed will recur, and consequently, society is, under the protection of a simple superintendence of the insane person, sufficiently guarded. For it is necessary to recollect that justice does not punish, and that its object is not to punish, but to protect society and to improve the guilty.

If then the text of the law and the temper of modern society are to be respected, the number of irresponsible criminals will be very limited, and the protection of society urgently demanding the sequestration of criminals, the more or less fictitious degrees of their responsibility will be disregarded, provided that they possess consciousness and judgment. But it is not thus. Departing in the most extravagant fashion from the text and spirit of the law, returning to demoniacal fictions, or plunging in the mysteries of nebulous metaphysics, certain philosophers, certain medical men, believe it right to interpose all the errors of absolute justice in human judgments.

Thus, little by little, during the past half-century, partial insanities, monomanias, epilepsy, alcoholism, hysteria, and many other states perfectly compatible with habitual reason, have enlarged the field of irresponsibility. Frightened themselves by the easily foreseen consequences of this extension, its originators have established the

doctrine of partial responsibility, discussed in the Medico-Psychological Society in 1863. Since then that doctrine has been largely accepted, not only by specialists, but by the public. It thus frequently happens that to avoid the infliction of capital punishment, juries recognise extenuating circumstances, and to such an extent has this been carried, that on an annual mean of 200 cases of murder, the number of capital sentences have gradually diminished from 31 in 1872 to 21 in 1876, while in 1878 only 8 of these sentences were carried out.

This leads to an increase of crime. When a man rebels against the social peace, it matters not why; he overturns established order, and must be prevented from doing so; prison or asylum, it matters not; what is essential is that he be restrained; for life if necessary, or it may be by the deprivation of life. If a man be insane, his insanity should be evident to the judge, and he should not be brought to trial. Once before the bar of justice, all should be held equally responsible.

As the result of an inquiry into the condition as regards alcoholism, of 32,837 criminals in Germany it was ascertained that the crimes were committed while in a state of alcoholism by 43·9 per cent. of the males, and 18·1 per cent. of the females. Thus, if alcoholism is to excuse crime, nearly half of the criminals will escape.

Conclusions.—1. Criminal law is a law of social defence. It is not founded on metaphysics, but on necessity and utility, not on vengeance and expiation.

2. Responsibility ought to be measured only by the danger which society and individuals incur from the crime.

3. Juries are qualified to know only material facts. It is the essence of their institution. The magistrates alone, surrounded by all the lights of social and mental science, should be able to bestow the advantages of extenuating circumstances.

4. The law does not recognise irresponsibility. Article 64 of the penal code declares that there is neither crime nor offence when the prisoner is in a state of insanity. The insane person is there classed with individuals absolutely deprived of all consciousness, absolutely incoherent and incapable of giving any account of their actions, and not in the numerous categories of irresponsibles recently created. If there is neither crime nor offence in cases of insanity, there should not be any trial, and the individuals ought to be placed at the disposition of the Administration.

5. Irresponsibility accorded to alcoholics is a premium to alcoholism. Alcohol is the cause of more than half the crimes committed. It follows, from a utilitarian point of view, that the repression of crimes due to alcoholism ought to be vigorous and exemplary.

6. The right to pardon ought not to exist in a democratic and republican organization. Appanage of personal sovereignty, it has disappeared with that power. In social law the *veto* of a citizen should

not be allowed to check the decision of the jury and magistrates, that is of the law.

M. Legrand du Saulle, in replying to M. Dalby, protests against the latter's condemnation of the doctrine of partial responsibility. The intervention of medical men in criminal trials is disinterested, and aims at discovering as far as possible the actual mental state of the criminal at the time when he accomplished his crime.

Under the name of alcoholic insanity, three forms are included, the acute, the sub-acute, and the chronic. The acute form is well known, with all its symptoms, under the name of delirium tremens. The sub-acute form is characterized by melancholia, with terrifying hallucinations and delusions of persecution. Refusal of food, alterations in sensibility, cramps, tremblings, and convulsions occur, and the condition is of short duration. The chronic form is marked by trembling of the hands, lips, and tongue, and by cramps of the legs. The patient becomes weaker, his knees bend under him, and he is awkward in handling small objects, his tactile sensibility being diminished. His sight is impaired, and he has hallucinations often terrifying. He sleeps little, and becomes giddy even to falling. His general health becomes more and more impaired, his digestive system thoroughly disordered, and he soon begins to suffer from various forms of delusions, and thus becomes insane. Being insane, he cannot be regarded as completely responsible, he may be partially responsible or wholly irresponsible.

It is of the greatest importance to distinguish between intoxication, drunkenness, and alcoholic insanity.

In medico-legal cases of importance, three experts should be called to afford the necessary information to the jury, as in case of divergence of opinion, there would of necessity be a majority in favour of one view.

Individuals who take daily a small overdose of alcohol, insufficient to produce intoxication, are more liable to serious pathological changes than those who from time to time indulge in great excesses, and when such a person becomes insane and commits some crime, numerous witnesses may be forthcoming to bear evidence to his sobriety.

The actual increase of the number of crimes is not to be ascribed to insufficient repression, and to increased facility of escape from punishment, but much harm is done by the notoriety obtained by criminals in the journals of the day.

M. Fournet contributed to the discussion a paper on "The Sources, Progress, and Decay of the Moral Life in Man and Society." Without dealing specially with the question of intemperance in its relations to crime, M. Fournet criticises the views of M. Dalby, and defends the doctrine of partial responsibility. The chief aims of his communication, however, are to show that criminal law ought not to be regarded merely as a law of social defence, that it ought to be based on morality, and that just in proportion as the principles of morality

are recognised in its administration, so will it benefit society and diminish crime.

The discussion was concluded by M. Delasiauve in a lengthy speech, expressing opinions entirely opposed to those of M. Dalby.

3. *Russian Retrospect.*

Studies in the Medico-Psychological Clinique of Professor Mierzejewski at St. Petersburg. BY W. W. IRELAND, Preston Lodge, Preston Pans, near Edinburgh.

The contributions of Dr. Mierzejewski, Professor in the Medico-Chirurgical Academy of St. Petersburg, to our knowledge of the structure and pathology of the nervous system have earned for him a high reputation. His observations on the histology of the brains of idiots are of much scientific value, and as the field is wide and in a great degree unexplored, it is to be hoped that he will steadily prosecute his researches. The distinguished Professor has gathered round him a group of medical men devoted to the study of neurology who not only record the results of their observations on the cases presented by the asylums and hospitals of St. Petersburg, but also prosecute original researches in his laboratory with a view to filling up any "leak" which presents itself in our acquired knowledge of the physiology and pathology of the nervous system. Instead of taking up further time with praise, however well deserved, it will be better for our readers if we recapitulate some of the results arrived at by this ardent and industrious band of observers. With the exception of Dr. Mierzejewski's own memoir, all these contributions, or at least all these in our hands, have been published in the "St. Petersburg Medicinische Wochenschrift."

Porencephaly.

Dr. Mierzejewski's paper (*Contribution à l'Etude des Localisations Cérébrales. Observation de Porencéphalie fausse double* (par le Professeur Mierzejewski, Paris, 1881) originally appeared in the *Archives de Neurologie*, Nos. 3 et 4, 1881. The word Porencephaly was first used by Heschl to designate that rare deformity of the brain in which there is a free communication between the lateral ventricle and the surface of the hemisphere. Heschl arrived at the following conclusions:—

1. Porencephaly is a congenital anomaly of the brain which is always accompanied by an insufficient development of the cerebral hemisphere on several points.

2. It cannot be regarded as an arrest of formation. On the contrary, it appears to depend on a special pathological process supervening on the course of the development of the brain.