

French Psychological Literature.

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1. *Annales Médico-psychologiques*, vol. vii. and viii. for 1866.—(Concluded.)

Pathology of the Brain in Cholera.—Dr. E. Mesnet devotes a paper to the consideration of the cerebral lesions observed in this disease. With the first period of the disease, that of prostration and enfeeblement, are associated functional disorders of the ganglionic nervous system; with the second, or reactive period, are associated those cerebral complications to which Mesnet directs our attention. In the cases of three persons who were seized with choleraic symptoms, while under the influence of alcoholic intoxication, the alidity and cyanotic symptoms did not come on. But about the tenth day of the disease a condition undistinguishable from delirium tremens made its appearance, and, after continuing three days, gave place to convalescence, which was inaugurated by an abundant and apparently critical perspiration. In general, he says, the discord between the nervous functions of animal life and those connected with relational existence is very striking. “There is nothing more affecting than the appearance of the asphyxic stage of collapse when the patient is in continual movement, when his features and skin are corpse-like, and visceral innervation appears to be extinguished, when all organic functions appear to have ceased, and when, nevertheless, his intellect is preserved and he can converse with us up to the last moment. The mind has no longer its natural vivacity; the conceptions are languid; the memory requires to be stimulated; but when the patient is roused and the attention fixed, correct answers are obtained to questions put. The semi-comatose condition in which he is found is not the coma of cerebral disease, but a sort of drowsiness, which results from the general exhaustion of organic life. The benumbed condition of the senses is, in part, the cause of slowness of cerebral action; less sensitive to external stimuli, they transmit imperfect impressions, which are followed by obscure sensation. The hearing is almost lost, vision enfeebled, and sensibility in general obtuse. As soon as the collapse begins to pass off, and reaction supervenes, the intellectual faculties recover from the torpidity to which we have referred, and the patient, who is more or less aware of his condition, becomes conscious of what is going on around him, and directs a restless attention to it.

“But the encephalic nervous functions, which we have seen preserved in the midst of the most urgent dangers of cyanosis and asphyxia, may be involved during the period of reaction, and may,

in their turn, become the expression of pathological conditions to which the majority of those affected by them succumb. Six of our patients presented cerebral symptoms of a meningitic character, which supervened from the fourth to the fifth day of the reaction. Four died and two recovered; but in these last the cerebral complication had not attained complete development." In the other four the choleraic symptoms were not very severe, and the reaction commenced moderately and steadily. Suddenly, however, it became irregular and, as it were, vacillating in its progress. The patient complained of cephalalgia; the eyes were restless, the conjunctivæ injected, the mouth dry, and very soon noisy and violent delirium set in. The aggregate of these inflammatory symptoms, to which were added picking the bed clothes, subsultus tendinum, contraction and irregularity of the pupils, sometimes squinting, and almost always rigidity of the neck, with throwing back of the head, was the symptomatic expression common to these four patients. In two of them there was from the beginning complete anæsthesia of the whole surface of the body. It was about the fourth day of the reaction that the head became affected and the meningitic symptoms appeared.

The *post-mortem* appearances in these cases were not such as to afford any decisive evidence of meningitis. In three cases the surface of the brain was a little dry and slightly pitchy (*poisseuse*); the superficial layer of grey substance was slightly pink, and the white substance studded with *puncta vasculosa*. In one case the membranes were less transparent than usual, and in some points were of pearly tint. Here and there, in the course of the vessels, and especially in the neighbourhood of the Sylvian fissure, there were fibrinous filaments attached to the membrane. Mesnet details the pathological appearances in these cases at considerable length, but admits that in the three cases the evidence of meningitis is not satisfactory, and we would be inclined to the opinion that he might have included the whole four. He attributes, therefore, the occurrence of the cerebral symptoms to a predisposition, hereditary or acquired, such as determines the occurrence of cerebral complications "in the course of pneumonia, erysipelas, rheumatism."

The following case is interesting, both on account of the symptoms and the treatment:—"G—, twenty-one years of age, navy, was admitted to the hospital on account of slight attack of cholera; his constitution was robust, he had never been ill, and was not habitually intemperate. In the convalescence from cholera he was suddenly seized, on November 7th, with marked contraction of the flexors of both fingers and toes, with slight trismus, and retention of urine, apparently due to contraction of the sphincter vesicæ. During the days immediately following he suffered from intense fever; the retention of urine continued, but the spasms had sensibly diminished. The intelligence was complete. During the night of the 11th and 12th November he had

exciting dreams, and talked a little during his sleep. On the morning of the 12th his appearance was altered. In the evening we found him in great excitement. He was intensely febrile, his face was much flushed; he suffered from frightful lancinating pains in all his members, in the chest, and especially in the dorso-lumbar region. At the same time he had tingling in the hands and feet, but the cerebral functions were absolutely preserved. The 13th.—In the same condition; we were apprehensive of a spinal meningitis, and ordered him to be cupped in twenty places along the spine (*nous prescrivons vingt ventouses scarifiées le long du rachis*), at the same time giving opium in full doses. After the cupping, which he bore patiently, he seemed to experience some relief; but all at once, in an access of sudden delirium, he seized from his bed-table his leaden pot (*urinoire de plomb*), and, like a maniac, struck repeated blows on his own head.

“The other patients rushed to him; but he resisted, and cried out that he wished to kill himself. A quarter of an hour after this attempt at suicide, calmness returned, and he emerged from this state of intellectual disturbance as suddenly as he had entered it. He had no remembrance of what had passed, and was astonished when he was told what he had done. There were six transverse wounds on the head, in each of which the bone was laid bare. Two days afterwards erysipelas appeared at the root of the nose, far from the wounds; but during the following days it extended itself, became complicated with coma, and he died. Post-mortem examination revealed no lesion of the brain or spinal cord. Subsequent inquiry failed to discover any hereditary tendency, either to epilepsy or insanity.

Medico-Legal Report on the Mental Condition of the Abbé Ch—, by Dr. N. Lafitte.—There is nothing of peculiar interest in this case except, perhaps, that the patient wrote a good deal of poetry of an eccentric character, some of which displays a certain amount of ability. He was brought under the notice of the authorities in consequence of being found on the roof of the church at Thermes, in the Canton of Fournels, where he was tolling the bell violently. He obstinately resisted all attempts to induce him to descend, and replied to the curé and other authorities by two pistol shots, which, however, appear to have been only blank. While an attempt was being made to force the door of the church, the abbé leaped from the roof of the church on to that of the sacristy, thence to the ground, and fled across the fields. The conclusions arrived at by M. Lafitte are—1. That he laboured under a melancholia, characterised by ideas of persecution and poisoning. 2. That this disease has existed since the year 1850, and, depriving him of free-will, relieves him from responsibility for his actions committed on 10th October, 1864, the date of the escapade. And 3. That it is necessary for public order and personal security, that he should be placed in an asylum. A sample of his literary talent may be given in the fol-

lowing extract from a composition, in which he satirises "un directeur de femmes" :

" Liqueurs, sirops exquis, ratafia vanté
Confiture, salep violent de tous côtés,
Car, de tous les sucres en pâte ou bien liquides
Les estomacs dévots furent toujours avides."

Medico-legal Report on the Condition of Baptiste Blanc.—This is a paper by Dr. V. Combes, on the case of a man who had been several times apprehended for theft. The first time he had stolen a cow, but was acquitted on the ground of insanity. The second he was accused of thefts committed in several houses, and on this occasion he was condemned to some months' imprisonment. He was again apprehended for stealing a sum of money out of an inhabited house, and for this he received three years' imprisonment. A few months afterwards he was again committed for a series of thefts; and on this occasion M. Combes was called upon to make the report which forms this paper. The behaviour of the accused while under medical observation was either that of an insane person or of one who simulated insanity, as he exhibited incoherence in conversation, loss of memory, and eccentricities of conduct. Relying, however, on the facts that he presented no signs of bodily ailment, that it was impossible to make the history of the case accord with any known variety of insanity, and that the signs of insanity only occurred when it was for his own interest, the reporter concluded that he was conscious of his condition and master of his volition, and consequently was not insane.

Cause of Overcrowding in Asylums.—"It is scarcely fifty years," says M. Berthier, "since the insane were first confined in asylums, except in rare cases by the friends, and in other cases by the authorities, in consequence of some one having suffered injury by their agency." At present, however, the number of persons resident in asylums is so great that the public in France has been so much alarmed by the gravity of the condition that these establishments are, "so to speak, subjected to a siege." The object of M. Berthier's present paper is to discuss the causes of this great increase in number, and to endeavour to indicate the remedy. He thus describes the manner in which persons are sent into the public asylums at present:—"A poor person is seized with insanity; it is hoped that it will wear off; generally it remains. People become anxious, and have recourse to the mayor. Backed by his instructions, the magistrate gives a deaf ear, in fear of squandering the charity of the parish. The position becomes more serious; delusions take firmer hold; the patient breaks out; the local authority, convinced, ends by a provisional arrest, founded on medical certificate. The prefecture (Paris is an exception) temporises, in the hope of leading the

relatives to share in the expense of boarding him. Then the patient is brought to us, debilitated, with scarcely a chance in his favour, and, having exhausted his means, to help in his turn to populate our wards for chronic cases. Besides, in consequence of improving hygiene and increasing care, mortality diminishes, and the number of discharges no longer equals that of the admissions." Thus he attributes the overcrowding partly to improper treatment of the early stages of insanity, and partly to improved treatment of its later stages. He also believes, however, that the social condition of the people is associated with an actual increase in the prevalence of nervous diseases, and consequently of insanity. "The blood, impoverished, no longer regenerates itself in the pure races; the nervous system, imperfectly nourished and badly balanced, like a steed without bridle or a boat without pilot, is left to follow the bent of its unregulated impulses. Our peasant girls have the vapours of the *petites maîtresses* of the Regency, whence dates the invasion of this calamity.

"The abandonment of gymnastics, ill-assorted unions, and overwrought brains, are its exciting causes. Mead (of London), who lived at that period, attributed the evil to too much rest of body and agitation of mind. It is this which the Scotch Cheyne sought to prove when displaying the manifest increase of what are called nervous diseases. Fifty years later, Barthez, in his work entitled 'La Science de l'Homme,' also gave expression to the same doctrine; and Pinel did not hesitate to inscribe it at the head of his immortal treatise. Thus we have a nervous constitution continuing to the present day, 'characterised by the gradual production of hysteria, of melancholia, of hypochondria, of epilepsy, of mania, of paralysis, and of suicidal insanity. These are the necessary consequences of want of self-control, the unloosing of the lower passions, the excess of intelligence, and of the insatiable love of lucre. After a time mental alienation, the ultimate and fatal result of the nervous state, having become as common among the poor as among the rich, will absorb all the resources of public charity.'

To remedy the evil, M. Berthier declares that palliatives are useless; and under this head he includes colonies, cottages, separate blocks, and workshops. In order to arrest it, society must recognise that "morality and education are the culprits." In order to diminish the number of the insane in asylums, it is necessary to diminish the number of admissions, ascend to the causes, and operate upon the hygiene of the family. To attain this object, the fundamental vice of our education must be removed. Ideas of duty and responsibility must be taught as well as grammar and mathematics." Such is the solution of the question presented by the writer, but we think that to those best acquainted with the subject he will appear to have penetrated little further than the threshold.

Insanity with Predominance of Grandiose Delusions.—M. Baillarger gives the first part of a paper whose object is to decide whether a patient who labours under grandiose delusions, and after a time shows symptoms of general paralysis, should be considered, according to the ideas of Bayle, as having been affected with general paralysis from the first, or whether, following Esquirol, the first stage ought to be looked upon as a simple insanity which ends in general paralysis, as it might have ended in dementia without paralysis; or lastly, whether some other view is more correct than either. “Very certainly,” says M. Baillarger, “these forms of insanity establish at least a very active predisposition to general paralysis. This predisposition, so peculiar to ambitious delusions, can only be explained by the existence of a special element, which, while rendering the prognosis more unfavourable, suffices to justify the separation of these forms from simple insanity.” He consequently proposes to class them under a new head, to be called congestive insanity. As, however, the whole essay is not before us, it will be more convenient to defer any further notice of the grounds upon which he supports this view.

The Connection between Constitutional and Diathetic Diseases with the Neuroses—by M. Edmond Dupouy. The nature of this paper, which obtained the “prix Esquirol” for 1865, may be best appreciated by the following quotation. “In acute alcoholism, the phenomena manifest themselves by an augmentation of vigour and muscular power, by an abnormal energy through the entire organism. Following this excitement come prostration, a deficiency of excitement, and a state of cerebral weakness. . . . What happens then? Either the alcoholic intoxication disappears by elimination of the morbid principle, or it is localised, and manifests its presence by a chronic condition, which may lead to lesions of the nervous centres and dementia. In other forms of intoxication, such as lead poisoning or ergotism, analogous nervous systems are exhibited. But if the chronic condition is admitted in these afflictions, with their train of nervous symptoms, mania, dementia, and epilepsy, is it not reasonable to consider scrofula, rheumatism, tuberculosis, syphilis, and all constitutional and diathetic diseases, which are only general intoxications, as being susceptible of exciting chronic delusions? Everything is consistent (*solidaire*) in the organism. From the moment when an individual is no longer in those normal conditions which constitute health, disorders of the intellect may be developed. In other words, we may say, that with an unhealthy modification of the intellect there is always a corresponding modification of the brain itself, or of those material conditions by whose aid it performs its functions.” This paper is illustrated by a great number of cases and considerable research.

Medico-legal Report on the Mental Condition of Lucien Inieta Y Garcia.—This refers to the case of a man who had killed or

wounded eleven persons in Madrid, in which the opinion of M.M. Brierre de Boismont, Baillarger, Moreau (de Tours), and Lunier was obtained. The accused was a man of thirty-two years of age, a vendor of old clothes. On October 8th, 1865, he entered the house of Pascasia Guiñones desiring, to sell a mattress. This having been declined, he asked for a drink of water, and without waiting for permission he made his way into an inner room and took a drink out of a jar which he found there. As it was observed that he carried a dagger-knife under the sleeve of his coat, he was requested to go away. After some difficulty Guiñones took him by the right arm and led him out into the middle of the street. As soon as he let him go, Iniesta drew the dagger and struck two persons who were standing near, and made off. While running through the streets he wounded nine other persons before he was captured, two of them being mortally injured. At the trial it was attempted to prove that he was suffering from transitory mania at the time of the deed; or otherwise that he must have been intoxicated. The judge, however, would not admit the defence, and Iniesta was condemned to death. M. Brierre, who drew up the report before us, found that there is a strong hereditary tendency to insanity in the family, fourteen relatives being ascertained to have been insane, including one homicide and one suicide. He also found that he had frequently exhibited noticeable eccentricities of conduct; among others it appears that on one occasion he was seen to micturate into a dinner plate and drink the liquid. It is also worthy of note, that an hour after the fatal occurrence, he ate his food with excellent appetite. The conclusion to which the reporters unanimously came is, that the man committed the acts during an attack of furious transitory mania, which might be partly due to drunkenness, but was principally the result of actual insanity.

Partnership with God.—M. Chatelain reports a remarkable illustration of eccentricity, in the case of a notary at Neuchâtel, named Vuagneux. He delivered to the pastors of Neuchâtel a paper which was not to be opened until after the death of both himself and his wife. When both these events had occurred it was examined, and found to be a formal deed of partnership between himself and the Deity, and a will, whereby he directed that the half of his property was to be handed over to the pastors of the town, to be used by them for charitable and religious objects, in fulfilment of the terms of the deed. The niece of the deceased notary, who inherited the remainder, wished that the property should be disposed of according to this document, but the *Conseil d'Etat* refused to recognise the legality of the document, as it could not be considered seriously, being evidently the result of derangement of mind. M. Chatelain controverts the view, and we think justly, as no other facts were brought forward to support the opinion; and the arrangements implied were the rational action of a devotional mind, the only undoubted eccentricity being the form in

which the ideas were put. It was much to the credit of the niece that she insisted on handing over as a gift to the pastors what she could not let them take as a debt.

The Asylum for the Insane in the Island of Cuba.—Dr. Munoz, to whose paper on General Paralysis we have already referred, contributes a history of the Cuban Asylum. The first asylum which was erected in the island, was founded in 1828, and was intended for eighty male patients; it has had over a hundred resident at one time. In the following year arrangements were made for the reception of females in the poor-house at Havanna. The administration of these places was as bad as could well be conceived until 1855, when a project was started for providing a new asylum. Since this new building has been employed things have improved to a certain extent, but it was far from being what it ought to have been. The building was constructed with no other aim than to keep the inmates safe, and discipline was maintained with the whip and hand-cuffs, and no medical authority had anything to do with them except on account of bodily ailments. In 1863 Dr. Munoz was appointed physician, but the steward is allowed to have equal and independent power, which prevents him from carrying out many reforms of any importance. Still, certain improvements have been made, and Dr. Munoz hopes gradually to make further approach to a humane and rational system. A plan for a new organisation and a new asylum was, when this article was written, before the executive authorities, but it had not then received the sanction of the Governor.

The Connection between Pellagra and Insanity.—We can only give the general conclusions to which M. Brierre de Boismont comes after his exhaustive discussion of this subject. That insanity is a frequent complication of pellagra is undoubted; the fifth of the patients in the Italian asylums of the Senovra and the third of those at San Servolo being afflicted with pellagra. It appears from a paper of Professor Gianelli that the annual number of those requiring to be admitted to the asylums of Lombardy is not below seven hundred. The insanity which is associated with pellagra is no peculiar species. Its ordinary form is depressed monomania (lypemia of Esquirol); it is not, however, so frequent as to prevent mania and dementia from being often associated with pellagra. The stupidity observed in many cases appears to present well marked differences from the stupid melancholia described by Baillarger. Ordinarily the insanity does not appear until after the pellagra; this, however, is not constant. The suicidal tendency mentioned by authors is undoubtedly associated with pellagrous insanity, but not so frequently as was formerly believed. Besides, the tendency is most often associated with the form of insanity which we have seen to be most frequent. The comparative examination of the symptoms of pellagrous paralysis and general

paralysis of the insane does not favour the idea of the identity of these two diseases.

Medico-legal Report on the Case of Joseph Valentin.—In this case M. Teilleux considers that the accused, in committing the acts of which he is accused, and even in his ordinary life, has for a long time been under the sway of fixed ideas, of a blind automatic force which urged him forward, and in regard to which he is only the agent; and the acts which he commits cannot be imputed to him as reasonable. He feels, he is affected by emotion, he passes directly from emotion to action; his conscience does not weigh the matter which he is about to carry into action, and which is forced on him by his hallucinations. He neither calculates the consequences nor discusses the morality of his actions. On these grounds he cannot be held as responsible for his actions; but it is necessary for the safety of the public that he should be confined as a dangerous person.

Anatomical lesions in General Paralysis.—This paper is a translation of the article by Dr. Franz Meschede, which has already been translated for this Journal by Dr. Blandford (vide "Journal of Mental Science," No. LIX, Oct. 1866, p. 348, et seq).

Medico-legal Report on a case of Simulated Insanity.—This report, by Drs. Henry Bonnet and Jules Buard, refers to the case of a man (Joseph Maine), a lute maker, 25 years of age. He had for some time been engaged to marry a girl, who had twice been pregnant by him; but being fond of drink and gambling he had from time to time deferred the fulfilment of this engagement. At last the marriage appeared to be inevitable, and arrangements were made for its taking place on a certain day. A short time before the appointed time, however, he applied to his *fiancée* for some money; and on her proposing to consult his father as to whether she ought to comply with his demand he struck her in the chest with a knife, causing a wound which penetrated to the lung. After the deed he stabbed himself several times, but without injuring himself seriously. Insanity was alleged in his defence; and his conduct after the crime—obstinate taciturnity, refusal of food, and restless demeanour—gave colour to the allegation. The conclusions arrived at by the medical experts were however that he was in full possession of his senses, and was quite responsible for his actions at the time of the assault. He was condemned to five years' imprisonment. The girl ultimately recovered.

Journal de Médecine Mentale for 1866. This serial consists more of bibliographical notices and records of occurrences, possessed of more or less interest to alienists, than of original contributions. The principal articles of the latter class consist of a series of papers by the editor, M. Delasiauve, on the different forms of insanity. In the

volume for this year he proceeds with the consideration of "partial instinctive insanity," and concludes that section of the subject with three chapters on "Incendiary Monomania, Monomania of Theft, and Erotism." He also discusses, in the succeeding articles, "Partial Dementia, and Idiocy." The latter he divides into "simple imbecility, incomplete imbecility, mobile imbecility, imbecility proper, and complicated idiocy." The papers are characterised especially by the supply of illustrative cases. At the end of most of the chapters are given lists, or rather a series of condensed abstracts, of all recorded cases which illustrate the subject immediately under discussion. M. Delasiauve also contributes two letters, addressed to the editor of the "*Avenir National*." The non-medical press in France has now, for a considerable time, been the medium of attacks on the asylum system, which is accused of causing the imprisonment of many persons who might, with propriety, be set at liberty, and of sitting as a huge and unnecessary incubus on the tax-payer. Among other accusations, the superintendents of asylums are said to encourage the filling of the institutions under their care; and alienists generally are accused of taking a one-sided view of the cases which come before them, showing itself in a tendency to prove every one mad. In the two letters to the "*Avenir National*," M. Delasiauve shows forcibly that if those who have given their lives to the study of insanity fail to form correct judgments regarding it, the condition would not be improved were its management confided to those who are absolutely ignorant of it.

M. Semelaigne contributes three articles, which conclude the series on "pathological suicide." They are, like those of M. Delasiauve, distinguished by the long series of illustrative cases. He also contributes some chapters of an interesting essay on the "History of Insanity among the Ancients," referring specially in these chapters to the works of Caelius Aurelianus.

M. Berthier, in an article on the "Secretions of the Skin in Insanity," arrives at the following conclusions:—"Both at Bourg or at the Bicêtre," he says, "I have often ascertained the condition of the skin of the insane, choosing the morning for the observation, so as to avoid the disturbing influence of occupation during the day. The results of this investigation, which were invariably identical, may be summed up thus, according to the nature of the vesanæ. In insanity, not chronic, and of the exalted, expansive form, decrease more or less marked, of the heat in the extremities; elevation to a corresponding degree at the head and in the axillæ; hands dry on the dorsal aspect; humid and sometimes wet, frequently viscid on the palmar aspect. In insanity, not chronic, and of the depressed form, temperature low, even very cold, at the inferior extremities; elevated at the head and under the axillæ; hands on the dorsal surface very dry, or the palmar surface dry or glowing. In the chronic condition, the transformation of the skin, which becomes thin,

assumes a parched character, and sometimes is effected by *erythema pellagrosa*, gradually restores the symptoms to a kind of uniformity. There is less heat at the head and under the axillæ, with less coldness of the extremities; the skin being generally arid, dry, pulverulent, and wrinkled." "The play of the nervous currents," he continues, "explains these variations. In mental derangement the passions are reflected in a more or less *bizarre*, disordered, and excessive manner. But, as is justly observed by Ch. L. Dumas, the celebrated professor of physiology, at Montpellier, some passions, such as anger, for instance, direct movement from within to the exterior; while others, such as fear, drive it back from the exterior to the interior, and thus by deranging the circulation vitiate the fluids, the blood, bile, saliva, perspiration, &c. H. Davy has also proved, by numerous experiments, that, under the influence of intense moral excitement, the temperature of the body may fall as low as 27 degrees (81° Fahr.). It is evident that both phenomena, eccentric and concentric, will produce the same consequences among the insane."

PART IV.—PSYCHOLOGICAL NEWS.

THE REV. MR. SPEKE.—The opinions of the medical attendants upon the Rev. Mr. Speke, published in *The Times* at the request of his family, amply bear out the views expressed by *The Lancet*. There can be no doubt that Mr. Speke had long suffered under morbid impressions, which attained their climax on the occasion of the marriage of his friend—"the marriage he could not bear to see." It is impossible to come to any other conclusion from the account of his case, drawn up by his physicians, we believe, Dr. Gull and Dr. Tuke, than that Mr. Speke has suffered under that most common form of nervous irritability which, under proper treatment, is quickly remediable; but which, if neglected, or, as it would seem to have been in this case, treated by advertising quacks, may lead to melancholy, to temporary insanity, or even to suicide. We are glad to find that Mr. Speke has a fair prospect of restoration to health; but it is sad to think that his case is only one of many. How much misery might be avoided, how much mental anguish escaped, if sufferers like Mr. Speke would but place themselves at once in the hands of their usual medical advisers.—*Lancet*, March 7.

PSYCHOLOGICAL CLINIQUE AT CAMBRIDGE.—The medical school of the Cambridge University is to be congratulated on a recent addition to its attractions—namely, the establishment of a *clinique* for the study of mental diseases. Dr. Mackenzie Bacon, the superintendent of the County Asylum at Fulbourn, lately offered to receive a class at the asylum, once a week, for the purposes of clinical study, and to give a more or less systematic course of instruction in the subject of insanity—an offer of which a good many have availed themselves. These