

## PART III.—PSYCHOLOGICAL RETROSPECT.

*German Retrospect.*

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*(Continued from Oct. No., 1877. Vol. xviii. p. 406.)*

Since writing the portion of the German Retrospect in the last number of the Journal, the following periodicals have been received :—  
 “Archiv für Psychiatrie,” vii. Band, 1 Heft, 2 Heft, 3tes Heft. Berlin : 1877.

“Allgemeine Zeitschrift für Psychiatrie,” xxxiii. Band, 4tes Heft. 1876 ; und xxxiv. Band, 1, 2, 3, 4, 5 and 6tes Heft. Berlin : 1877.  
 “Irrenfreund,” No. 11 and 12, 1876, and 1, 2, and 3 “Heilbronn,” 1877.

*Albuminuria after Epileptic and Paralytic Attacks.*—The article of Dr. S. Rabow on the urine in the insane has been already translated by Dr. McDowall, and appears in the July number of the “Journal of Mental Science.” Dr. Rabow confirms Huppert’s observation that albumen is found, though apparently in small quantities, in the urine of epileptics.

Dr. Max Huppert gives in the “Archiv,” vi.-vii. Band, 1 Heft, a continuation of his studies on this discovery, which he announced several years ago in Virchow’s “Archiv.”

He finds that paralytic attacks as well as those in the course of general paralysis, whether epileptic or epileptiform, are followed by albuminuria, that the quantity of albumen is greater, and its production lasts longer, and that hyaline tube casts and red corpuscles are found in greater numbers after paralytic attacks than after epileptic fits. He concludes from this, that the albumen in these two cases comes from a different source. Dr. Huppert, however, admits that albuminuria may be found in other nervous diseases, and, indeed, there are few diseases at all in which albumen may not be found at one time or another in the urine. In the same number of the “Archiv,” Dr. Rabenau pursues the subject of albuminuria in paralytic insanity. He finds it commoner in this affection than in any other cerebral disease, and thinks it independent of alteration of the kidneys.

Dr. C. Fürstner (“Archiv,” vi. Band, 3 Heft) finds albumen in the urine of those labouring under delirium tremens, and that the quantity of the albumen was proportional to the intensity of the delirium : albumen is sometimes found in the urine of habitual drinkers. Dr. Fürstner gives, as the result of his numerous examinations, that albumi-

nuria is far from being a constant symptom of epileptic fits. A transitory reaction of albumen is often found, but not always. In three cases of the status epilepticus which ended fatally, no trace of albumen could be found in the urine. This albuminuria may be of cerebral instead of renal origin, as Claude Bernard has found in the brain a centre (in the crus cerebri) on the irritation of which albumen appears in the urine.

Dr. Richter ("Archiv," vi. Band, 2 Heft) has arrived at a different conclusion. He has carefully examined the urine in a large number of insane people, in the Asylum of Göttingen, and states it as the result that if albumen appear in the urine of insane paralytics, it is simply owing to disease of the kidneys or urinary passages. Perhaps this is going too far, for every physician knows that albuminuria may occur in the course of a great variety of diseases where there is no morbid alteration of the kidneys. From the directions given how to detect albumen in the urine of epileptics, it is clear the quantity found is often very minute.

*Kopfdruck, or Irritability of the Brain.*—Dr. F. Runge, of Nassau, has in the "Archiv," v. Band, 3 Heft, a valuable article upon Kopfdruck, or, as we might call it, constriction or tightness in the head. When resulting from wounds or injuries to the head, this affection has been described by surgeons under the term irritability of the brain. It is a very distinct disease, and I always thought it very rare. Dr. Runge, however, has collected as many as two hundred instances of it. The principal symptoms are a feeling of tightness, and in severe cases, of weight in the head. A tight neckcloth, or even tight clothes, feel disagreeable. It is often combined with swimming in the head, or a feeling that consciousness will soon pass away. Headache was observed in twenty per cent. of the cases studied. The mental symptoms are very distressing, but do not generally amount to insanity. The intellect *per se* in most cases is unaffected; the understanding, memory, imagination and other mental faculties seem unimpaired, but the power of hard work is much injured. To use Dr. Runge's description, as soon as the patient has carried on his office-work for a short time, the feeling of tightness in the head commences, or the pain, where this is a symptom, begins to arise. There is an increasing difficulty to keep the attention upon one object. The patient glances over a page without retaining a word, and a feeling of distress steadily increases till it compels him to stop his work. In bad cases every forced mental exertion brings on an exacerbation of the malady. Where the disease is less severe, continued work is difficult, though a good deal may be done by passing from one kind of work to another. Where insanity appears it takes the form of melancholia. Hypochondria is said to be common. In some cases there is sleeplessness, but sometimes there is a greater tendency to sleep. The muscular power is also injured. The patient is easily fatigued, and needs to rest a little every now and then. In six per cent. of Dr. Runge's cases

agoraphobia was noticed—that is a feeling of anguish which comes over people when crossing large squares or open spaces. One of the commonest causes of this condition is chronic inflammation of the internal ear, or of the nasal and temporal sinuses. Sometimes it is caused by wounds in the head. In some cases it seems dependent upon affections of the bowels and uterine disease. It often lasts a long time, some times many years; nevertheless the author thinks the prognosis not unfavourable. Most cases recover if properly treated. Dr. Runge has seen complete recovery after the disease had lasted above five years with bad relapses, and has seen enduring improvement where the disease had lasted above twenty years with temporary exacerbations and remissions. After it has lasted eight years a complete recovery is rare, though improvement is likely enough to take place.

There have been no opportunities of finding out the changes induced by this disease after death, since it is rarely if ever mortal. Dr. Runge thinks that the fact that the patient can pass from ease to extreme distress in a few minutes, indicates some rapid change in the vessels, probably slowness of circulation in the capillaries, owing to deficient vaso-motor innervation. He thinks that pressure may exist upon the vessels at the foramina of the skull, which, acting upon the accompanying nerves, may cause the feeling of constriction.

The treatment he recommends is rest of the affected organ, rest from mental exertion, and freedom from disquietude. The patient should lead a quiet and idle life for two or three months. Change of air and scene are useful, though sometimes the annoyances and discomforts of travelling do harm; but Dr. Runge has found residence in high situations, as in some health resorts of Switzerland, to be contraindicated. The diet should be non-stimulating; wine, beer, and condiments should be abstained from; and the author has known cases where two or three cups of strong coffee brought back the distress for a week at a time. Dr. Runge says that many of the vegetarians whom he had met had suffered from *Kopfdruck*, and preferred an unstimulating diet, because it relieved their malady.

The uterine disorder is sometimes successfully treated without the irritability of the brain passing away.

The author recommends cold baths to the legs and lower part of the body, which he thinks have a more permanent action in calling blood to the surface than hot baths. He observes that parts exposed to the cold are habitually red. He does not recommend cold baths applied to the head, but sometimes uses bromide of potassium where there is a tendency to melancholia. He has tried electricity, but in only one case did he find it successful. This was an officer who was wounded in the parietal bone, and suffered very much from dull headaches, giddiness, and distress in pursuing his usual employment. The constant stream was applied to the cicatrix of the wound; the headache almost immediately passed away, and after eight days of

the application, he was able to go back to his regiment completely cured.

*Cures of General Paralysis.*—Dr. Moriz Gauster, in "Centralblatt," No. 8 and 9, 1876, gives an account of a man forty-three years of age, who had the usual symptoms of general paralysis. The speech was much affected, the power of the legs injured, the temperature rose at night. He boasted about his palaces, his jewels, his golden cup, and so on. The affection commenced in the autumn of 1874, and became well pronounced about the end of February; but a year after he was quite recovered, and returned to his former occupation with a scarcely perceptible diminution of mental power. Dr. Gauster remarks that drugs had nothing to do with the fortunate result, nor was there anything very peculiar in the treatment. It appears that this is the second recovery from general paralysis recorded by Dr. Gauster. Dr. Schüle ("Zeitschrift," xxxii. Band, 6 Heft), gives another case of cure of this disease. The patient was a clerk forty-four years of age. He took ill in 1867, and was brought to the asylum at Illenau, from which he was discharged in 1868. He seemed quite recovered in 1870, and has remained in good health ever since. Dr. Flemming, of Schwerin, swells the glory of German medicine by adding another case recorded in the "Irrenfreund" (No. 1 and 2, 1877). A curious feature which he brings out in the history of these recoveries is the existence in the course of the disease of intermissions in the symptoms of the malady. In one instance, the motor disorder in the legs disappeared for two days, and then for four days, afterwards returning. In another case (Schüle's), the mental integrity returned for some days, and the patient recognised his previous delusions, though the motor disorder remained. In Dr. Flemming's case, there were remissions in the symptoms taking the tertian form. It is likely enough that in view of the occasional uncertainty in the diagnosis of general paralysis these recoveries will be regarded with some distrust, but as far as the symptoms are detailed they would have been classed at once as unambiguous cases of this dreadful disorder.

*General Paralysis in an Imbecile.*—In an article upon idiots, and institutions for idiots ("Zeitschrift," xxxiii. Band, 2 Heft), Dr. Köhler tells us that general paralysis was once observed in a boy suffering from hereditary imbecility. There was progressive weakness of the legs, starting of the muscles in all the limbs, and convulsive movements in the muscles of the face, lips and tongue, combined with a feeling of optimism. After death there was found to be chronic meningitis with degeneration of the brain substance, and general humidity (Durchfeuchtung) of the brain.

This conjunction of general paralysis and imbecility is extremely rare.

*Hereditary Ataxia Muscularis.*—Dr. J. Thomsen ("Archiv," vi. Band, 3 Heft), a physician in Schleswig, gives an account of a hereditary neurosis which has followed his family for four generations.

One of its forms has been described by Sir Charles Bell as an affection of the voluntary nerves, consisting in imperfect or capricious performance by the muscles of the behests of the will. The patient in ordinary circumstances has a complete control over the voluntary muscles, but under the influence of some sudden emotion he becomes incapable of doing what he wishes. This defective action extends to all the voluntary muscles, including the orbicularis palpebrarum and oris, as well as the muscles of the tongue; but the sphincters are not affected. It is analogous to stammering which only affects the muscles of the larynx. The patient, who can walk perhaps twenty miles, falls down when he tries to lead a lady to the table, or a sudden noise or alarm in the road causes him to sink on the ground, though in other moods he is quite capable of performing the very same actions. The attack is accompanied with tonic spasms or stiffness of the muscles; but there is no loss of consciousness as in epilepsy.

Dr. Thomsen names the disorder ataxia muscularis. His maternal great grandmother was the wife of a Danish officer belonging to a family still flourishing in Denmark. Apparently the officer and his wife were of the same stock, but the degree of relationship is not given. This lady had two sisters, who both died insane, and she herself died of puerperal mania, leaving an only son, who lived to the age of sixty-four, and, like his mother's sisters, died insane. He left four children; the eldest was a son in whom the ataxia appeared, though slightly. After his thirtieth year, he (*i.e.*, Dr. Thomsen's uncle) incurred a penalty in a court of justice, but was let free on his insanity being recognised. The mental derangement which followed the family is described as a species of imbecility, and haziness and obscurity in the ideas, with a disposition to silliness, and brooding over trifles resembling that form of mental weakness which sometimes follows old age. This man, the uncle, had three sons and one daughter. The two eldest sons were much subject to the ataxia; the third son had no trace of it, but was from an early period of his life inclined to depression of spirits, and shot himself in the twenty ninth year of his life. The daughter, apparently the fourth child, was also afflicted with ataxia. She left a son, who was healthy and became a medical practitioner. This concludes the history of the first son. The second son, also the author's uncle, was a man of feeble mental powers. He had seven children, several of whom inherited the muscular incapacity, and all of whom were of feeble intellect. The younger daughter, the author's aunt, also inherited ataxia and imbecility. She had four daughters, of whom two had curvature of the spine. The eldest daughter, the only healthy member of the family, was a woman of uncommon intellectual gifts. The second daughter was imbecile.

The mother of Dr. Thomsen, whom we have passed over for the time, was the second eldest of the children of the only son of the

Danish lady. She was healthy both in mind and body through a life which had many difficulties and trials. She was married at the age of seventeen, and had thirteen children to two husbands, of whom the author was the eldest. Of the first marriage there were two sons and two daughters, twins. One of these daughters was affected by the ataxia, the other twin was quite free. Of the second marriage there were one boy and eight girls; but of these thirteen children seven had this distressing malady, while the rest were quite free from it. One sister was for a time insane, otherwise there was no mental derangement among the rest, save a slight tendency to melancholy.

Dr. Thomsen remarks that he and a younger sister, who had the most resemblance to their grandfather's family, were most severely visited by the ataxia. He recalls the remark of Cullen, that those children who most resemble their parents are most likely to be visited by the hereditary disease. In the fourth generation—the author's children and those of his brothers and sisters—there are thirty-six persons, but only six have the ataxia. He himself has five sons, one of whom died young, but not before he had showed the hereditary ataxia. Only one of the three living is troubled with the motor disease. He is well made, of uncommon muscular strength, and as the ataxia was not apparent he was taken for the conscription, but had in course of time to be released as incapable of performing military service. A portion of the biceps was removed at the desire of this young man for scientific examination, but the muscular fibres appeared under the microscope to be quite normal. The different families with whom they intermarried were healthy and seem to have contributed in no way to the hereditary neurosis. There was thus in five generations out of sixty members twenty-three affected with ataxia muscularis, several of whom were imbecile or simple-minded, and seven especially stated to have been insane.

As the fifth generation was the least affected, the ancestral malady appears to be dying out.

*Contrary Sexual Feelings.*—In the "Archiv" (vi. Band, 2 Heft), Dr. C. Westphal and Dr. Servaes, and in the "Zeitschrift" (xxxiii. Band, 2 Heft), Dr. Stark have papers upon Contrary Sexual Feelings. Instances are given both in men and women. The male is indifferent to women, or even dislikes them, but his desires are attracted by good-looking young men. The same perversion of feeling was acknowledged by some women. The dislike or indifference to the other sex distinguishes this aberration from feelings about which the poets of Greece and Rome sometimes made little mystery.

In a case given by Dr. Servaes, the man who had got into an asylum confessed that his desires had been perverted by depravity in boyhood.

A young man, mentioned by Westphal, had never yielded to his feelings, which he regarded with alarm, and from which he was anxious to escape. They had begun when he was eight years old, but

after having grown up he had an attack of melancholia, which soon passed away.

In other instances this perversion of instinct seems to be unaccompanied by any other mental or nervous derangement, and the patient has only avowed his condition to the physician in the hope of getting rid of it.

In the "Archiv" (vii. Band, 2 Heft) Dr. Krafft Ebing has a learned article upon this and other perversions of the sexual appetite.

*Grübelsucht: The Metaphysical Mania.*—Dr. Oscar Berger has a long study, in the "Archiv" (vi. Band, 1 Heft), upon Grübelsucht. The mental symptoms of this disorder consist in an irresistible current of ideas taking the form of useless inquiries as to the how and why of everything pushed beyond the limits of what all people of any sense have treated as the usual range of the knowable.

A well-educated young man, a student of law, describes his own thoughts and feelings when subjected to this distressing condition. To take one of his own examples, the idea comes to him why has a chair four legs? Why not one only? The answer occurs, because according to the laws of nature a stool with one leg would not stand, but then his wandering thoughts hurry him away with a succession of endless questions. Why is it a law of nature? Why is there not an attractive force which would keep a chair up on one leg? At the same time, while his thoughts were hurried on with feverish activity in such useless speculations, his attention was still occupied in the observation of the accustomed objects of daily life, though after a weak and drowsy fashion. There were, therefore, two simultaneous currents of thought in his mind. He also described himself while subject to these paroxysms as being in such a hazy condition that he did not distinguish what he had dreamed from what he had read, or seen in a picture from what he had lived through. His memory and powers of concentration were weakened, and often all things round about him appeared small, so that he seemed to himself unusually large in relation to them, or the reverse. He also noticed that his taste for particular notes in music was variable. Sometimes he preferred the octave in the middle of the piano and the higher tones appeared unpleasant. At another time the higher tones displeased him, and he again was fond of tunes in which the middle octaves prevailed. These paroxysms lasted from one to twelve hours. They were accompanied by a feeling of distress, a burning sensation in the head, and redness, with sometimes nervous twitchings, in the face. Occasionally, too, there was a sudden bending of the head upon the chest. The paroxysms left him in a state of mental exhaustion and bodily lassitude. Apart from this his general health was said to be tolerable, and he completely recovered under the influence of a summer's residence in the country, the use of bromide of potassium and some mild hydropathic treatment. Dr. Berger compares this case with a few recorded by other writers. The subjects of this form of

mental disorder seem generally to be young people, and they seldom require to enter asylums.

*Delusions of Memory.*—Dr. Arnold Pick (“Archiv,” vi. Band, 2 Heft) gives some account of a man who had curious delusions of memory. He was a furrier, and had travelled, practising his trade, to Copenhagen and St. Petersburg. He was very excitable, suffered from headaches, and fancied that people put poison in his food, and listened to his conversation. He thought that he heard voices weeping above his room. On account of such delusions he was sent to the asylum at Wehnen. He is described as rather a weakly man for his age, which is above thirty. He possesses a good memory, and is skilful at mathematics. From his early years he had a vague consciousness as if the events he was passing through had been already experienced. At first these notions, which now and then occur to most people, were of a dim and uncertain character, but in the course of time they got clearer, so that he thought he possessed a double nature. It seemed that the combinations of social life, the changes of the weather, the events of the political world, repeated themselves to him for the second time. He thought it strange that no one ever mentioned those repetitions of events. He spoke about them to his friends, but only got evasive replies.

The first time that these illusions were clearly portrayed in his mind was in the autumn of 1868, in St. Petersburg. Visits to pleasure resorts, the sight of public amusements, and casual interviews with persons so affected his memory that he was convinced that he had already visited the same places and seen the same men, under exactly the same circumstances. Sometimes this conviction occurred in the same day; but it often became clearer days after, when he had leisure to think over the events. Sometimes the renewed recollection came during the night; this Dr. Pick considers to be a form of dreaming.

*Is the Marriage of Women a Preservative against Relapses in Insanity?*—Dr. Dick discusses this question in the “*Irrenfreund*” (No. 6, 1877). Taking the women under thirty years of age who left Klengenmünster during a period of sixteen years, twenty three have been married, and nine have required to return to the asylum. He also ascertained from the Burgermeister, as far as is known, the fate of all the young women discharged, and found out that the greater number of relapses took place in single women. As the result of his inquiries whether marriage is a preservative for women against relapses into insanity in youth Nasse supports the same opinion. One can marry with a good heart; it is twenty-two against one that there will be no relapse, but if the girl does not marry, there is a danger of relapse of twenty-two in fifty-one. This statement seems so strong that one is disposed to agree with Dr. Dick’s objections to the way Dr. Nasse’s statistics were put together. One need not be astonished that three-fifths of the young women who leave Dr. Nasse’s asylum succeed in getting husbands; the natural ardour women show in this pursuit



would, in their case, be much increased by the desire of escaping from a relapse of insanity. It may, however, be objected that those women in whom the recovery was most thorough would likely be those who gained the desired preservative. Dr. Dick was only once consulted by one of his old patients as to whether it was prudent to marry. There was no hereditary tendency in her family. The insanity came on when she was twenty years, and was preceded by chlorosis, when an attack of mania was brought on apparently by severe fright. It completely disappeared after eight months. The general health was also re-established, and three years had elapsed since she left the asylum. The doctor thought the marriage might take place, and she has now been married seven years, and is a happy wife and mother. The question whether it was likely such women should have children deranged in mind, is alluded to as one of great importance, but no facts are given to help us towards its solution.

*Insanity of Murad V.*—In the “*Zeitschrift*” (xxxiv. Band, 1 Heft), there is a long enquiry into the nature of the illness of the Sultan Murad V. It will be remembered that, during August of 1876, Dr. Leidesdorf, of Vienna, was sent for, to be consulted as to the mental condition of the Sultan, and as everything must come to the public now-a-days, it is supposed that the different newspaper articles quoted contain the result of the observations of that learned physician. Apparently insanity is hereditary in the house of Osman, as indeed it is in that of most European reigning families. Sultan Ibrahim was a maniac, Sultan Mahmud a drunkard; Abd-ul Medjid, the father of Murad, died from the results of his excesses *in vino et venere*, and his uncle, Sultan Abd-ul Aziz, brought Turkey into its unfortunate condition by his indolence and his senseless extravagancies. Murad himself, a man of 36 years of age, of originally good constitution, was imprisoned by his uncle, and thought his life in great danger. In order to escape from the painful consciousness of his position, he was in the habit of indulging in spirituous liquors. Suddenly called by the deposition of Abd-ul Aziz to preside over the destinies of Turkey, at a most unhappy period of her history, he was deeply affected by the violent death of his predecessor, and the frightful murder of his two ministers, Hussein Avni and Raschid Pasha, by the Circassian Hassan. These distressing events, acting on an exhausted constitution, caused continued sleeplessness, and finally plunged him into a deep melancholy. He told Dr. Leidesdorf that he had a feeling of constriction about the chest. “I live,” he said, “two lives, one known to me, and clear to my comprehension, the other contained within it, obscure and incomprehensible. On my ascension to the throne, I saw everything full of flowers; now the floor of my chamber, when I look at it, seems to be sown with bayonets.”

Dr. Leidesdorf thought that Murad might recover, if properly treated, in three months, a prognosis which was not well received by those who wished to dethrone him. He was said to be a man

of a kindly heart, and more likely to be a good ruler than his successor, who only cared for himself. It is reported in the newspaper that he has now recovered, but as he is still in a species of confinement, this cannot be exactly known.

*Paralysis Treated by Electricity.*—Dr. C. Eisenlohr ("Archiv," vi. Band, 2 Heft) has used the induced current very successfully in the treatment of partial paralysis, especially in the leg, following upon typhus fever. From the limited nature of the paralysis, and the unequal excitability to electricity in the affected limbs, he considers that the loss of power is in these cases owing to an exudation in the neurilemma of the branches of the sciatic nerve, accompanying a serous effusion into the cavities of the joints.

*Beer Used Against Sleeplessness.*—Dr. Wittich ("Archiv," vi. Band, 2 Heft), gives the results of his experiments in treating restless lunatics of the male sex. The remedies that he especially recommends are bromide of potassium and beer. He has been in the habit of giving the latter beverage in doses of one to two litres, and the results were highly satisfactory. Though Dr. Wittich did not venture to give beer in cases of acute mania, he found it very successful in fifteen cases of sleeplessness. As the Germans have shown a decided taste for that liquor when sane, it is not likely that there will be any difficulty in administering it to their lunatics, and it is even possible that some stickler for the equality of the sexes may yet enquire why such a pleasing method of cure is not extended to female patients.

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#### PART IV.—NOTES AND NEWS.

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##### DEPUTATION TO THE LORD ADVOCATE IN REGARD TO THE LUNACY LAW.

On Friday, 2nd November, a deputation of asylum superintendents, members of district boards, and managers of Royal Asylums, waited on the Lord Advocate at his chambers, Edinburgh, with the view of bringing under the notice of his Lordship an omission in the Scotch lunacy law, there being no provisions at present for granting pensions to old and deserving officers in the Scotch district and parochial asylums, as in England and Ireland. The deputation consisted of Professor Balfour, Professor MacLagan, Dr. Fraser, ex-Bailie Miller, Mr. D. Scott Moncrieff, W.S., Mr. Cowan, of Beeslack, Dr. Cameron, Lochgilhead; Dr. Jamieson, Aberdeen; Dr. Anderson, Rosewell; Dr. Grierson, Melrose; Dr. Wallace, Greenock; Dr. Mackintosh, Murthly; Dr. Rutherford, Lenzie; Dr. Ireland, Larbert; Dr. Clouston, Morningside; Dr. Rorie, Dundee; Dr. Howden, Montrose, &c. The deputation were introduced by Professor MacLagan, who strongly supported the views of the deputation. Dr. Mackintosh, addressing his Lordship, said—The reasons which have caused the medical and other officers of the public asylums of Scotland to come before you are, I think, fairly set forth in the petition which was placed in your Lordship's hands some months ago. I need not, therefore, refer to them in detail, but would only draw your attention to the anomalous (and at the same time, disadvantageous) conditions in which such officials are placed when contrasted