

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

I.—*Foreign Psychological Literature.*

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Annales Médico-Psychologiques.—The third volume of the fourth series of this Journal contains the following original articles: ‘On the State of the Mind in Acute and Chronic Alcöolism,’ by Auguste Voisin; ‘On Amaurosis and the Inequality of the Pupils in progressive general Paralysis,’ by Dr. Billod; ‘Report on an Individual, named Franier, guilty of Murder,’ by Dagonet; a Medico-Legal Consultation in a Will Case,’ by Parchappe; ‘The Insane in relation to Society,’ by Bonnet; ‘The Treatment of Chronic Diarrhœa among the Insane,’ by Berthier; ‘The Interdiction of the Insane,’ by Caffé; ‘Report on an Individual accused of Violence with Criminal Intent,’ by Renaudin; ‘Tuberculosis and Insanity,’ by Clouston and Dumesnil; ‘The Proposed Asylums for the Department of the Seine,’ by Renaudin; and, ‘On the Organization of the Italian Asylums,’ by Brierre de Boismont.

Dr. Auguste Voisin commences his essay on the mental state in acute and chronic alcöolism by noting the alarming increase in late years of this malady. During the seven years he acted as *interne* to MM. Delasiauve and Moreau (de Tours), that disorder was not half so common at the Bicêtre as at the present time. Moreover, it then presented itself in the acute and subacute forms, delirium tremens predominating; whilst on the other hand, maniacal delirium and chronic affections were uncommon. In 1856, 99 cases of alcöolism, and, in 1860, 207 such were admitted into the Bicêtre. From the police returns of Paris it appears that an average of 120 individuals every month are taken charge of by the police, on account of their state of helpless drunkenness in the public streets. This increase of intemperance is particularly due to the abuse of “absinthe;” but the brandy also supplied to the working classes is of wretched quality, and often manufactured from potato-spirit.

Dr. Voisin recognises two primary forms of alcöolism:—1. In which a tolerably sober individual who has never suffered with delirium tremens becomes attacked by mental disorder consecutively or not, as the case may be, to an attack of delirium tremens, as a

result of great excess during a brief time, or of the sudden privation of alcoholic stimulants. 2. Under the second form are included habitual drunkards, the subjects of one or more attacks of delirium tremens, and who may be looked upon as the victims of chronic alcöolism. Indeed, no individuals of this sort are free even when relieved from the acute delirium for which they have been especially treated, from some of the symptoms of chronic alcöolism, such as defective memory, enfeebled intelligence, and moral energy, diminished aptitude for their employment, and decreased muscular power. This second category admits of subdivision. One section comprises those in whom the disorder of actions and of words terminates after a time, never less than a month; the other, those who are permanently incurable, and eventually become demented. Nevertheless, in the one as well as in the other section, chronic-alcöolism subsists.

Cases of acute delirium after simple excess or sudden deprivation of the accustomed stimulus are, in comparison to those of the second form, uncommon. Thus, during one year, there were but 4 of the former, and as many as 28 of the latter.

Three out of four of the cases of acute alcöolism exhibit mental depression with more or less stupor, hallucinations of a depressing character, and various delusions. These patients have little or no consciousness of their condition; their will is inert; their memory of past events at best much confused; their reasoning powers and their social affections abolished; with regard to their freedom of will and liberty of action, these patients may be considered as amongst the most irresponsible beings. Delirium tremens is not necessarily an antecedent of acute alcöolism. The essential characters of the disease are the transitory nature of its phenomena and the constancy of depressing ideas. The prevailing opinion is, that hallucinations are characteristic, yet Voisin finds them absent in one half of the cases. In the second form of the malady, active delirium attacks habitual drunkards, the victims of chronic alcöolism. In this variety melancholia and stupor are more pronounced. Of 10 such patients, 7 suffered with partial delirium of a melancholic type. The majority are insensible to their condition, and continue to be so for three weeks, more or less; after which they demand, with some show of reason, to be allowed to quit the asylum, and again gradually recover their social and family feelings. The memory is more or less seriously deteriorated in almost all instances, but never abolished; the reasoning powers much disturbed, giving rise to erroneous conceptions and interpretations of sensations and surrounding circumstances. The mind can be temporarily aroused from its stupor and painful broodings, but quickly relapses; the will is much enfeebled, and the actions consequently marked by indecision and inconstancy. All the patients, save one, noticed by Dr. Cousin, suffered with hallucinations; those of hearing occurring in 6, and those of sight

in 4. Visions of serpents and of animals happened in one case only; in the rest the visual hallucinations were of persons dead or alive, who annoyed the sufferers. The predominating delusions are those of persecution, of crime committed, and magnetic of influence.

The form of mental derangement in question seldom extends beyond two months. Recovery is the rule, but not a complete cure, for some symptoms of chronic alcöolism remain, such as diminished muscular power, lessened moral energy and capacity for work, decreased powers of conception, and particularly defective memory. Moreover, a relapse is readily induced by excess, by trouble or anxiety, or even by more or less entire abstinence from food and alcoholic liquors.

In three of his cases, Dr. Voisin encountered a condition of mind characterised by a feeling of satisfaction and self-pride, and by delusions of wealth and happiness, which he does not find noted in treatises on acute and chronic alcöolism, but which he looks upon as constituting a distinct variety of the disease. Two of these patients were brandy drinkers; the third indulged in "absinthe." All three had hallucinations of vision. The sentiments of delight and satisfaction were almost always in the ascendant, and if replaced by the painful impressions usual in the malady, it was but for a few seconds, and at considerable intervals. In one of the three individuals, no melancholic feelings at all had place.

No social or family affection ever entered their minds, and all sense of propriety of conduct was blotted out. One of these cases is reported to have recovered, and to continue well after an interval of two years; a second is sinking deeper into dementia; the third died, apparently in consequence of a large abscess of the thigh. Voisin asserts that such cases are essentially distinct from general paralysis. Thus one, as already noted, recovered; in the one who died, no lesions, such as are seen in general paralysis, were met with; and in the third, still uncured, the symptoms of general paralysis are absent.

Nevertheless, in two of them, on admission, trembling of the upper lip, hesitation, and once, indeed, interruption of speech, were met with, coupled with the peculiar air of satisfaction and contentment, and visions of wealth and happiness, encountered in general paralysis.

The second and concluding portion of Dr. A. Voisin's paper is published in the ensuing volume (vol. iv, 1864). The portion already briefly analysed is largely illustrated by cases; this second part possesses still more the character of a clinical report. Its subject is chronic alcöolism in which the disturbance of the intellectual and moral faculties is also chronic. Viewing this condition in relation to its frequent cause in France, the writer also speaks of it under the title of chronic absinthism.

Looked upon as a whole, the symptoms of chronic alcöolism are chiefly referable to the memory and to the moral faculties, particularly to the moral sense, to the social sentiment, and to the force and energy of character. Hallucinations by no means necessarily accompany the malady.

Simple amnesia (loss of memory) is among the most common results of excess in alcoholic drinks. It is rarely wanting, and goes along with stagnation of ideas, heaviness of expression and torpor. In other cases, the defect of memory is associated with difficulty of speech and stammering of the tongue, dependent, Dr. Voisin believes, on the defective memory and the hesitation for words and ideas, and not on muscular paralysis. The intellectual powers are more frequently deranged in the faculty of consciousness: the patients have no clear perception of their condition, of its cause, or of surrounding circumstances. Some assume great singularity of manner, more or less altered from the natural standard. Mental depression and melancholic ideas are among the most common symptoms, and concur with diminished physical and moral energy, and with torpidity. There is so great feebleness of character that such patients may be induced to engage in the most absurd or reprehensible actions. It is for the most part chiefly in asylums that we find the sufferers of chronic alcöolism to be also the prey of hallucinations; for these last form no necessary element in the disease, which, apart from them, is met with in numerous persons at large in society.

Intellectual stupor and brutishness are less common than the other varieties of mental disturbance in the disease in question. The latter Voisin conceives to be more frequent in absinthism, and to be particularly connected with copious serous effusion on the brain. Delirium of ambition with feelings of self-complacency and of pride is occasionally met with in chronic as well as in acute alcöolism, showing that this particular variety of delirium cannot be held pathognomonic of general paralysis, as several writers have represented it to be.

By way of appendix, Dr. Voisin enters on the consideration of the mental state of the victims of chronic alcöolism when suffering from acute maladies, such as pneumonia, pleurisy, rheumatic fever, erysipelas, &c. When delirium breaks out in such patients, it is usually attributed to metastasis, or to an actual extension of the acute disease to the brain. It presents, however, a typical character, as in the case of delirium tremens: the patients are seized with sudden terror, with imaginary fears, with ideas of being persecuted; with distressing hallucinations and illusions, along with continual agitation, tremors of the limbs, lips, and tongue. The body is bathed in perspiration; the countenance anxious and restless, and the sufferer makes attempts to escape the dangers he dreads. In

most instances, death follows the appearance of these symptoms, which it may further be remarked are more prone to occur when these patients have been bled.

One of the author's conclusions is, that absinthism, whether acute or chronic; is distinguished by no definite symptoms from alcöolism; though probably the mental disturbance, in the former, may be more profound and more lasting, and the reduction of the mind to a state of brutish imbecility more frequent.

Further, patients suffering from chronic alcöolism do not possess complete legal responsibility, inasmuch as all their faculties are liable to be more or less damaged by the disease, and thereby to deteriorate the perception of right and wrong. At the same time the doctrine of absolute irresponsibility is untenable.

Dr. Henry Bonnet's 'Essay on the relations of the Insane to Society,' commenced in the number of the journal for March, 1864, is continued in that for the November following, and is to be completed in a subsequent number. It is aptly placed by the editors in a section of the journal headed "Medico-Psychological generalities," for its character is of a very diffuse and general sort, and its readers will ardently desire to alight upon the principles to be illustrated, or the conclusions to be arrived at in its many pages. Certes, this is one fact, it does illustrate that the writer has an extensive knowledge of books, and can string quotations together. As for its teachings, the only lesson we have gathered from the perusal of its first portion is, that it is undesirable, both in the interests of the insane and in those of the public, that the former should be taken care of, and the latter protected from their vagaries and dangerous proclivities.

The treatment of chronic diarrhœa among the insane is the subject of a paper by M. Berthier. The mortality of the insane in the Bourg Asylum has progressively decreased from 54, in a population of 484; in 1857, to 25; in 1, of 569, in 1862; a result attributed by the writer to sanitary regimen and the good nursing received by the patients from the sisters of St. Joseph, the proprietors, managers, and nurses of the institution. The author remarks on the mortality prevailing particularly among the chronic inmates of an asylum from phthisis, and from a physical deterioration indicated in some by diarrhœa, in others by erythema, or wasting fever; in others by tumours of the ear, thrombus of the vulva, œdema of the eyelids, and anasarca, occurring singly, or several conjointly. Diarrhœa is one of the most common among them, and is, in M. Berthier's opinion, of a peculiar character, special in relation to its causes, and special also in its consequences,—a malady *sui generis*. It owes its origin in debility, and ends in debility. It is connected on one hand with the grouping of a number of individuals in the same building,

and on the other with the peculiar condition of the insane, then cachexiæ, and then diathesis. A peculiar constitutional state develops itself as the powers of life fail, in consequence of defective innervation.

The treatment adopted varies somewhat according to the condition subsisting. If the tongue, abdomen, and pulse indicate ever so little reaction, a bland, simple diet, the best hygienic surroundings, and starch enemata, suffice. If the tongue be loaded, and the stools are bilious or mucous, some gentle laxative is superadded. So soon as the tongue is clean, the pulse natural, the belly painless, the stools simply diarrhetic, and the appetite good, tonic regimen is adopted; pure wine, coffee, roasted meat, minced, or chops. This plan M. Berthier pursues for a month or even two. He allows gentle walking exercise out-doors, and insists on well-ventilated apartments exposed to direct sunshine. Vegetables are interdicted.

Of 21 insane labouring under chronic diarrhœa, 10 were cured, 7 relieved, 3 died, and 1 remained uncured. One of the three deaths was really due to phthisis. Of those in whom the cure was not permanent, one was an epileptic, who relapsed after each fit; another was a woman having paroxysms of maniacal excitement, interrupting the treatment; and three others were but a short time under treatment of those cured; some had been ill several months or a year, and two of them during two years. In a final note, M. Berthier announces that several who had resisted treatment when his report was sent in, have since yielded to it, and perfectly recovered. He also agrees with M. Girard de Cailleux in attributing the prevalence of diarrhœa, in a great extent, to the introduction of legumes too largely into the diet of asylums, coupled with overcrowding and defective hygienic conditions.

In some few cases first treated by him he administered pills composed of alum and nitrate of silver; but latterly, he has laid aside all drugs, which he says act only as poisons, and trusts entirely to the animal diet, pure wine, and sanitary measures. In 1855, he had 16 deaths from diarrhœa, and in 1862, under the altered treatment, only 2.

The conclusions of Dr. Caffè respecting the "Interdiction of Insane Persons," whereby the legality of all their actions is annulled, are:—that no interdiction should be pronounced except after the most rigid and minute precautions have been taken by the magistrate aided by competent medical men. The inquiries and interrogatories should be repeated again and again, not only before the court, but also at the patient's residence. Where possible, the appointment of a judicial council, which shall leave the individual free to dispose of his estates by will, is preferable to interdiction. That it is desirable to avoid altogether, or to postpone as long as possible, the

removal of the patient to a special asylum for the insane. For, he asserts, despair almost always takes possession of those removed to such institutions; whilst the mortality is greater and the recoveries fewer among lunatics in asylums than among those not confined. Hence, the patient should be entrusted to the care of his family and friends whenever possible, and when no danger threatened the individual himself or society at large.

Few physicians in this country will, we believe, be found to endorse the opinions arrived at by Dr. Caffé. He appears to view an asylum as an unmitigated evil, and the interdiction of the social and legal rights of a lunatic as a scarcely allowable proceeding. No people can be more jealous than the English of any infraction of their legal privileges; still the necessity of restraining insane individuals, and of depriving them of liberty that is likely to be abused to the detriment of their own well-being, their own property, or of the happiness and interest of others connected with them, is clearly recognised on all hands. Dr. Caffé is but one of several, in France, headed by M. H. de Castelnau, who have adopted these extreme views relative to the legal restraint and disqualifications of the insane.

The paper on 'Tuberculosis and Insanity' is a translation, by Dr. Dumesnil, of Dr. Clouston's essay, with which our readers are familiar.

M. Renaudin, in his contribution on the projected 'Asylums for the Department of the Insane,' reappears as a decided opponent to all plans based on that of Gheel, for undertaking the charge of lunatics in what have been termed agricultural colonies. Hence, he regards the decision of the Prefet of the Seine to institute several new asylums on the ordinary model as a triumph over the opponents of such "closed" establishments. He maintains that work,—agricultural labour being principally in view—can neither be the object nor the exclusive principle of a lunatic asylum, although it be an essential element in its hygiene and organization. All the treatment required cannot be comprised in it alone. Medical considerations must determine when, what sort, and how far labour may be resorted to, and a medical man is absolutely necessary as the superintendent of an asylum.

Viewing the necessity of instruction in mental diseases, M. Renaudin rejoices at the establishment of a clinical asylum at the old farm of St. Anne, for many years an *annexe* to the Bicêtre. It will contain five sections for each sex, and constitute one of the several asylums projected for the accommodation of the six thousand lunatics belonging to the Department. It is intended primarily for recent cases, and will resemble in character the "quarter for obser-

vation," or the receiving wards of the ordinary asylums and the general infirmary. The sites of two other asylums are settled: one near Neuilly-sur-Marne, the other near Epinay, on the road to Orléans. In the plan of these establishments it is proposed to construct a principal building, possessing the usual arrangements of asylums, and to surround it at varying distances with auxiliary buildings, so as to admit of a wider classification of patients according to their condition, their habits, and their employments.

An estimate has been made that, for 1500 patients,—the fourth of the number to be provided for—fifteen million francs (£600,000) will be required.

M. Brierre de Boismont returns to the examination of the 'Organisation of the Institutions for the Insane in Italy.' The general result arrived at, after his former visit to these establishments, was, that not one of them was a satisfactory asylum for the insane. He now considers that the Italian government should at once take steps to remedy that undesirable state of things. A scheme for an asylum at Milan has been drawn up, to provide for 500 lunatics, but in fact, there are at least 1000 requiring asylum accommodation belonging to that city and its vicinity.

M. de Boismont regrets much the want of concord and the jealousies subsisting among those concerned in maturing and carrying out the necessary projects; and he rightly denounces the prevailing spirit of hostility against the medical profession in Italy, and the folly of entrusting the government and construction of asylums to commissions from which all medical men are purposely excluded. Professor Bonacossa ventured to object to the appropriation of an old convent for a new asylum, at Turin, as a structure totally unfitted for the purpose; but his opinion was entirely ignored, and the most objectionable scheme confirmed by the non-medical commission.

The first thing to be done, says M. de Boismont, is, the enactment of a law to protect the insane and asylum physicians; and the next, the appointment of inspectors to examine and report on the condition, the management, and the wants of existing asylums, and on the plans for new ones, and to watch over the welfare of the inmates.

During his visit last year to Italy, he witnessed great improvements, and in places where he least looked for them. He particularly alludes to those carried out at St. Servolo, in Venice, and at La Lungara, in Rome. Considerable space for agricultural purposes had been added to the former, and several new workshops built. At the Roman asylum, where 500 lunatics are confined, various structural improvements had been effected; among which several new and most excellent baths are mentioned. But besides this, a covered corridor had been erected to connect the asylum with

the ramparts of the city, by which above four hectares of land are secured for the exercise and employment of the patients, commanding most delightful views, and readily extended at a future time. Workshops and a laundry are also in course of erection; whilst the women, instead of being shut up within their rooms as of old, are allowed free access to courts planted with trees, and surrounded by covered cloisters.

Volume IV contains original articles by Dagonet, 'On an Amelioration introduced in the Management of Dirty Patients, at the Stephansfeld Asylum;' by Tissot, 'On the Inner (*intinse*) Sense and the Vital Sense;' by Berthier, 'On Ptyalism among the Insane;' by Parchappe, 'On the Question of Interdiction;' by Castle, 'A Psychological Analysis of Courage;' by Grainger Steward and Dumesnil, 'On Hereditary Madness;' and by Auzony, 'On Farm Asylums, or the Colonization of the Insane.' Besides these, we have the continuations of the memoirs of Voisin and Bonnet, as already noticed, and four Medico-legal Reports on criminals under trial.

In his paper 'On the Management of Dirty Patients in Asylums,' Dagonet states his conviction that there will always exist a larger or smaller number of paralytics in whose behalf special care and appliances and special wards will be needed. He looks upon the plan of arousing patients three or four times in the course of the night, to attend to their wants, as a useless proceeding, particularly in cases where the incontinence is permanent, as an undue tax upon attendants, who also cannot be relied on to perform the task, and as a positive cruelty inflicted upon the unfortunate paralytics themselves, detrimental to their well-being by robbing them of their sleep.

He objects to placing wet patients on straw, or on the zosteræ, enclosed in bags, so that the wet portion may be removed daily, and replaced by fresh; inasmuch as it is next to impossible to accurately and entirely separate the soiled from the dry matter. The construction of the bed in three segments, so that the central wetted portion may be taken away separately, is also objected to on account of the trouble involved. Moreover, besides the difficulty of preserving all such beds in clean condition, the beds themselves are hard and prone to produce sores, or erythema and troublesome pustules. Impressed with the defects of all these, as well as other forms of beds invented for the dirty patients, he has sought to contrive an improvement upon them.

All his patients, without exception, now sleep on good hair mattresses; drawers beneath the beds, and other special contrivances, have been removed, and the troublesome frequent changing of straw or other substances filling the beds has been obviated. This has been effected by employing a sheet, covered on each side with india-rubber and furnished with a tube which passes through a hole in the

bed beneath, and allows the liquid running through it to collect in a glazed vessel beneath. Under the patient is placed an ordinary sheet, lying upon the water-proof covering. The last is prepared in the asylum. Since he has resorted to this plan, Dr. Dagonet has not found the patients suffer from excoriations, erythema, or other similar annoying and painful maladies.

This plan is by no means new to English asylum superintendents; and provided no impediment occurs to the collection and running off of the urine at the proper place, it is one of considerable utility. The difficulties in the way of obtaining attendants who will attend to their patients during the night are, in our opinion, exaggerated by Dr. Dagonet. The use of any such contrivance as the impervious sheet described, or any other that provides for the escape of the urine without heed from attendants or any trouble to them during the night, has the disadvantage of encouraging indifference and indolence on their part, and, as a result, the multiplication of wet patients. A sheet and tube will be valuable, in certain cases, where the removal or the getting up of patients is contra-indicated by their condition; but such cases are few in number. On the other hand, the disturbance of patients during the night to pass water is less felt than M. Dagonet supposes, and after perseverance for some time with the plan, the dirty habits are overcome; particularly when care is taken to get the bladder relieved on retiring to rest.

The internal (intime) sense and the vital sense, or vital consciousness, is the subject of a metaphysical essay by M. Tissot, Dean of the Faculty of Literature at Dijon. The term "internal sense" is used as synonymous with consciousness, and the conclusions sought to be established are: 1, that the "internal sense" is essentially different from sensation as commonly understood, as also from the vital sense, which is simply a variety of sensation; 2, that the vital sense was recognised and described under the name of "the sense of coexistence of the body" in the eighteenth century; and 3, that the vital sense, far from giving the idea of the individual material body, involves the supposition of its existence. The reader partial to pure psychology is referred to the memoir itself for the reasoning whereby the writer seeks to substantiate his conclusions.

On Ptyalism among the Insane is the subject of a short paper by Dr. Berthier. He commences it by remarking on the maladies with which an abnormally increased flow of saliva is associated, and on the common feature prevailing among them in excited nervous influence. Three chief causes are recognised as obtaining among the insane: 1, excitement; 2, hallucinations; 3, gastric disorders.

Of twenty lunatics presenting an unusual discharge of saliva by spitting or otherwise, eight suffered with mania or melancholia, with occasional exacerbations. Three of them exhibited the condition only during such periods of excitement. Again, six others were the prey of hallucinations or of illusions of the sense of taste, which compelled them to rid themselves of the nauseous or poisoned liquids. Four others complained of ruined health, of debility, or of gastralgia, and were pale, lean, and anæmic. The rest were victims of dementia, incapable of attributing the habit of spitting to any definite cause.

The continued habit of spitting, and oftentimes the quantity of salivary fluid expelled, proves not only disgusting, but leads to imperfect insalivation of the food, difficult swallowing, and imperfect primary digestion, with its consequences, dyspepsia, acidity of stomach, and wasting.

Ptyalism among the insane, particularly among old cases, arrests unfortunately, as Dr. Berthier remarks, little attention, and is generally regarded as an annoyance and evil to be endured and not to be cured. Gargles, washes for the mouth, and external inunctions, are felt to be inefficacious, and are rarely resorted to.

However, Dr. Berthier assures us that he has found a plan of curing this troublesome condition, to which he was led in a great measure accidentally. An incoherent, chattering female lunatic, exhausted by constant spitting, was on her admission into the asylum placed upon tonic regimen—consisting of meat daily, with the exception of Friday, a potion of wine after each meal, and coffee according to rule. Two months afterwards, not only was her general health restored, but she had given up her injurious and offensive habit of spitting. Struck with this result, Dr. Berthier submitted twenty females guilty of the same habit to a like treatment. Of these, four in whom the infirmity was dependent on organic debility were cured. Three maniacal cases ceased to expectorate except during paroxysms of excitement; with six subjects of hallucination the treatment failed until effusions and the douche were superadded, when the habit was finally overcome. By degrees the spittoons in the asylum have been entirely set aside.

The writer sums up thus: Chronic ptyalism among the insane depends, 1, on atony of the primæ viæ, and may then be overcome by substantial, tonic regimen; 2, on sensory hallucinations, when it must be combated by moral measures; 3, on general excitement, when it must be treated by sedatives and antispasmodics, as indicated in mania. This last form is the most rebellious, because it constitutes an inherent element in the principal malady. The two former are readily curable in course of time. Dr. Berthier deserves much praise for his efforts to ameliorate the condition of chronic lunatics, who too frequently, particularly in gigantic asylums of ma-

gisterial proportions, are let live a vegetable sort of existence, recognised as entities to be fed and clothed, and, when dead, to be duly reported. If such spit about and have other disagreeable ways, they must be separated and constituted into a separate and disagreeable community, in which evil habits are tolerable and tolerated until death leaves only the unoffending carcass to be disposed of by the contracting undertaker. However, Dr. Berthier's paper addresses itself to those who can personally know, watch, and provide for their unfortunate incurables, and such superintendents will be willing to try the simple means of remedy for chronic diarrhoea and pyalism which that physician has suggested. It will not be fair to him to direct attendants to carry out the plans; if the trial of them is to be fair, it must be made by the medical men themselves. The plans are simple, and the results, if attainable, as they are represented to be, most desirable.

The *Question d'Interdiction* by M. Parchappe is the report of an inquiry respecting the mental state of a lady who was eventually placed under interdiction. The proceeding mainly resembles our English commission *de lunatico inquirendo*, under the direction of a master in lunacy, aided by affidavits from medical men and others.

Dr. Dumesnil has further sought to bring the results of English experience in the pathology of insanity before his countrymen, by translating Dr. Grainger Stewart's excellent essay on 'Hereditary Insanity,' which appeared in the pages of this Journal in April, 1864.

At the conclusion of the translation Dumesnil subjoins the following extracts from his report of the Quatre-Mares Asylum, bearing on the subject of Dr. Stewart's essay:

"I have, as usual, sought with the greatest care to ascertain the existence of hereditary tendencies. In 28 out of 180 patients admitted, I have failed to obtain any information on the subject. In 155, on the other hand, my efforts have been attended with success. In 53 cases, that is, in one third of the whole number, heredity has been discovered. In 49 instances there was direct predisposition; a grandsire, the father or the mother, the brothers or sisters, the uncles or the aunts, having been insane, or epileptic, or idiotic. In 4 patients insanity was traceable in a collateral line, among cousins or their offspring. Among those in whose history no heredity could be made out, I found that four had one, or several children, who were insane."

On Farm Asylums, or the Colonisation of the Insane, is the subject of a communication addressed to the Prefet by Dr. Auzouy, the director of the Pau Asylum, and of the Agricultural Colony of St. Luke, an *annexe* of the asylum.

In prosecuting the system of agricultural colonisation at the St.

Luke *annexe*, and whilst keeping its successful and profitable operation in view, M. Auzouy has never allowed labour to be thrust upon his patients, but has always personally consulted what they could and what they would do. Twenty-three patients are employed at this farm, and whenever repugnance has been shown to labour on the part of any one of them, there have always been many volunteers from the asylum to supply his place. He professes misgivings relative to securing 75 of every 100 patients in an asylum (a proportion reported to be obtained in some establishments), for agricultural work. His experience of what can be attained where work is voluntary and regulated by the ability of patients is opposed to such a result. Inducement, rewards, example, and encouragement, will effect great things in getting work done. The places for patients at St. Luke's *annexe* are occupied in turn, so that an average of 45 are employed there. If this number be added to 25 employed in workshops, it gives a total of some 70 men out of 190 in the asylum industrially engaged. As an exceptional circumstance only are any women employed at St. Luke's, but this institution is made useful to the female patients generally as the object of a walk, and a means of diversion for the mind.

Dr. Auzouy argues against the somewhat popular objections against asylums as prison-houses and places of restraint by reason of their construction, their walls, and their rules for security, and assents cordially to Esquirol's dictum, that "a well-organized asylum is a powerful instrument for the recovery of the insane." He recognises a valuable means of treatment in effective classification. To bring about regularity in actions is a stage towards securing a regularity of ideas. The influence of an orderly, quiet abode operates beneficially in certain cases of madness. Hence, he regards a pell-mell commingling of patients in an asylum as a great evil, often inimical to recovery as well as to good management.

Again, whilst agreeing with M. Billod in the desirability of extending agricultural operations among the insane by a sort of colonisation in order to cover some of the expenditure on asylum maintenance, he cannot go along with that physician in his plan of so extending such operations as to entirely cover the cost and even to produce a profit by the labour of lunatics. Such a scheme savours of injustice to the inmates of asylums, considered as sick folk professedly under care and treatment. How ready some individuals, who would, perhaps, style themselves practical men, are to turn the insane to a profitable account, is instanced in the proposition recorded by M. Auzouy to have been made by a member of the Council of the Department to which Pau Asylum belongs: viz., that the proceeds to be obtained by the labour of the lunatics should be made use of to supplement the funds necessary to maintain the public roads of the department!

Further, M. Auzouy shows that a limitation of the space allotted to the labour of patients is demanded as well from considerations of profit and expedience as from those of the interests of the patients themselves.

The next question discussed is the possible application of any rational treatment in the cure of insanity. This he answers affirmatively, contending that medical experience, examination, and oversight, are wanted in all cases; that no single or uniform scheme of management is available to all; and that occupation is only one of several means of treatment, and, as such, requires to be regulated and ordered by medical authority.

An abstract of the accounts of the farm of St. Luke during 1863 shows a profit in the year of just upon 7000 francs (£280); the farm consisting of 20 hectares. Whilst fully recognising the manifold advantages of an agricultural colony as an increase to an asylum, M. Auzouy points out the following drawbacks to the plan:—

1. The inherent difficulties arising from the multiplied relations involved in a semi-distinct institution, obtaining its supplies of food, its stores, its auxiliary labourers, &c., from the principal establishment.
2. The too frequent contact of patients and attendants with people outside, and the danger, to some extent, of relaxation of discipline on that account.
3. The insufficiency of supervision under whatever precautions are adopted.
4. The impossibility of employing the two sexes together at the rural *annexe* without risk to morality.
5. The complete denial to the refractory and the infirm of labour that might be useful to them.
6. An antagonism or jealousy between the workpeople at the asylum and those at the farm, on account of the greater liberty allowed the latter.

These and many other disadvantages, shown by practical experience, attend the establishment of a farm separated from an asylum, and the inference aimed at is, that the agricultural operations should be carried on in the immediate vicinity of the asylum. As a practical commentary upon this conclusion, the old asylum at Pau is to be given up, and a new building erected on the farm on St. Luke.

M. Auzouy relieves an irritated mind by discharging the following small shaft at some English asylums:—"Never in France have I been kept, as I have been in the English asylums I have visited, waiting half an hour before I could see the wards. I would not suspect the good faith of my neighbours on the other side of the channel, relative to their honesty in the matter of non-restraint, but nothing could have been easier, during the half hour's delay in the waiting-room, than to remove out of sight any camisoles that some unlucky exceptional patient might need, and thus to save the *amour propre* of the English in the eyes of his French colleague in respect to the particular practice named."

If it were not just to suspect the superintendents guilty of such a paltry imposition, it was not right on M. Auzouy's part to make the

insinuation; our own experience in visiting both British and foreign asylums is, that such delays must ever and anon occur; for it must be borne in mind that asylum superintendents cannot always be at hand to conduct casual visitors through the wards, and that time must often be lost in searching for the physician who may conduct the visitor through the institution, or who may delegate that duty to some other official if himself prevented. Bethlem and Colney Hatch were unhappy examples of English asylums for M. Auzouy to select for his visit. Of neither of these can an English psychological physician be proud, and, to save his national *amour propre*, he would assuredly propose to the foreign visitor other asylums that more truly represent the national convictions as to what such institutions should be.

Moreover, M. Auzouy should have recalled to mind, before venturing on insinuating the want of a straightforward honesty on the part of British asylum superintendents, the fact that the asylums of this country have been thrown open to the asylum physicians of other countries for their inspection at all hours while they might choose to tarry as guests of their medical officers; and that several, among whom M. Morel, of Rouen, may be named, have availed themselves of the privilege, and have narrowly investigated all the details of management at their leisure.

In conclusion, we would advise M. Auzouy to repeat his visit to England, and to take time to make himself acquainted with the medical officers of the asylums, and so to acquire a more just appreciation of their character, and of the manner in which they discharge their duties to the patients under their care. By so doing he will feel gratified also in seeing his plan of asylums surrounded by open fields, kept in the highest state of cultivation by the labour of their inmates, in full and profitable operation at most of our English institutions for the insane.

In this notice of the two volumes of the 'Annales Medico-Psychologiques, for 1864' we have restricted our analysis to the original memoirs contained in them. But besides these memoirs, these volumes contain abstracts of papers appearing in other journals, reviews of new books and of the proceedings of societies, and lengthened records of the papers and discussions at the Medico-Psychological Society of Paris, from most of which extracts might be advantageously made. Our limited space, however, forbids.

De la Médecine Morale dans le traitement des Maladies Nerveuses,
par A. Paidoleau, M.D. Paris: pp. 256.

This essay on the advantages of moral treatment for the insane gained a prize at the Imperial Academy of Medicine. It is a painstaking production, but cannot challenge attention by any originality or novelty of views, or by the records of large personal experience

on the part of its author. Like too many French works, it is very diffuse in its style, whilst the practical conclusions which alone would be appreciated by medical men engaged in the treatment of the insane, might be compressed within the space of half-a-dozen pages. It largely abounds in quotations from various well-known writers on insanity, and many of its illustrative cases are derived from the same sources.

It is too much the habit of foreign writers to be exhaustive in their treatment of a subject; and just as our old historians thought it necessary, in writing a history of England, to commence with that of the world since its creation, so does M. Paidoleau begin his work by a general dissertation on the dual nature of man, his spiritual and material essences; on the errors of materialism, and the necessary existence of an immortal part, as proved by dreams, &c. Continuing in the same direction, he reviews the physiology of the nervous system, and accepts the doctrine of a self-existent entity—the vital force. But in all the pages so occupied he is but repeating doctrines enunciated by Haller, John Hunter, and various other physiologists of a bygone period, and by no means gives an adequate sketch of the nerve-physiology and mental philosophy of the present day.

After an attempt to demonstrate that nervous disorders exist *per se*, without organic change, in which he loses sight of the homology between the nervous and electric forces, he proceeds, in chapter iv, to show the importance of etiology in comprehending nervous disorders, and also of a correct appreciation of moral causes as productive of nervous maladies. This he seeks to do by examples collected from various authors.

This division of his subject he sums up in the ensuing paragraph:—
 “By neglecting to trace backwards phenomena to the vital force,—a primary fact and a primordial law of the organism,—many physicians have adopted as a point of departure a secondary fact, such as the existence of irritability or of organic lesions, to explain them. Hence they have referred abnormal nervous conditions, at one time, to a lesion of the spinal cord, at another to local irritation, at another to anæmia; in other words, instead of to the correct, fundamental cause, perverted innervation, or a faulty faculty of sensation.”
 Dr. Paidoleau might well be asked, what is this ethereal something which he calls innervation, and how can he demonstrate it as something independent of structural conditions capable of diseased action. The progress of nerve physiology tends daily to diminish the number of disorders attributed formerly, in the absence of definite knowledge, to an impalpable something called disordered innervation; and the collection of ancient cases of nervous maladies made by M. Paidoleau to prove the existence of such without organic change, is valueless for the purpose; for they either are only assumed to be such cases of simple disturbed innervation by reason of their

recovery under moral influences, or, if death has ensued, were concluded to be so, because by crude anatomical examination, without the use of the microscope or other modern means of searching out diseased structure, no alterations were found which, according to the prevailing physiology of the day, were held to explain the symptoms present during life. We would commend to Dr. Paidoleau's study the papers by Dr. Beale on the minute distribution of nerves, Brown-Séguard's and Van der Kolk's physiological researches, and Mr. Lockhart Clarke's investigations of disease of the spinal cord and nerves.

It would be to misspend time and space to introduce an analysis of the author's chapters on the applicability and utility of moral treatment for insane and nervous persons; for the fact is admitted on all hands in this country, and is illustrated in every well-conducted asylum. However, any of our readers having an avidity for reading may gratify it in the perusal of the work under notice, and discover in it "sensation" cases of moral influence which may either gratify or amuse their minds.

Journal de Médecine Mentale.—This monthly journal is still kept up under the editorship of Dr. Delasiauve. Its contents are very varied; and as its dimensions (three sheets monthly) are limited, longer essays are continued as serial papers in succeeding numbers. Thus, in the fourth volume for 1864, the essay, commenced in 1863, on the various forms of mental disorder, by the editor, is continued in monthly portions throughout the year. Again, the Historical Studies on mental disease in ancient times, by M. Semelaigne, are resumed in this fourth volume, and continued in the several sections for the first five months of the year. In like manner Dr. Delasiauve proceeds monthly with his analysis of the discussions at the Medico-Psychological Society on partial responsibility in insanity. Dr. Casimir Pinel contributes a short communication on lunatic asylums in relation to the law of 1838, suggested by the publication of certain newspaper articles on imaginary abuses prevailing in asylums.

Dr. Marcé contributes a paper, in two monthly parts, on the value of the writings of the insane in relation to semeiology and legal medicine. Dr. Belhomme sends a brief communication, in continuation of a preceding one, on the "vital node," and a paper on the Education of Idiots. M. Semelaigne contributes a third portion of his essay on "the differential characters of pathological error," the two previous portions having been published in the third volume of the Journal, and also a notice of the delirium of patients who imitate the barking of dogs. M. Berthier is the author of papers on the conjunctivitis of maniacal patients; on placing the insane in cells; on music and madness, and on the question of the discharge of patients. M. Bourneville discusses the question whether Socrates

was mad, and has since republished it in the form of a pamphlet. Lastly, M. Benedict Gallet de Kulture presents a notice of the insufficiency of education in the Argentine Confederation. Such is a list of the chief original matter in the fourth volume of the 'Journal de Médecine Mentale.' The July number has unfortunately not reached us, and consequently an inventory of its contents cannot be supplied.

But besides the more original contributions, the Journal contains summaries and analyses of books and papers appearing elsewhere, together with miscellaneous matters relative to asylums and their officers, and to the scientific societies of France, when any subject bearing on psychological medicine is under consideration.

M. Berthier has, since his attention has been directed to the subject, observed congestion, or some degree of inflammation of the conjunctiva, in forty chronic lunatics, of the two sexes, mostly in connection with intermittent mania, at times in melancholia with periods of excitement, but never in the calm and continuous varieties of madness. His conclusions are, that there is a special variety of ophthalmia prevalent among the insane; that this affection, though at first resembling ordinary irritation, becomes incurable by its persistence; that it is associated with a form of congestion *sui generis*, together with which it both appears and disappears; and that in cases of simulated insanity, the presence of this sign may be valuable as diagnostic of delirium.

On the Confinement of the Insane in Cells.—M. Berthier remarks that there are three things to be weighed in estimating the excellence of an asylum—the number of its dirty cases, that of its deaths, and that of its cells.

The cell he looks upon as unfortunately a necessary element in asylum construction. It is to be used not as a punishment, but as a remedy. Unluckily M. Berthier cannot restrict himself to enunciating such excellent doctrine and his own practical opinions, but is betrayed into an attack on English asylums, and that marvellous bugbear to most foreigners, non-restraint. Thus we hear from him that non-restraint necessitates cellular confinement, which is the substitute for chains, for the muscular control exercised by attendants, for the camisole and the restraint chair. Hanwell, as in many other similar instances of misconception among foreign physicians, is here again answerable for M. Berthier's notions of what an English asylum is in structure and management. Because single rooms are so abundant it is presumed that they are all and always in use; that their inmates are pretty constantly confined within their limited space; and for the like reason it appears to be concluded that cellular restraint is a prevailing feature in English asylums, approved of by their superintendents. It will be a happy day in the history of the enlightenment of the minds of foreign psychological physicians

when these cease to write about practices in English asylums about which they are in complete ignorance. We imagine it must be that dreadful sea passage across the English Channel which is the cause of French asylum physicians generally not seeing for themselves what British asylums actually are, and what are the modes of treatment really pursued in them.

The *Delirium of Barkers* is viewed by Dr. Semelaigne as a strange neurosis, a sort of pneumo-laryngeal chorea, giving origin to the dog-like noises. It is mostly associated with various convulsive states, or with disordered intellect, or otherwise is the expression of diseased impressions. It has been known to spread, like other nervous disorders, by a sort of contagion among several members of a family, principally in the case of children, and in the wards of children's hospitals. However, the writer of the paper has collected numerous historic examples of the prevalence of this extraordinary disorder in a contagious manner among the members of various communities, including both young and old; and he thinks the term *cynanthrope* to designate the delusion of transformation into a dog may be invented and used on the same footing as the word *lycanthrope*.

M. Berthier's article on music and madness is brief but instructive. He examines music as "a physical agent," and as a complex agent, and discusses the questions, "May music be indiscriminately prescribed?" and "Under what circumstances is music indicated?" The former of these two questions is, as a matter of course, answered in the negative. To determine the matter raised in the latter question is more difficult. The various influence of music being recognised, it remains to discover the character of the music applicable to the particular form of disease. In mania music is seldom indeed beneficial, and need be soft, of slow movement, and calming, and not too near. On the contrary, in melancholia, quick, cheerful music is desirable; except, indeed, at first, whilst the disease is advancing, when commonly music is found to be irritating; where the mind is in a state of stupor it may be aroused also by lively airs, which may in such cases be played more vigorously. In monomania it is only applicable exceptionally, and need be adapted to the peculiar phase of mind. In some cases of the sort it serves indeed to break the chain of their reverie. The writer advocates the cultivation of music among the inmates of asylums, not, however, to be indiscriminately enforced on all.

The contribution of M. Berthier on the relations of the insane in asylums to the outer world, and on their discharge, presents a sketch of the good or ill consequences to be anticipated by bringing patients into contact with persons and scenes external to the asylum; by allowing the visits of friends or others to them; by permitting

letter writing; and lastly, by discharging them from confinement by way of trial or as recovered. In his remarks on these several matters he points out also the circumstances which should regulate them, and adds cases in illustration. It is a very good paper, but difficult to make an abstract of. Moreover, there is no novelty in its teachings, for they are such as the management of an asylum will speedily impress upon any physician who undertakes it. At the same time they are worthy the attention of the inexperienced.

M. Bourneville puts the question—was Socrates mad? argues it through fourteen pages, and, in opposition to M. Lelut (who some time since showed an equal concern in the mental condition of the old Greek), comes to the conclusion that he was not a lunatic. Thus do doctors disagree. For our part we are content to abide by the general opinion impressed upon us in our earlier years as the testimony of certain Greek friends of the philosopher, and which was current in our school-books, that Socrates was a wise man and “nae foo.” Doubtless he had some odd notions, did some odd things, like all others of mortal mould; held some odd superstitions gathered by him in his nursery, was deficient in the philosophy of the nineteenth century, and did not, to avoid the consequences of its application to himself, always keep before his mental vision the psychological argumentation which, in this enlightened age, is so vigorously worked in analysing the mental condition of every individual who unhappily attains sufficient eminence to attract it towards himself, as a poet, philosopher, thief or murderer. But unless some of our dinner-table medium rappers can call him from the shades, by a writ “*De lunatico inquirendo*,” so that MM. Lelut and Bourneville may satisfactorily examine him, we fear the brief record of his life, as handed down by his contemporaries, will fail in details to permanently settle the question; we would therefore suggest a truce between those disputants, and the desirability of letting the question and its subject rest in peace.

R. J. P.

II.—*English Psychological Literature.*

On the Method of the Study of Mind: an Introductory Chapter to a Physiology and Pathology of the Mind. By HENRY MAUDSLEY, M.D. Lond. London: John Churchill and Sons, New Burlington Street, 1865, pp. 31.

IN this ‘Introductory chapter’ Dr Maudsley thus asserts the foundation of Mental Science as the objective (inductive) method of investigation:—