

4. *German Retrospect.*

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The first two numbers of the Monthly International "Centralblatt für Nervenheilkunde u. Psychiatrie" have appeared. It is edited by Dr. Albrecht Erlenmeyer (Bendorf), of whose recently defunct journal it is an enlargement, Charcot, van Deventer, Ireland, Kowalewskij, Lange, Lombroso, Obersteiner, and Seguin. The acting editor is Dr. Hans Kurella, a man of extraordinary attainments as a linguist, and the *résumés* of contributions to neurology and insanity from all languages promise to be of great value. Contributions can be made in French and English as well as in German. The principal original articles are on Recent Advances in Criminal Anthropology, by Professor Lombroso, in French; on Reformatories, by Dr. W. Sommer; and on the Connection of Influenza with Nervous Diseases and Insanity, by Director van Deventer.

The Brain without Corpus Callosum.

G. Jelgersma ("Neurologisches Centralblatt," 15th March, 1890) expounds his theory about the appearances in the brain in which the corpus callosum has been found wanting. He observes that the new-born child, with a brain one-third of the adult size, has almost all the typical convolutions and most of the secondary ones. The rest appear before the end of the second month. After this the brain grows as a whole. He thinks it probable that there is a constant relation between the quantity of the grey matter of the brain to that of the white matter, but where the corpus callosum is absent the white matter is diminished. The thinner the cortex, the greater winding of the convolutions. The space left by the want of the corpus callosum and the deficiency of the white substance is filled up by the extension of the lateral ventricles and the increased subdivision of the gyri. Deficiency of the corpus callosum is so rare that few have seen a single specimen of it, much less two; but Jelgersma finds by studying the cases described, that increased number of the convolutions and irregularity in their character with increased extent of the lateral ventricles, go together in every case save one in which the gyri were found increased, but the lateral ventricles were of normal extent. In those cases of idiocy in which there is failure of the corpus callosum he thinks that the grey matter is deficient in quantity. Jelgersma makes the morphology of the brain in such cases very much a case of packing. The cause of congenital deficiency of the corpus callosum is not known. It is generally combined with other abnormalities of the brain. Where it occurs alone the mental functions do not seem to be deficient.

Hallucinations.

Drs. Tomaschewsky and Ssimonowitsch have given a remarkable case of hallucination in the Russian "Wjestnik psichiatrii i nevropatologii," 1888, vi., of which we take a report given in the "Neurologisches Centralblatt," No. I., 1889. The patient was a Jewess, aged 33, with no hereditary disease and enjoying good health, but she had been frequently ill-used by a drunken husband who had struck her on the head. Several months before her entry into the town hospital of Odessa she had several attacks of general convulsions with loss of consciousness. She was admitted on the 31st January, 1886, labouring under an attack of *paranoia hallucinatoria acuta*, the principal symptoms being excitement, sleeplessness, delusion of persecution and illusions of the senses. These passed quickly away, so that after six weeks she was so much improved that she could be discharged. The hallucinations of hearing from which she principally suffered during her illness were of two distinctly different kinds; she heard with both ears the voices of her tormentors, the sound of flying birds, etc., and localized these illusions in outer space; she also had a series of subjective hallucinations of hearing in the left ear; the latter commenced earlier than the other illusions and could be suspended by stopping the left auditory passage. On examination of the left ear there was noted diminished sense of hearing, with chronic catarrh of the left Eustachian tube. There were, at the same time, hallucinations of touch on the left side, and, perhaps, also illusions of muscular sense. The patient imagined that the persecutors pulled her sheet and bed cover from the left side. During several years which the patient spent out of the hospital, the noises of the left ear still continued. She heard sounds like the crackling of burning wood, the fluttering of birds and loud laughter. These illusions became weaker and at last disappeared. They were replaced by a singular hallucination of vision. The patient saw continually in the field of vision of the left eye, sometimes in the centre, sometimes at the outer half of the eye a white dog in the act of springing. This appearance annoyed her very much, although she clearly recognized that it was but the result of disease. She saw the dog even when the eyes were shut. The power of vision did not seem to be altered in either eye. From time to time she had attacks of epileptic convulsions. On the 14th February, 1887, the patient was again received into the hospital and died thirteen days after. During this time she had very frequent convulsive attacks. Sometimes the spasms implicated the muscles of both sides of the body in a certain order. They began at the orbicularis oris, then seized upon the right half of the face, and then spread to the muscles of the left neck, and the left leg and arm, after which they would pass over to the limbs on the right side. Sometimes they would stop at the left side of

the body, sometimes the left arm would also escape. Towards the end the spasms were confined to the left side of the face with conjugate deviation of the head and eyes to the left. During the fits consciousness was lost. On examining the patient during the short intervals between the fits there were found paresis and diminution of sensibility of the right half of the body and a contraction of the field of vision of both eyes. The hallucinations of hearing and sight were no longer apparent; the bodily temperature was increased. The patient fell into a state of utter exhaustion and coma with cedema of the lungs and finally sank. On examination after death there were found hyperæmia of the inner table of the skull extending to the spongy substance. The dura mater on the right side was thickened over the lower half of both median gyri, the posterior half of the first temporal convolution and the gyrus supra-marginalis and angularis, and the posterior half of the first temporal were thickened, injected, and bound to the pia, and partly adhering to the brain substance. On these places between the thickened dura and the surface of the brain there was a layer of new tissue, the cortex seemed thinner, and about the middle of the posterior median gyrus had quite disappeared, so that the thickened membranes were united with the white substance of the brain. Drops of mucus were noticed in the middle ear. No alterations were found in the nerves and optic tracts. On microscopic examination of the affected parts it was found that where the membranes adhered to the brain, the neuroglia had developed at the expense of the nerve elements. In the cortical substance around, the nerve tissue still persisted, but in a hyperæmic state, and was infiltrated with lymphoid corpuscles. The authors think that in this case a process of irritation had been going on in particular parts of the brain cortex which was the cause both of the convulsive attacks and the unilateral hallucinations. As the nerve elements disappeared to be replaced by connective tissue there was a cessation of the symptoms of irritation in the auditory and visual areas as well as of the spasms affecting the left arm, of which the corresponding motor centre was most deeply affected. The author considers that this case confirms the cortical theory of hallucinations, and no doubt Dr. Anguste Tamburini would regard it as a confirmation of his views. He holds that irritation of a motor centre causes convulsions and that irritation of a sensory centre causes hallucinations, and here we have the same irritation acting in motor and sensory centres at once and causing both spasms and hallucinations.*

Insanity with Multiple Neuritis.

Dr. S. Korsakoff, of Moscow, describes in the "Allgemeine Zeitschrift für Psychiatrie," xlvii Band, 4 Heft, a form of insanity

* Sulla Allucinazioni Motorie. Reggio-Emilia. 1889.

combined with multiple neuritis, to which he gives the titles of *Psychosis Polyneuritica*, seu *Cerebropathia psychica toxæmica*. It is the result of blood-poisoning, which affects the whole nervous system, especially the peripheral nerves. It falls more frequently under the observation of general practitioners than of those engaged in the treatment of the insane. The blood-poisoning which thus acts upon the nerves may be owing to the puerperal state, to typhus, tuberculosis, diabetes, jaundice, or to the toxic effect of arsenic, lead, carbonic oxide, or ergot. I have myself seen similar symptoms follow malarial fever. It has been frequently described as a variety of insanity from abuse of alcohol; but Dr. Korsakoff has seen as many as fourteen cases in which there had been no abuse of alcohol. The existence of neuritis along with insanity, to Dr. Korsakoff's mind, is evidently the essential characteristic of the disease. In one patient, who died at the Psychiatric Clinique at Moscow, he found a degenerative neuritis in almost all the nerves. In some nerve bundles the alteration had quite the character of the segmental periaxile neuritis described by Gombault. The patient complains of weariness; the gait becomes uncertain; he has pains in the arms and legs; the muscles waste away, now and then it comes to something like paralysis and contractures; the electrical contractility diminishes; the patellar reflex is much less lively. Sometimes there is great irritability of temper with confusion of ideas; more rarely there is apathy. Often the patient cannot sleep at night, is fearful, wishes someone to sit by his bed. The memory is much affected, the patient forgets recent occurrences, while what took place long ago is better remembered. Sometimes the memory gets so bad that the patient during one interview repeats the same question, or tells over the same story, or forgets what happened to him the same day. There is also incoherence of ideas, sometimes with illusions of sight and hearing. Sometimes the irascibility rises to maniacal delirium; at other times the patient will sing songs the whole night long or murmur words in a low tone. The symptoms are seldom stationary; the mental condition gets better or worse with the general health. The prognosis is so far good that recovery generally happens in the course of time, sometimes in a few months, oftener after several years.

In the "*Archiv. für Psychiatrie*" (Band xxi, Heft 3), Dr. Korsakoff describes six new cases of this form of insanity. Two of the patients had spasmodic movements in the feet and hands, resembling athetosis. Three of the cases ended in death, but there were no post-mortem examinations obtained.

Traumatic Epilepsy treated by Trephining.

The following case is taken from the "*Finska Läkararesällskapet's Handlingar*," Band xxx, No. 2:—A Finnish peasant,

43 years old, received a blow with an axe on the head, causing pieces of the bone to come away. A large depressed scar remained, which was painful on pressure. He became subject to epileptic attacks, from three to ten in the week. The scar was of a triangular shape, from 2·8 to 3·2 centimetres long. It was situated above the left ear, about five centimetres in front of the binaural line. A depressed piece of bone belonging to the internal table was removed with the trephine. At first no motion was noticed in the exposed portion of brain; but the brain-pulsations gradually appeared in about a minute after the bone was removed. Some hours after the operation the patient had two fits, and on the third day a single one of lighter and shorter duration. The operation was performed on the 26th November by Dr. Saltzman, of Helsingfors. On the 17th December the man was sent out quite well. To guard the weak point in his skull, he wore a piece of brass lined with leather.

Another case.

In the "Centralblatt für Nervenheilkunde," 15th May, 1889' there is a report of a case of epilepsy, probably not traumatic, also treated by trephining. The patient had been subject to epileptic attacks for ten years. He was under the care of Doctors Bendandi and Boschi. For the last year the fits had become very frequent. He had hemiparesis with contracture of the flexors of the right arm, and spasms of the right side of the face. The trephine was applied over the left median gyrus; they then divided the dura, and made an incision three centimetres deep into the brain-substance, but found nothing. It seemed as if there had been œdema causing compression of the brain. Three weeks after the operation the hemiparesis had disappeared. After this there was a rapid improvement in the use of the arm. Two months after the operation the man still remained free from the epileptic fits.

The Autobiography of a Hallucinated.

For this curious description of the hallucinations and delusions of a paranoiac, we make use of the abstract of Dr. Kurella in the "Centralblatt für Nervenheilkunde," 1st Oct., 1889, No. 19:—
"The man (a former patient of the hospital) has intercourse with me through walls and everywhere. I answer him often with my mouth shut and without uttering a sound, and he understands me quite well. The man can attend to my apprehensions, impressions, ideas, and thoughts; he can also sharpen my attention or lead it away; he can bring an image into my eye as if I saw a drawing. He can guess thoughts, cause dreaming in the night and while awake, speak through walls and everywhere to anyone.

"(b) *Apprehensions*.—1. My nerves. Auditory nerves. Often when I read I listened against the wall and was forced to believe

that the clock on the wall read with me. When I wrote, the same took place. The pendulum of the clock must know what I wrote. What is unusual with these apprehensions was that the cause of the ticking did not require to be present at the place where I should have expected it to be, but that it is in a man of about 80 years, below middle height, who usually wears a wig; he generally sits still there and seems to do nothing.

“*Visual Nerves.*—I once saw in my eye by the clear light of day, and while perfectly in my senses, a very lively, coloured picture (a small landscape), though there was nothing like it near. I also saw all around darker than natural during the day and coloured like a photograph.

“(c) *Nerves of the Will.*—I have several times felt an unwonted inclination to move my arms. Sometimes a too early weariness in my arms. Sometimes I have felt letters or words in my throat which came there without my will. It often happened that I made slight movements without being afterwards aware that I had intended it.

“(d) *What the man observes.*—The man told me on some occasions often, and on other occasions now and then, what I see, the posture of my body, names of people of whom I think, what I have undertaken to do, what I did formerly, and what no man could know; what I pray. He makes remarks on my reading; he observes what I think, and at the same time he makes me aware of an image in my eye which had escaped my attention.

“(e) *Attempt at Explanation.*—Two things are certain—1. The man had an extraordinary perception of what I felt and thought, and also what occurred in the passage of my nerves. 2. I was distinctly aware of words as impressed by the man on me, while anyone standing close to me is not aware of it. Therefore I hold—1. That the man draws me out from the crowd of my connections with his practised and fine power of apprehension which he receives at the same time, for example, when I see an image in my eye. 2. And that it is not through the air that he is revealed to me, but through the æther. The vibrations of the æther can go in straight lines, while the sound-vibrations of the air go in ever-increasing circles to all hearers.”

The remaining jottings (which take up 200 printed pages), adds Dr. Kurella, rather give interpretations of the sensations of the patient than descriptions of them, and fall into the common symptoms of paranoia.