[July,

## 3. A Commentary on the Affair Chorinsky. By Dr. HAGEN, of Erlangen.

This is an interesting memoir, partly from the social position of the chief person concerned, partly from the difficulty of reconciling the symptoms and *post-mortem* appearances with the different forms of insanity as we know them.

Gustav Chorinsky, born in 1832, at Salzburg, died in 1871, was the eldest son of the Countess Chorinsky-Ledske. His mother was subject to somnambulism, and so troubled during the period of gestation with pains in the back, and weakened by continual feverish attacks, that delivery had to be completed by the forceps. The boy was always ailing, and when five years old had enteric fever, from which time his disposition seemed much altered. At seventeen he entered the army as lieutenant, in Bohemia. His letters to his mother between 1851 and 1866 illustrate his mind and habits. In all of them he complained of headache, especially at evenings and often through the night, and of nervous, irritable sensation; at times too he bled freely from the nose, and suffered from "congestion of the brain." From an early age he had practised onanism. In 1857 he formed the acquaintance of an actress, Mathilde Rueff, who cost him a great deal of money, and put him into debt. In 1860 the Count exchanged into an Italian regiment, and married Mathilde. Soon, however, his letters to her became indifferent in tone, and about this time (1832) he said in some letters to a certain Madame Barth that he had separated himself from his wife because she was a "spendthrift and her mother a pimp." In 1866 he was engaged in the Austro-Prussian campaign, and was twice wounded at Königsgrätz. The report of his superior officer, the Archduke Henry, at this time was as follows :--- " Count Ch. is descended from a noble family, but is of weak bodily health and feeble intellect, inclined to lie, of unformed character and no stability, a great chatterbox, and very ignorant of military matters. He speaks Italian, French, English, and Russian tolerably well; can ride, swim, and fence properly, and behaved well before the enemy. At Königsgrätz he received a sword wound in the foot and a bullet in the chest.

In 1868 Julia v. Ebergenyi came to Vienna, resolved to make as much as possible out of her charms and artifices. At first she lived with a relative, but soon entered into certain liasons which cost the gentlemen concerned very dear. She met the Count at an evening party, and he was not long in declaring bis affection for her. Then ensued a series of the most rapturously-written letters, a whole dictionary of endearing epithets. Marriage was agreed upon, the only obstacle in the way being that the true Countess was still alive, and that a separation from her could not be obtained. Another advantage from the death of the Countess would be that the Count would receive 12,000 florins, of which he stood greatly in need. Chorinsky applied

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to a person named Rempacher, and obtained from him some cyanide of potassium. He furnished Ebergenyi with false introductions and letters to his wife, took lodgings for her in Munich, changed her money, and endeavoured to set up proofs of an alibi. Julia went to Munich in November, introduced herself as Madame Berger, and took an opportunity of poisoning Mathilde with the cyanide. Suspicion, of course, settled on the Count, and he was imprisoned. His conduct when in prison was as follows :--- "At first he tried to despatch letters secretly, and to bribe the warders. He was good-natured, but lustful and excitable, especially regarding the slightest neglect in his food. On any little oversight he became furious, and ran about with clenched fists, saying he would eat nothing more. On the receipt of some new clothing he danced about like a child, and became wildly excited on hearing that the verdict had gone against Ebergenyi. Stimulants caused headache, and he complained of sleeplessness, but had no hallucinations. His propensity for letter-writing was very great, and he would write letters of 12 to 20 pages long, containing assurances to Ebergenyi of his deep affection." In June, 1868, he was tried and manifested great indifference, though condemned to twenty years' penal servitude. Martin, Solbrig, and Gudden were for him; Morel and Meyer against.

About this time he began to suffer from hallucination, for when Morel visited him in the prison of Rosenberg, he said, "Now I am quite happy. Every night troops of young girls, beautifully clad, sing most ravishing songs under my window. When I do not see them I can hear them, and I have recognised Hotooy among them." He had also delusions, for Dr. Fahrenholz says that "the Count was always addicted to venery, and practised onanism publicly. He would weep the whole night, and professed to be a general, Pope, Christ, and the Emperor. He became unruly, and was straight-jacketed Pulse quick and intermittent. Face congested. Constant micturition, and very thirsty. He passed motions in the bed, and threw his food about the room. He would cry out loudly, and tear off his clothes, and dance can-cans, fainting when the paroxysm of fury was over. On one occasion he attacked an attendant, tore his own beard ' to send it to Mary,' and talked to the wall."

"In December, 1868, he was removed to the asylum at Erlangen. Here he was very violent, abused people and tore up the clothes and mattresses, saying that his 'father did it,' that he had 'never slept since being born,' &c. Weight, 8 stone 4 pounds At times he played games and read the papers. Said that he was 'King William, and had bombarded Vienna during the night.' His speech became affected, and walking more difficult, with an inclination to the left side. His left hand was cedematous, and colder than the other. Appetite voracious. At last convulsions supervened, and lasted two days, after which he died."

Post-mortem.—Chronic inflammation and thickening of the membranes. Atrophy of the brain. Old othœmatoma. Red hepatization Psychological Retrospect.

of lung on right side. Endocarditis of mitral. Cyst in left kidney. Circumscribed obliteration of processus vermiformis. Ascaris lumbricoides. Oxyuris vermicularis. Tricocephalus dispar. Skull thin, finely-punctated, symmetrical, all sutures obliterated. Dura mater strongly injected. Much blood escaped in opening the cranium. Inside the dura-mater was a false membrane, much injected, and connected at many parts with the pia-mater. Lateral ventricles of brain but moderately enlarged, holding little serum, ependyma only slightly granular, but the epithelium of fourth ventricle much so. Arteries at the base very narrow in calibre. Weight of brain nearly 34 ounces. On microscopical examination the brain-elements were not noticed to be affected either in size or arrangement, nor were the vessels thickened. Heaps of fat granules and corpora amylacea were found in the spinal cord, otherwise its structure was normal.

The difficulty and interest of this case is in determining the particular kind of insanity. At first there were all the appearances of ordinary mania; still it was not simply mania, for there was not the very rapid flow of ideas nor the talkativeness. Was it general paralysis? Measured by Hagen's "goldener schnitt," that is estimating what SHOULD HAVE BEEN the weight of the brain determined by different measurements of the skull, and comparing such supposed with the actual weight, there was found to be a defect of  $7\frac{1}{2}$  ounces in the weight of the brain proper, *i.e.*, not including the cerebellum and the pons. No doubt there was some hereditary predisposition to insanity, and matters were not mended by the use of instruments at the time of birth. There was no history of syphilis or rheumatism, only of an excitable condition of the vaso-motor system as shown by the quickened circulation, blushing, and sudden pallor.

On the whole, according to our notions, the condition of Chorinsky appears to have been that of paralytic dementia, occurring in a man ot insane temperament. For the age at which he died favours it, viz. 39 years. There was a preliminary stage of excitement attended with grandiose delusions; there was marked hesitation of speech, which developed itself during the last year of life; the spinal cord was affected; and, finally, the mode of death by a continued series of convulsions was very significant. Surely no collection of symptoms could be much clearer! Dr. Hagen, however, thinks that the hesitation of speech was not sufficiently developed for general paralysis ; still speech was affected, and there are in general paralytics numerous shades of difference in the altered style of articulation. The pathological changes of general paralysis are too indefinite to admit of exactness of definition, still it is curious that in Germany, the land of at least the pathology of the disease, so little value should be attached to what we regard as, if not actually diagnostic, at least so in the largest proportion of cases.

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