

2. *French and Belgian Retrospect.*

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*De la Législation Comparée sur le Placement des Aliénés, dans les Etablissements Publics et Privés.* Par M. B. BALL et M. A. ROUILLARD. Paris. Goupy et Jourdan, 1889.

Want of space has prevented us taking notice of this publication in a previous number. It consists of a report presented to the International Congress of Mental Medicine held in Paris last year. Anything written by Professor Ball is worth reading. The present publication is no exception. It does not admit of analysis or quotation, and those who want a brief description of the provision made for the insane, as the result of special legislation in the principal countries in Europe and the States, should read it. It is pointed out as a grave mistake in many countries that under the same government the most contradictory laws and regulations are in force to provide for the insane. It is so in England, in Switzerland, and in America. To the Frenchman it seems that the unification of the lunacy laws is an absolute necessity. The writer insists on the duty of the State to legislate for dipsomaniacs, morphino-maniacs, etc. The question of legislation for criminals is intentionally omitted on account of its magnitude. As is justly observed, the whole report would have to be devoted to it.

*Du Délire des Persécutions ou Maladie de Lasègue.* Par M. B. BALL.

To render justice to Lasègue is one of the objects of Prof. Ball in his "Treatise on the Insanity of Persecution," and to few clinical physicians is more merit due than to him. On everything he wrote and spoke he impressed the stamp of his genius. This mania was first described by Kant; Pinel and Esquirol reported cases illustrating it; but Lasègue went further, and created, so to speak, a special form of mental disease under the name of *délire des persécutions*. The progress of psychological medicine has, however, advanced still further by distinguishing various types of the malady. There is that described by Lasègue, comprising the genuine victim of imaginary persecution; then there is the type described by Morel, Foville, and Falret, in which ambitious ideas are associated with it. A third is characterized not only by the delusion in question, but by a persecuting mania, and has been described by Falret as well as Lasègue. Fourthly, ideas of persecution arise in the course of other insanities, in general paralysis, alcoholics, etc. Fifthly, *folie à deux* is usually one form of the insanity of persecution. Lastly, we have those who consider

themselves persecuted, but are not in a condition in which they are placed under restraint.

In regard to the last division, it may seem unnecessary to distinguish those who are in from those who are out of asylums; but it is very important to recognize the presence of this class in our midst. Such persons sometimes cause great excitement by their sudden commission of crime; or their eccentricities at least require that they should be placed in confinement. They may, however, remain at large, and by their unjust wills they may cause more unhappiness after death than they did during their lives.

In regard to "the persecuted" who are ambitious, we have in these lectures a good description of *méga'lomanie*. It is very easy to trace the logical connection between that condition of mind, in which the patient believes himself to be an exalted personage, and the delusion of being the victim of studied neglect and subsequently actual persecution. Ball gives the case of a woman who presented herself before the commissary of police to recover a fortune of which she had been deprived. She complained of persecutions, and had hallucinations of hearing, taste, and smell. She believed herself to be a queen, but a conspiracy in her own body prevented her from reigning.

In the asylum the *délire des grandeurs* was the predominant symptom—in short, the exaltation of the ego. She presented absolutely no physical signs of general paralysis; the articulation perfectly clear, although speaking rapidly. Her ideas of grandeur have none of the usual characters met with in general paralytics; no talk about millions or milliards; no childish ideas, and especially none of those lapses by which such patients from time to time pass out of their usual condition to fall into ridiculous contradictions. This patient is a true *ambitieuse*. She never gives up her pretensions, and always maintains her proud attitude.

Foville's article upon grandiose delusions is referred to as supporting Morel, who first established the association of these ideas with the insanity of persecution.

Dr. Ball ably contrasts the mental condition of the alcoholic insane with those who imagine that they are persecuted. The latter is almost always in good physical health, while the former is more or less out of health. His intelligence may be good enough, but one cannot eulogize his liver or stomach. The one sleeps and digests his food badly, the other well. The insanity of the one is essentially subjective, that of the alcoholic is frequently objective, and is powerfully influenced by external circumstances, which constantly modify his mental disorder. The insanity of the alcoholic is a dream, that of the persecuted is a perpetual debate, an incessant abuse of argument and logic. Consequently the one is impulsive, and he easily passes from the idea to the overt act. The other, on the contrary, considers his blows, and only manifests his aggressive tendencies after long premeditation; his acts

of violence are never spontaneous, his memory is remarkably good, while the alcoholic loses his.

There are many other remarkable points of contrast; but we cannot pursue this and other ably-treated subjects in these lectures. Suffice it to say that the latter are characterized by the same skilful treatment and graceful style which habitually mark the writings and discourses of the eminent professor of insanity in the Paris Faculty of Medicine.

*Des Hallucinations de l'ouïe.* Par le Dr. G. DESCOURTIS. (*Prix Civrieux.*) Paris, 1889.

This *mémoire* was "crowned" by the Academy of Medicine of Paris, and with good reason.

The author does not recognize the force of the distinction usually made between hallucination and illusion, and in this respect agrees with Prof. Ball. No doubt the distinction is a very fine one in some instances. The question is not altogether unimportant, because while men easily, in even a perfectly sane state, convert a real object into something other than itself, they rarely perceive one externally projected in the entire absence of a corresponding reality, without a more or less grave disturbance of the nervous system. It is maintained that an illusion is always a false interpretation—and therefore a purely psychical process—not an illusion of the senses at all. The great point is to define clearly; if this be done, there would be less difference of opinion on the question among psychologists. It must not be forgotten that an insane hallucination as well as an illusion may involve a false interpretation.

Some interesting cases are reported illustrative of hallucination. Evidence is afforded that the excitation of one sense may increase and even create the functional activity of another. The experience of the author affords an example. One day he was seated at his desk when a door was shut in the storey below, making a great noise. He at once perceived a smell, which originated at the other end of the room. A quarter of an hour afterwards a carriage passed under his window, making a loud sound, and the same odour returned. After the noise had gone the smell disappeared also. The remarkable phenomena of colour-bearing are noted. With some musicians different notes have their corresponding colours. We are glad to see a section devoted to the action of cerebral automatism in causing auditory hallucination. There is an interesting section on the hallucinations of hearing observed in dreams. They are rarer than those of sight. When they do occur they are associated with the personages seen in dreams, and are not isolated. Automatic action of the cerebrum, combined with the reflection of the customary occupations of the individual, cause doubling of the personality in dreams. The various mental dis-

orders in which hallucinations arise are enumerated. The ætiology, pathology, diagnosis, prognosis, and treatment of hallucinations are severally discussed. M. Descourtis is in accord with Prof. Ball in holding that the *point de départ* of all hallucinations is sensorial. Granting this, the elements which give force and clothing to an hallucination are treasured up in the store-house of the memory, and drawn thence by the mind. We cannot do more than give this scanty notice of a treatise which, although not extending beyond 110 pages, contains a large amount of most interesting and original matter. It is a valuable contribution to the literature, already so vast, of this fascinating subject.

*Des Prisons Asiles pour Criminels Aliénés et Instinctifs.* Par le Dr. SEMAL. Bruxelles, 1889.

*Le Médecine Nutritive en Psychiatrie.* Par le Dr. SEMAL. Bruxelles, 1889.

*De l'utilité et des dangers de l'Hypnotisme.* *Idem*, 1888.

Numerous as are the articles which appear from the fertile brain of Dr. Semal, he is in no danger of overwriting himself or wearying his readers. Various conclusions are postulated by the author in the brochure placed first in the above list, and to them we would refer our readers. We may, however, say that Dr. Semal concludes his article by asking whether it is too much to require from society at the present day to place its repressive legislation in accord with the indisputable acquisitions of science in promulgating the truth that between the crime which it has the right to punish, and the malady which it is bound to treat, there is a middle course, namely, that of a simple armed neutrality. To this question he has no hesitation in replying that it is not.

"Individualization" instead of arbitrary generalization is the means which has succeeded in advancing all the sciences; and why, he asks, does the law refuse to employ it here?

"To-day it is necessary to take account of the social elements, whose advance the contempt of human life, the caprice of rulers, and violent contentions have suppressed. Not only would capital punishment disappear from our codes, but expiation and intimidation are the old arms whose rust becomes every day thicker, and it is the adaptation to society which one aims at, even through punishment itself—a result only possible when we make allowance for individual tendencies" (p. 57).

Nutritive Medicine in Psychiatry is, all will admit, an important subject. The writer points out the necessity of introducing a dietary sufficiently nourishing on the one hand, and, on the other, one of a special kind for all those patients who display a marked defect of nutrition, whatever may be the train of nervous or

mental disorder which accompany malnutrition. He adds that the first of these indications is scarcely fulfilled in the asylum at Mons. Tables are given which indicate the amount of different kinds of food now ordered by the superintendent. A mortality table is appended, showing that during the decade, 1867-75, the ratio of deaths to the number resident was 8.4, while during that of 1876-88 it was 6.6. Dr. Semal asserts that the curability of insanity will be increased by giving rather fewer narcotics, and rather more food. It is noteworthy that he has to protest against the mischievous doctrines of Broussais, because medical practitioners are met with every day who continue to bleed and to purge when they treat the slightest mental derangement, and pour in bromide of potassium on the occasion of the slightest excitement, while none of them ever dream of including good food in the system of cure. It is needless to say that for many years English alienists have protested against starvation or depressants in the treatment of the insane.

In the third publication Dr. Semal treats the subject of Hypnotism in the judicious and discriminative way which might be expected from him. He is no opponent of the legitimate employment of Hypnotism, but is very properly alive to the dangers of its abuse.

*La Folie au point de vue Judiciaire et Administratif.* Par Dr. J. P. HENRY COUTAGNE. Paris: G. Steinheil, 1889.

The author in the first chapter divides the history of insanity into four periods, that of antiquity, the middle ages, the modern period, and the contemporary age.

In the first, which terminates in the triumph of Christianity, he surveys the theological, philosophical and medical conceptions of insanity in the East, especially among the chosen Greeks; also Roman jurisprudence—the origin of French law.

The middle age begins with the overthrow of the Roman world by the barbarians. The emancipation of thought in the fifteenth century may inaugurate modern history in general, but this cannot be regarded as true of the rational treatment of insanity, which only commenced during the eighteenth century.

Modern history really commences as regards the insane with philanthropists and philosophers. The idea of demoniacal possession faded away, and benevolent and scientific thought led to the improved treatment of the lunatic. In France, the influence of Pinel marks the change of feeling. The contemporary period may be regarded as beginning with the great Lunacy Law of 1838. Dr. Coutagne does not appear to sympathize with the agitation which has led to the attempt to revise this famous statute.

We do not propose to follow the author in his historical sketch,

but may remark that he does justice to the attempt in England to reform the treatment of the insane, which was contemporary with that which took place in France. We pass on to the last two chapters, in which he studies insanity in codes of law. The terms in which the articles of the Penal Code 64, and of the Civil (489, 499, 901) are as follows:—

“Penal Code, article 64: “There is neither crime nor misdemeanor when the accused was in a state of dementia at the time the act was committed, or if overpowered by a force which he could not resist.”

Civil Code, article 489: “A person who has attained his majority, and is in a state of habitual imbecility, or dementia, or mania, must be placed under control, even when this condition has certain lucid intervals.”

Civil Code, article 499: “When the request for interdiction is rejected, the tribunal can, nevertheless, if the circumstances demand it, order that the defendant shall not henceforward plead, compound, borrow, receive personal property, nor give a discharge for it, nor alienate, nor incur his mortgages, without the help of counsel, who shall be provided for him by the same judgment.”

Civil Code, article 901: “In order to render a donation while living or a will valid, it is necessary to be of sound mind.”

Article 174 of the Civil Code enacts that “The state of dementia of the future husband or wife is a reason for opposing marriage.”

The influence of Greece and Rome is marked in these articles. The *furiosus*, the *demens*, the *stultus*, or *fatuus* have been translated into French and connote states of “fureur,” “démence,” “imbécillité” (p. 116). The first term may be made to include all that falls under mania. Démence designates the most varied forms of mental disorder, although in medical psychology it is limited to the terminal stage of cerebral diseases marked by hopeless decay of the faculties. Imbécillité, although in medicine restricted to idiocy, properly so-called, is employed to indicate all annihilation of the mental faculties originating in birth or infancy.

The author avoids the burning question of the competency of the lawyer and physician in the examination of the insane, and prefers to state the elements of a procedure of which the solution will not be so long pending as one might be tempted to believe, and leaves its reader the task of drawing his conclusion *in petto*. The lawyer examines the lunatic according to such superficial ideas that you feel the absolute necessity of knowing the scientific basis upon which alone this diagnosis securely stands.

It would occupy too much of our space to follow Dr. Coutagne in the practical suggestions which he gives in regard to the different forms of mental disorder which present themselves to the expert consulted in criminal and civil cases, with a view to

determine the all-important question of responsibility. Very properly he resents the sweeping assertion that the criminal is a moral lunatic.

Remarking on the delicate task of making not only a present, but a retrospective diagnosis, the author observes that the latter is required under various characteristic circumstances. Thus, in transitory forms of insanity, we have alcoholism with acute and sub-acute derangements, the cause of innumerable legal actions; but it leaves on the organism a permanent impression which forms an important means for guiding the expert. Epilepsy, again, causes temporary attacks, terminating in dangerous impulses. Further, in civil law the retrospective diagnosis of insanity becomes especially necessary in considering testamentary capacity. To the study of the documents written by the testator, Dr. Coutagne adds that of the autopsy.

*Les Régicides dans l'Histoire et dans le Présent.* Par le Dr. EMMANUEL RÉGIS. With portraits. Paris: G. Masson, Editeur, 1890.

It is somewhat remarkable that no publication bearing the above title should have appeared previously. This brochure of about 100 pages constitutes a psychological study written by a mental physician well qualified to do justice to it. It should be stated that the term "regicides" includes all fanatics who have assassinated, or who have attempted assassination, not only a monarch, but anyone in power for the time being. The illustrations, fac-similes of original likenesses, add much to the interest and value of the *mémoire*. The author divides this class of criminals into true and false, the former being those who have made the assault in direct consequence of a particular mental condition, while the latter are those who have committed the act by accident without any immediate connection with the ideas present in their minds, whether delusions or otherwise. Ravailac, who assassinated Henri IV., is an example of the first class, and Mariotti, who shot at the head of the French Government (Monsieur de Freycinet) simply to direct attention to himself, and so obtain justice for his imaginary grievances, an example of the second. Dodwell, who shot at the Master of the Rolls, would probably be another. In a word, with one class regicide is the object, and with the other class only the means to an end.

As M. Régis well remarks, the first thing that strikes one is that they are neither absolutely sane nor absolutely mad. For the most part they labour under an insane inheritance. Very often there is an excess of moral sensibility combined with marked anæsthesia and analgesia; impulsive tendencies of the class belonging to obsession; and a want of balance, there being more or less brilliant intellectual powers, but abnormal tendencies, coupled with the inability to resist temptation. The history of the childhood and early manhood of regicides reveals unhealthy mental

characteristics. With rare exceptions they have been under 30 years of age and some only 20. Charlotte Corday was only 25. Her father, who, when a youth, made Plutarch, Raynal, and Rousseau his favourite authors, had, although an aristocrat, embraced the doctrines of the revolution. The author does not hesitate to place Guiteau among the insane assassins of the religious and politico-mystical type.

A few words on the medico-legal aspect of this subject. What ought to be done with regicides? In past times they were dreadfully punished. Mercy has in our day largely tempered the punishment which the law authorizes. Napoleon, after an attempt was made upon his life by Staaps, observed, "You see that he is an unhappy being labouring under insanity or imbecility." His military officers, however, strongly insisted upon making an example of him. Instances are given of regicides who have terminated their own lives in a state of insanity. M. Régis does not allow that the idea of making an example is of the first importance. Execution has never arrested the hand of a regicide. On the contrary, the glory of martyrdom is attractive. Science leads us to come to a judgment, not from a consideration of the crime, but of the criminal. Science teaches us that regicides are ill-balanced beings or are the outcome of heredity. They have a mystical temperament, aggravated by a political or religious craze and complicated sometimes with hallucinations. At first they believe themselves called to the double rôle of reformers and martyrs. Under the influence of an obsession, which they cannot resist, they strike a blow at those who are in power, in the name of God and country. When the regicide is undoubtedly the subject of mental disease, he ought to be placed in an asylum. Such treatment breaks his pride, because he considers it a shame that he, a hero and martyr, should be treated as a lunatic. Those who cry out for an "example" ought to be satisfied with this. As to the other class, who have been called by Laschi, "regicides by passion," and who are in reality mentally disordered, however slightly, there is a special reason for restraint.

They are individuals who might suddenly be dangerous to society and who ought to be placed as long as is necessary in an asylum for insane criminals, similar to Broadmoor.

Such are the opinions of M. Régis. We have said enough to induce the reader to obtain for himself the modest but useful production, which we have so briefly reviewed.

*Epilepsie; Folie Epileptique.* Par le Dr. JULES CHRISTIAN. Paris: G. Masson, 1890.

This work was "crowned" by the Royal Academy of Medicine, of Belgium. In a former number we reviewed a *mémoire* written by the same well-known alienist, Dr. Jules Christian, the physician of Charenton. The subject is treated in a methodical manner, and

it would be difficult to find so systematic a treatise on epilepsy within the compass of 160 pages. We turn to the section treating of the all-important form of the disorder, which has obtained the name of *épilepsie larvée*. Morel was the one to affirm this epileptic insanity presents a distinctive character, and to maintain that it is not only ordinary epilepsy complicated with a fresh element—mental disorder—but that it is the same neurosis transformed; that the insanity may replace the convulsion, and when this is the case, the symptoms form a definite group which ought to be clearly recognized. This group comprised all the mental phenomena which had for so long been variously interpreted, namely, furious mania, instantaneous outbreaks, mania transitoria, periodical insanity, and even mental stupor and homicidal mania. This was in 1860. The doctrine was supported by J. Falret, who declared that the convulsive and intellectual symptoms of epileptics were equivalent. He described the *petit mal* and *grand mal* of the mental attacks as corresponding to those of the convulsive disorder. Several questions remain for consideration, such as whether the epilepsy must be always regarded as the cause of the mental symptoms which arise in its course, or are they merely accidental? With epilepsy mental disorders may occur, having quite a different origin, such as alcohol. Doubtless there is no reason why the patient who suffers from epilepsy should not have an attack of melancholia quite independently of his epilepsy. It is, therefore, necessary to distinguish, in each case of insanity associated with epilepsy, between the accidental and the causal attacks of insanity. Epileptic insanity almost always breaks out suddenly and reaches its climax at once. In an attack of ordinary mania, on the other hand, the period of excitement is preceded in the majority of instances by mental depression. The epileptic power suddenly ceases, whereas an attack of mania only gradually subsides. The brain of the epileptic acts automatically and the patient forgets what has happened. Hallucination is almost always present, and usually it is of a frightful character. This leads oftener than impulse to the violent acts which epileptics are so prone to commit. Dr. Christian, so far back as 1878, criticized Morel's doctrine of masked epilepsy and especially the exaggerated form in which Legrand du Saulle and others have presented it. It is desirable to give Morel's definition in his own words, written in 1869: "I call *épilepsie larvée* a variety of epilepsy which is not manifested by the attacks, by vertigo or convulsions properly so-called, but rather, on the contrary, by all the other symptoms which accompany ordinary epilepsy with the *ictus apoplectique* and convulsions, that is to say periodical alternations of excitement and depression, manifestations sudden in character, of fury, without a determining motive, or one utterly trivial."

Certain sensory phenomena appear, which are observed in ordinary epilepsy; thus the patient thinks himself plunged into a

dazzling light, and brilliant globes of fire are seen. Some patients develop true hallucinations of hearing. It is, indeed, astonishing to find to how many different morbid conditions the term has been applied. Again, in some cases, epileptic convulsions and the mental disorder alternate in the same patient. On the whole the author regards it as entirely unproved that a form of insanity exists which justifies the appellation of "epileptic." In order to establish satisfactorily the nature of epileptic insanity there is only one certain sign, namely, the presence of concomitant epileptic symptoms (accidents). It is admitted that there is only one test of epilepsy being present, and that is the convulsive seizure, although the advocates of the doctrine of masked epilepsy try to demonstrate that it exists *per se*, that it has its own peculiar symptoms, and that it is not in any respect misunderstood epilepsy. Thus Morel himself, in attempting to diagnose between epileptic, hysteric, and hypochondriacal insanity, cannot help declaring that epileptic insanity is always preceded or followed by convulsive attacks (p. 127).

Dr. Christian does not adopt the theories of Hughlings Jackson. He, however, refers to Jacksonian epilepsy, and observes that its true nature was declared in 1827 by Bravais, and, therefore, ought not to be called by the former name. It is due to Dr. Jackson to state that, in his Lumleian Lectures recently delivered before the College of Physicians, he gives credit to the French physician and assigns the earlier date of 1824.

As the author retains his faith in the older theories of the pathology of epilepsy, it would be extremely interesting to have, from so acute an observer and so able a writer, his reasons for doing so in preference to adopting the Jacksonian doctrines. Our pages would always be at his disposal for an article written from his own standpoint.

*Bulletins de la Société de Psychologie Physiologique.* Paris. 1890.

This journal is now in its fifth year and continues to supply interesting and remarkable articles.

*Bulletins de la Société de Médecine Mentale de Belgique.* Gand.

This journal is highly creditable to the energy and ability of its editor and the Belgian School of Mental Medicine.

*Le Progrès Médical.* Paris.

A series of articles on Non-Restraint as practised in England have recently appeared, which we shall notice in a future number.