

Finally, during the discussion originated by the paper here analysed, Dr. Hammond, in answer to Dr. L. C. Gray, asserted that—"there was not a single case on record where a lesion of the optic thalamus was found after death in which there were not hallucinations of sight."* This positive affirmation cannot certainly be granted. The classical paper of L. Türck "Über die Beziehung gewissen Krankheitsherde der grossen Gehirnes zur Anesthesie," refers to four cases, with autopsies, in which there were lesions confined to the optic thalami, and in none of them mention is made of hallucinations of sight. In the no less valuable contribution on the "Functions of the Optic Thalami," by Crichton Browne, there are several cases in which the phenomenon does not appear noted. Charcot, in his Lectures on "Diseases of the Nervous System," mentions similar instances under his own observation. A case of tumour of the optic thalamus, without any hallucination of sight, observed by Sieveking, has been recently published,† while Hughlings Jackson, and several other eminent authors that might yet be cited, have also reported no less positive examples, which entirely upset the above absolute assertions. On the other hand, cases are by no means uncommon in which hallucinations of sight have existed without any morbid alteration of the optic thalami. Further, they may be completely extirpated without causing blindness, or loss of the pupillary action; and these positive facts strongly oppose the speculations put forward by Dr. Hammond in support of his theory. As to the morbid entity *Thalamic Epilepsy*, much additional light must yet be gained by more definite observations than those presented, before we could with any propriety accept its hypothetical existence.

2. *French Retrospect.*

By M. MOTET, Secretary to the Société Médico-Psychologique, Paris.‡

Shop-Lifting. (*Le vol aux étalages*). Persons of faulty brain. (*Cérébraux*.) Sudden Insanity. (*Déire par accès*.) A Medico Legal Sketch. By Professor Lasègue. "Archives Générales de Médecine." Paris, 1880.

Professor Lasègue is one of the most respected and renowned chiefs in mental medicine in Paris. At the head of the service of the Special Infirmary of the *Depôt des Aliénés*, at the Prefecture of Police, he unites with a consummate experience of mental affections a pro-

* *Loc. cit.* "Journal of Nervous and Mental Diseases," p. 496.

† "Medical Times and Gazette," Oct. 2, 1880, p. 402.

‡ The following contribution from M. Motet, a distinguished Honorary Member of our Association, forms one of a series which will appear in this Journal.—[Eds.]

found knowledge of the Professor of Clinical Medicine of the Faculty of Paris, and his works have this peculiarly fascinating character—to show the close affinities of mental pathology with the more general pathology of the different diseases which affect humanity.

A man of subtle and delicate intelligence, a most able observer, he excels in ingenious combinations, describes with vigorous precision, and defines with a clearness of expression, which throws the most vivid light upon the subjects of which he treats.

We shall be convinced of this by an analysis of his article published in the “Archives Generales de Médecine,” upon stealing from shops.

These thefts have increased, particularly during the last few years, in Paris. The shops are open to everybody where the greatest variety of objects are accumulated and exposed in a manner to excite curiosity, in the hope, which is justified, that it will act as a bait to purchasers. In these shops, in the bazaars, are daily committed more or less serious thefts. Some are committed by men, but most generally by professional female thieves. These do not form the object of this article; the intervention of the forensic physician is not required in such cases. But women are often arrested belonging to honest families, and sufficiently well to do to have expensive toilets, and whose fault would therefore be inexcusable, if the circumstances themselves in which the theft has been committed, the situation of the criminal, the *naïveté* of her confessions and of her mode of defence, did not justly attract the notice of the magistrates. They feel that they have not before them an ordinary criminal; their scruples, their inability to dismiss an unknown person, lead to a medico-legal inquiry.

In these difficult cases, Professor Lasègue desires that the object and subject should be separately examined; the inducement to steal, with regard to the nature of the merchandise, and the intellectual and moral state of the individual who has committed the theft. There is no difficulty in the case of male or female thieves of an impulsive character, who put out their hands by chance, incautiously and awkwardly, like epileptics, general paralytics, and dements. But the problem is altogether different in the case of intellectual disturbance, when the impulse, instead of being permanent, requires a suitable opportunity to excite it, and cause the committal of the deed.

A woman of good family, of irreproachable honour, whose past and present life are above all suspicion, able to satisfy her wants and tastes, steals objects of different value—we are astonished, and we ask ourselves how far mental disease is or is not the cause. The inquiry is puzzling, we do not discover the characteristics of an irresistible impulse; the thief has taken precautions; she has availed herself of a moment when attention was diverted; her conduct, at least in appearance, does not differ from that of the professional thief; and yet how great is the difference! Professor Lasègue brings this out

very clearly. With him it is not through the force of the temptation, but through insufficient power of resistance to a moderate temptation, that the intention of the criminal act and its accomplishment can be explained. The enquiry must not be directed to the greater or less degree of the impulse, but to the degree of intellectual confusion or weakness. It will be seen how delicate is such an enquiry: it can only be conducted by a physician accustomed to discover a pathological state upon data, which would escape the non-professional observer—certain data, however, which prove a permanent cerebral disease, and reduce the theft, however much it may appear to be premeditated, to merely the value of an incident or an episode.

We proceed to give particular cases. A woman, belonging to the wealthy class of citizens, was arrested in a great fancy shop. She had taken a pair of stockings, a cravat, two bottles of perfume, and at the same time she had bought and paid for a pair of gloves and an umbrella. To acquire a correct idea of her state we must go through her whole life. Unhappy in her marriage, she was legally separated from her husband, and lived for several years with a very old, infirm cousin, who died demented. Three years ago she was seized with violent vertigo, and since then she has almost completely lost her sleep. The continuous use of bromide of potassium alone procures her a little rest. She remains usually in bed till three or four o'clock in the afternoon; she complains of breathlessness, of fear, which she attributes to the influence exercised upon her by her cousin frightening her at night when she was a child. She is also subject to spasms of the pharynx or œsophagus, which prevent her eating and drinking. By degrees she is condemned to a state of semi-starvation. She has also other crises, during which she is conscious that "*sa tête se brouille*" (be-fogged); her mind is not clear; her ideas are confused; her heart beats more quickly, and afterwards a feeling of mental confusion and exhaustion remains for several days, and then she recovers. She is not insane but she is voluble, is unstable in her ideas and movements, and shows a tendency to commence confidential relations which she does not carry on. She defends herself from the accusation of theft which weighs upon her; she adduces reasons more specious than just. She does not comprehend that one can possibly suspect her; and she does not trouble herself about the examination of which she is the object. Her curiosity does not go so far. An enormous blank, a negative fact, the importance of which, however, cannot escape attention.

A woman of 36 years, of deficient intelligence, although we cannot refer it to a pathological state, was attacked two years ago with typhoid fever, with delirium day and night, lasting 28 days. Slow convalescence, as in severe fevers, afterwards nervous disorders characterised by malaise, vague sensations, a constant irritability, a more acute crisis occurring always in the early part of the night, sudden waking, terror, cries; she seems to continue a dream previously in-

errupted. She gets up, deranged, opens and shuts the doors; she escapes, persecuted by indistinct visions, after which she is put into her bed again, and she sleeps till morning. She is subject to vertigos, but they have never caused her to fall. The memory is defective, the intelligence distracted; she cannot give any detailed account of her disorder, which her physician and her family describe minutely. She was arrested in a shop where she went to buy and pay for a useful article. She had stolen a pocket-book, a kerchief, a pair of gloves, a cotton reel, &c. She does not excuse herself, does not explain anything; she weeps and repeats, "C'est incompréhensible." This woman was evidently affected by a disorder of the brain resembling those which follow upon serious fevers. She was a patient; the theft is nothing more than an incident; she is not a culprit.

A woman, aged 26, was surprised in the act of stealing from the window of a large shop. She confesses and asserts that she had lost several francs, which she intended to procure in order to avoid the reproaches of her father. A wealthy family, wanting nothing; as antecedents, we find in early childhood, serious convulsions; at the age of six, a brain disorder of an ill-defined character; at puberty, intense chorea, which has never completely subsided. She can read and write a little, but cannot distinguish exactly the hour on the clock. At the menstrual period, frequent epileptic fits, falling on the ground, loss of consciousness, without the initial cry, without constriction of the larynx, without foaming at the mouth, semi-imbecility, without apparently bad instincts. This girl, of an intelligence decidedly below her age, makes use of only childish arguments, like the backward and mentally weak. Premeditation is not with her an aggravating circumstance; as is well known, this is not unfrequently present with imbeciles.

Two other observations relate to two men, whose previous life was perfectly honourable and excluded all suspicion. Both arrested for theft *in flagrante delicto*, they were subjected to the examination of Professor Lasègue, who found that one had a convulsive seizure two months previously; subsequently a notable decrease of intelligence, incapacity for accustomed work; indifference to his position which thus threatened to become precarious. It is the commencement of general paralysis. Previously no one had suspected its invasion.

The other was a laborious workman, leading the most regular life, and the theft was the first circumstance which attracted attention. Only one thing is known of him, that his comrades regarded him as an original. Some days after his arrest, an explosion of sub-acute mania almost suddenly occurred, which disappeared in a fortnight, and left behind dementia, with congestive attacks of vain ideas, indecision in the gait, and embarrassment of speech, &c.

Recapitulating these facts, which his experience has allowed him to multiply infinitely, Professor Lasègue insists upon the importance of enquiry into the antecedents. And this study is rendered more

difficult inasmuch as the cerebral defect has become almost effaced. The more serious the disorder, the more the theft furnishes proofs of intellectual inferiority. In the first degree, the thefts appear to be prepared with a greater amount of reverie, accomplished with a mixture of want of foresight and half-calculated precautions, in a state of semi-derangement; in the last stage, a brutal, instantaneous, uncalculating and coarsely satisfied, impulse. It is not in order to elucidate cases of easy demonstration that this study has been undertaken; it is to throw light on the fact, already indicated in a work upon the "Exhibitionists," that a remarkable intellectual defect may exist in individuals moving in society in a tolerably correct manner, until an appetite is aroused by an excitement without which it otherwise would not have developed. All these thieves, male and female, are intellectually weak, and the interest consists entirely in the examination of their intellectual state.

Following up this, Professor Lasègue (in the "Archives Générales de Médecine," Avril, 1880), has published a remarkable study upon a class of diseases which before him were rather suspected than described; for lack of a better title he calls its victims *Cérébraux*; and by the following method he has been able to determine their type—

"Cerebral affections," he says, "do not obey exceptional laws; and perhaps we shall better understand their evolutions by taking examples from other diseases." Having laid down these premisses, Professor Lasègue proceeds to point out different types. A young woman is, upon childbirth, attacked with perimetritis, and recovers therefrom more or less rapidly, her health being apparently restored. Nevertheless, pains will recur on the slightest cause, as real, although not well developed attacks, coming on suddenly, or preceded by a few days of discomfort. Now then, this woman has acquired a pathological constitution, she has remained subject to peri-uterine trouble, and will, perhaps, continue throughout her life in a different condition from that of other females.

A railway man is jammed in between two buffers, or a waggoner is knocked down and run over the body by his waggon. Pleurisy supervenes after the accident, the traumatism—like childbirth in the preceding instance—acting as its essential source; such a patient may either recover completely, or, his health remaining from that moment impaired, he will lack his primitive physiological resisting power, for want of natural healthiness consequent on an acquired sickly predisposition which may be for ever ingrafted into his constitution.

Passing on to a second category of cases, Professor Lasègue takes, as an example, a child born, or which becomes in early infancy, hunch-backed. The thoracic deformity will place this child in such a condition that, like the individual crushed by the wheels of a carriage, he will never be a sound man in regard to pulmonary health, for his lungs, displaced and condensed in some parts, will always act imperfectly. This man, whenever affected with bronchitis, "to which he

will be most exposed," will never exhibit an ordinary bronchitis, but one distinguishable from all others by the special characters derived from the peculiar constitution of the individual.

Cerebral affections show analogous conditions to the foregoing: "Just as an individual whose health has become impaired by any primitive affection, such as perimetritis, or a traumatism, or a distortion of the spine, may acquire a secondary malady related to its antecedent one; in like manner individuals whose cerebral health has been deranged by any previous encephalic affection may exhibit secondary maladies springing therefrom. These secondary maladies manifest, besides, characters of their own, with an altogether special semeiology and prognosis."

We have textually cited this passage, as it embodies the whole doctrine, the following considerations being appended as a corollary from it:—A nurse let an infant child fall from her arms, and being attended to, it seemed, without occurrence of any serious disorder, to be quickly cured. However, some weeks, or years later, it was remarked, but without attaching great importance to it, that the child did not sleep so well, that it became lifeless and odd. Towards the age of seven or eight, or of 15 or 18, singular unsteady cerebral disorders were developed, which were attributed to meningitis—although the symptoms did not agree with those of genuine meningitis. This child is in identical conditions with the woman in childbirth, or to the railway man above spoken of. Once cured of the injury it received, it did not grow like other children, but exhibited brain phenomena of an unusual aspect in direct relation with the accident which happened in early infancy.

A man, 25 years old, thrown from his horse, is taken up unconscious, and attended to; but, there being no fracture of the skull, or serious injury, he soon returns to himself, showing a few days after no trace of the accident. However, at the end of six months, or, it may be of one, or ten years, he exhibits indistinct cerebral disorders, or imperfectly-characterised fits. The disease is not a primitive well-defined one, but a secondary disease, originated by the traumatism, whether limited to the skull or involving the encephalon, and which traumatism has converted the brain into a soil differing from the cerebral soil of a sound individual.

The same reasoning applies to cranial malformations. Professor Lasègue, after noticing with deserved praise, the sagacious researches of Morel, establishes the following law, which he has for long verified, namely, a mis-shapen skull influences cerebral functioning in a different way from a regularly shaped skull. This, however, does not refer indiscriminately to every deformity, but to those involving the facial portion and base of the skull, which occasion a compression of the brain incompatible with its normal functioning. This law has been further extended to epilepsy by Professor Lasègue, and declared by him as equally holding good in regard to the fits more or less

analogous to those of the epileptic malady observed in the individuals he calls *cérébraux*, and who have been at first affected with some fault in their encephalon, which leaves them exposed to cerebral affections of a special order.

By what signs are these individuals recognised? Do they correspond to any morbid type having a special development, symptoms, and diagnosis? Professor Lasègue answers these questions affirmatively, and returning to the previously cited examples, he endeavours to illustrate by them the most interesting forms of these special troubles, to wit—"the fits of sudden insanity." In these cases we meet at first with an encephalic accident as the originating point, and as a consequence thereof, secondary accidents exhibiting a singular development.

Example: An officer is suddenly seized during a review with what is called sunstroke, and falls down insensible. He is carried home, and appears to be completely recovered, returning to duty in eight days. Yet, from this accident, he ceases to be the same; he attends to his duties differently from what he did before, as remarked by his superiors, who do not, however, bring any charge against him. His wife, being in a better condition to observe him, has noticed that he goes out oftener than was his habit, that he returns home at later hours, feels disinclined to work, has taken to drink and smoke with excess, and that he sleeps either too much or scarcely at all. To this follow, transient paroxysms of insanity and excitement, either witnessed only by the family which conceals them, or exploding in public; and, as they display no definite duration or form, occurring with the most changeable aspects, these paroxysms cannot but puzzle the observer unacquainted with their anomalous existence. They are superficially regarded as manifestations of epilepsy, or of general paresis, but they belong to neither, although symptoms may occasionally occur which render possible such doubt.

Certain circumstances may favour the development of these fits. Alcoholism often takes an active share in it, but then there is no previous inebriety of long standing, a single slight excess in drinking sufficing to operate as an occasional but never determining cause of their production.

To sum up: "Whenever the cerebral health has been deranged, even momentarily, by an injury, an encephalic lesion, or a malformation of the skull, recovery is very often nothing else than a suspension of trouble. The patient one thinks cured has acquired a morbid diathesis, which will taint the rest of his existence. He becomes thereby exposed to physical and intellectual disorders, ordinarily occurring under the form of incomplete irregular seizures, not corresponding to ordinary pathological laws, and which should, therefore, be studied as a separate species in the genus of cerebral affections."

We have largely borrowed from the text of Professor Lasègue, as it was best, in referring to a new subject, to leave entirely to the

author the explanation of his own doctrines and ingenious outlines. The passages here adduced are marks, without which this analysis would have proved insufficient to their clear understanding. That which is, above all, most striking with them is, their fruitful aim to introduce into mental pathology the process of investigation ordinarily employed for the study of other diseases. To ascribe to individual dispositions, to moral influences, a preponderant part in the genesis of mental affections is a very dangerous mistake, and, without denying the share which properly belongs to psychology, it is but just and in conformity with our scientific tendencies, to direct our inquiries to the disclosure of the cerebral lesion. If we cannot always detect it, there is, however, reason to assume it in every case. Actual facts beyond which we cannot go, do not teach us anything, and the conclusion to which we are forcibly led is—that we must indispensably become acquainted with the whole cerebral biography of the patient to arrive at a proper understanding of mental alienation.

3. *Italian Retrospect.*

By J. R. GASQUET, M.B.

The first paper in the "Archives" is the conclusion of a very practical article of Prof. Verga's, on the care of the insane in private families as compared with asylums. Our readers will be amused to find that asylums built in separate blocks are suitable for England, "where the thick and perpetual clouds increase the need of air and light, and where the love of isolation is a trait of the national character;" but, beyond this, there is nothing that I need quote.

Prof. Maggiorani has attempted to account for the connection (which he believes to be a very close one) between *phthisis and hysteria*, and the other neuroses, by suggesting that in both states the compounds of phosphorus are ill-assimilated and too freely excreted.

Prof. Stefani, of Ferrara, gives some interesting details of the results of destruction of the *semi-circular canals*; whether from disease (as in a cock he had the opportunity of examining), or from vivisection in pigeons. As might be expected, this is followed by atrophy of the cells of Purkinje in the cerebellum, to which he ascribes the violent torsion of the head to the opposite side, which occurs some time after the destruction of the semi-circular canals on one side. The posterior convolutions of the cerebellum at the same time undergo fatty degeneration; but this he considers is due to the manner in which these birds frequently strike their heads. He proposes to investigate, by further experiments, which cells of Purkinje correspond to each semi-circular canal.

Dr. Bonfigli makes a very detailed examination of Prof. Lom-