diseases, Professor Francotte describes two cases. There is loss or diminution of the consciousness, consequently the patient has no notion of time, place, or persons. Ideation is more or less affected because of the absence of conscious attention. The speech is unconnected, mixed with nonsense, or actually incoherent, *i. e.* the words do not represent ideas. The patient being in a dreamy state, he may have delusions or hallucinations.

Reflexes in General Paralysis.—Regarding the comparative evolutions of the cremasteric, pharyngeal, and patellar affections of the reflexes in the same patient at the three periods of progressive paralysis, Dr. Marandon de Montyel in two different papers has described these troubles in progressive paralysis. He has found important modifications in one, two, or three reflexes. These modifications may be permanent or temporary. The conclusions of the author are numerous. From a practical point of view there is nothing to aid in the diagnosis or prognosis of the disease.

The Provision and Classification of the Insane in Foreign Countries.—Dr. Peeters describes what has been done concerning home treatment in Dalldorf since 1884, in Luchtpringe by Dr. Alt, in Bunzlau, near Breslau, in Dun-sur-Auran (France), in Russia, and in the State of Massachusetts. His paper is only a sketch of what has been accomplished. Many smaller colonies exist, and many are annexed to public asylums. However, the report of Dr. Peeters is sufficient to prove that much more can be done in nearly every country.

ITALY.

By Professor Bianchi.

Dr. Cesare Colucci has published an interesting work entitled *A Contribution to the Pathological Histology of the Nerve-cell in certain Mental Disorders* (from the Clinical Institute of Professor Bianchi). It contains the result of the examination of four cases of epileptic dementia, and of five cases of progressive paralysis. In order to exclude the doubt that certain alterations in the cells might be post-mortem changes, the author refers to certain researches made by him upon nerve tissue at various stages after death, from which it appears that such changes consist in a diffuse granular disintegration, especially of the elements of the second and fourth cortical layer. With Marchi's method these cadaveric changes are found to consist especially in the formation of large black droplets originating from nerve-fibres; or there is a diffuse black coloration of the whole cell body.

The author passes on to discuss the various methods of staining most suitable to the varied constitution of the cell, and to the nature of the change it presents. As regards hardening reagents, reference is made to alcohol, sublimate, picric acid, pyridin, chromic

https://doi.org/10.1192/bjp.44.185.417 Published online by Cambridge University Press

acid, osmic acid, formaldehyde, formalin, &c.; and as regards stains, to the coloration methods of Nissl, Heidenhain, Delafield, Paladino, Golgi, &c. When it is feasible the author prefers direct coloration of the tissue by methylene blue or other aniline dyes. In connection with methods, he refers to his modification for neutralising balsams which are acid; this consists in the addition of neutral carbonate of soda or potash, the only carbonates which neutralise balsam and at the same time leave it soluble in xylol. The cell alterations upon which the author especially insists are the following:—(*a*) *The formation of yellow globules*, otherwise known as "pigmentary atrophy" and "fatty degeneration." The yellow granules which result give various histo-chemical reactions, which do sometimes correspond to those which result in fatty degeneration. The cell protoplasm is principally involved, being generally invaded, and replaced by yellow granules; ultimately the nucleus is involved. In advanced stages there is fatty metamorphosis. But the chief characteristic of this form of degeneration is its limitation to distinct zones of the protoplasmic substance, which may be significant from the point of view of the function of the nervous elements. The products of degeneration are created and undergo disintegration *in situ*. (*b*) *Granular disintegration*. According to the various modes of dissolution of the fibrillar substance and of Nissl's bodies (which the author regards as structures supplementary to the nerve-cells), many forms of disintegration are described, of which the significance varies. The peripheral bodies of Nissl present the greater resistance in chronic processes; they participate in the changes of the chromatic substance and of the fibrillæ in varying fashion. The participation of the nucleus in the degeneration is always of grave significance, it being the most resistent structure. (*c*) The changes in the *cell-processes* were investigated by the methods of Golgi and Nissl; the author considers these changes in their relation to those of the fibrillar substance of the cell protoplasm, and also from the standpoint of the different structure of the processes. He describes various alterations, such as transverse segmentation, irregular and bead-like swellings, &c. (*d*) An alteration of the nucleus, whereby a *homogeneous* appearance is produced. The author describes this change in degrees and forms more complex than those referred to by Sarbò; the nucleus is described as exhibiting curious forms. (*e*) *Simple atrophy* consists in partial or total diminution of the cell. (*f*) *Degenerative hypertrophy*, considered as affecting the prolongations of the cell or the cell protoplasm; it may be partial or total; Nissl's bodies bear a prominent part in it. (*g*) *Necrosis*, a form attended by coagulation, is described as the most important. This may show itself from the first, or secondary to regressive processes already developed. Though the forms of necrosis are diverse, all are of an acute nature; all the cell constituents participate. The process would seem often to be dependent upon

https://doi.org/10.1192/bjp.44.185.417 Published online by Cambridge University Press

vascular disorders. (*h*) The last chapter refers to *vacuolation*, which is described as due to various causes. Vacuolation is most marked in Nissl's bodies. Various general pathological conditions close this chapter.

Dr. R. Colella has made a study of *The Senile Psychoses*. He treats at the outset of senility and of the phenomena which characterise it, of intellectual longevity, of premature mental enfeeblement, of the frequent transition into dementia. The psychical and somatic symptoms are described in detail; the course, duration, with the mode of termination and treatment of the conditions described are given. A chapter is devoted to pathological anatomy, based in part on the author's own observations. He passes on to discuss senile dementia with *delirium*, which is described as a complication of simple dementia, there being superadded to the latter delirious ideas (delusions) of every description (hypochondriacal beliefs, ideas of persecution, ideas of exaltation, &c.). Such delusions may represent every form of mental disease, but differentiation is possible by the presence of special features to which the author draws attention. Sixteen clinical observations complete the study, illustrating the different morbid types of senile psychoses. The principal conclusions arrived at by the author are—(1) The successive destruction of the centres and of the cerebral association systems causes, between ideas and judgment, a loss of equilibrium favourable to the development of erroneous interpretations, which reflect themselves now upon the patient's physical state, now upon his surroundings, now upon his personality. (2) The delirious (delusional) state of senile dementia may simulate every form of mental disease. The delusions are always numerous, mobile, and fugacious. Hallucinations are frequent, especially those of hearing and vision. Agitation is especially nocturnal. Simple dementia remains, although the delusions may disappear. (3) Psychoses do not supervene in senility, except upon a suitable basis, which is commonly furnished by heredity.

Dr. A. di Luxenberger furnishes a contribution to the *Pathological Anatomy of Nervous Shock*, based upon observation of the changes produced in the central nervous system as a result of violent blows on the head in experimental animals. He establishes that the circumscribed lesions consecutive to injury of the nervous system are due to two factors—contusion from *contre-coup*, and to shock transmitted to the cerebro-spinal fluid. The alterations of the ganglion-cells, which are found beneath the seat of injury, or in the region corresponding to the *contre-coup*, are represented by a peculiar polarisation of the chromatic substance of the cells. The displacement of the cerebro-spinal fluid may induce laceration of the spinal cord, and at the site of greatest laceration even sclerotic areas may be found. The circulatory mechanism of the central nervous system frequently responds to the injury by ex-

https://doi.org/10.1192/bjp.44.185.417 Published online by Cambridge University Press

hibiting dilation of capillaries and veins. When the injury is succeeded by a condition of cachexia the cell-changes may be very advanced, and resemble perfectly those found in grave cerebral processes, such as progressive paralysis.

G. Dotto and E. Pusatesi have published a work *Upon Changes in the Elements of the Cortex Cerebri Secondary to Intra-cerebral Hæmorrhagic Foci, and upon the Connection between the Island of Reil and the External Capsule in Man.* Their researches were carried out upon various zones of the cortex cerebri of a man aged 40, dead two months after the recurrence of cerebral hæmorrhage on the right side. There was a hæmorrhagic focus of the size of a large nut, involving the external capsule for a short portion of its extent, and a considerable part of the putamen, the globus pallidus, and the internal capsule. The staining methods employed were those of Golgi and Nissl, and safranin and thionin were also used. The changes met with, variable in extent and in degree in the different nervous elements, may be summed up as consisting in secondary atrophy of the cerebral cortex of the hemisphere involved. The presence of the like alterations in the elements of the cortex of the island of Reil led the authors to suppose that the latter had connections in man with the external capsule.

In a work by Dr. G. Angiolella, the results of the histological examination of the *Cerebral Cortex of a Criminal Paranoiac* are given. Various parts of the cortex were examined; the frontal, parietal, temporal, and occipital lobes. The author places in two categories the alterations met with. The first class comprises inflammatory phenomena (increase of connective tissue about the vessels, dilatation of perivascular lymph-spaces) and degenerative states (pigmentary change and vacuolation of the nervous cells, varicose atrophy of the nerve-fibres), due partly to old age, partly to dementia. In the second are placed anomalies which the author considers congenital, similar to those already found by Roncaroni in the cerebral cortex of criminals and epileptics. These anomalies consist in the total defect (*mancanza totale*) and atrophy of the deep granular layer, in the predominance of the large pyramidal cells throughout the cortex, and in the presence of nerve-cells in the white substance in a larger proportion than that met with in normal brains. They are in general more evident in the frontal and temporal lobes, less in the parietal, and still less in the occipital. The author agrees with Roncaroni in according to this structural anomaly (*sic*) of the cortex the significance of a degenerative stigma, in considering it as an indication of that general lack of equilibrium in development of the entire organism, and of the nervous system in particular, which is the basis of psychosomatic degeneration.

R. Tambroni and G. Obici, taking as their text observations made upon *Two Cases of Tumour of the Frontal Lobes*, discuss fully the various points upon which to form a diagnosis. They call

https://doi.org/10.1192/bjp.44.185.417 Published online by Cambridge University Press

attention especially to a somatic symptom described by Bianchi, who found it constantly in his experiments upon the frontal lobes in dogs and apes, and also observed it in a case of tumour of these lobes which came under his care. This consists in mydriasis on the side opposite the lesion. To it the authors attach great value, together with the psychical and somatic symptoms (as, for instance, olfactory disturbances); it may be of much assistance in diagnosis in difficult cases. A point brought out by the authors is that it would not be unreasonable to refer the pupillary disturbances of general paralysis to lesions of the cortex of the frontal lobes when these disturbances are more particularly combined with psychical changes.

Dr. D. Lo Monaco has made a study of the *Physiology of the Optic Thalami*, experimenting on dogs. He divides into four stages, variable in duration, the course of the abnormal phenomena exhibited by animals subjected to extirpation of an optic thalamus. In the first traumatic and irritative effects mask those ascribable to the suspension of the function of the ablated parts. The second is the stage of restitution of the general state, the nutritional condition of the animal. However, there are to be observed on the side opposite the lesion transitory disturbances of vision (blindness) and deficiency of muscular force. There are besides disturbances of tactile sensibility and of sensibility to pain, which are not always localised solely on the side opposite the lesion. The third stage is characterised by a condition of complete well-being—as far as can be judged—of the animal; the most minute examination fails to reveal any alteration. In the fourth stage grave dystrophic phenomena present themselves, which become aggravated until death results.

The conception brought forward by Lombroso, and now generally accepted, of the analogy between criminals and epileptics has induced Dr. E. di Arcangelis to look for the *Stigmata of Epilepsy in Insane Criminals*. The basis of this study was constituted by 200 criminals affected by various psychopathies. The chief fact resulting from the anthropological and functional examination of these subjects is the presence of asymmetry, more commonly on the left side, which is also without doubt the most characteristic feature of the epileptic organisation. The author has, moreover, been able to establish that all the stigmata of epileptics are met with in insane criminals, not, however, with the frequency with which they occur in epileptics. From this point of view he divides the various stigmata into two great categories; in the one are grouped all the characteristics common to epileptics and to criminals, whilst in the other are placed those by which the latter are distinguished from the former.

M. L. Patrizii has made a study of the *Vascular Reflexes in the Limbs and Brain of Man*, availing himself of the plethysmographic method. His investigations were made upon two boys of about

https://doi.org/10.1192/bjp.44.185.417 Published online by Cambridge University Press

thirteen years of age, when awake and asleep, and with various stimuli (sensitive, sensorial, or psychical). The results are summarised as follows:

(1) The vascular reflexes in man follow the fundamental laws of localisation and irradiation.

(2) The localised vascular reflex is accomplished in a less time than the radiate vascular reflex.

(3) The brain exercises an undoubted influence upon the reflex activity of the cord, even in respect to the reflex movements of blood-vessels.

(4) The time of the vascular reflex in the waking condition, and in response to sensory stimuli, is, for the arm, about three seconds, for the leg about five seconds.

(5) The vascular reflex of the brain for sensorial stimuli has a latency not less than that of the brachial reflex for the same stimulus.

(6) Sleep produces a great retardation in the period of duration of the vascular reflex, which diminishes as one passes from brain to arm, and is inappreciable in the vessels of the leg.

(7) The movement of blood in the brain in sleep, secondary to excitation is, without doubt, reflex.

(8) The vascular reflex in the limbs, secondary to sensorial and psychical stimuli, are accomplished more slowly than is the reflex from sensitive excitation.

(9) There is a period of vascular reaction for each sense stimulated.

(10) Certain sensorial excitations have a greater power of inducing vaso-motor reactions than others.

GERMANY.

By Dr. Bresler.

As in most other countries, our profession and our science does not advance without many struggles. We are engaged with a certain class of calumniators who are dazed by preconceived opinions, ignorance, and even hatred. While their misrepresentations are usually absurdly wrong, and may therefore be borne with patience, the beginning of last year brought forth a very serious question in parliament. One of the deputies, in sustaining a motion to the effect that the regulations regarding the admission of insane patients into asylums are insufficient, said that a number of cases had occurred showing that they had been relegated to inhuman treatment in asylums, by brutal and frivolous removal to these institutions. He also attacked the members of our specialty.

At the annual meeting of the German Alienists held in September, 1897, the following resolution was proposed by Dr. Jolly,

https://doi.org/10.1192/bjp.44.185.417 Published online by Cambridge University Press