physicians in this country, that I have reproduced them at some length, being convinced of their truth. Unless care be taken, the prevailing system of giving tonics will retard and not hasten the genuine medical treatment of lunatics. All the benefits to be derived from tonics can be obtained from careful dieting, perhaps more slowly, but quite as surely. It is customary to consider this tonic and physicking form of treatment as something quite new, a step in advance achieved during the last few years. Nothing could be a greater mistake. At the beginning of this century tonics, barks, &c., were administered with no sparing hand, and our grandfathers abandoned the whole affair as vanity and vexation of spirit. But some modern physicians seem to be either more sanguine or more credulous, else we could never find a man placing medical treatment, as at present conducted, in the first and hygiene in the second rank of remedial agents.

T. W. McD.

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2. *German Retrospect.*

By W. W. Ireland, M.D.

The German Retrospect has been made from the following periodicals:—

"Archiv. für Psychiatrie und Nervenkrankheiten." viii. Band, Heft 1, 2, and 3, and ix. Band, 1 Heft. Berlin, 1877 and 1878.

"Allgemeine Zeitschrift für Psychiatrie," xxxv. Band, 1, 2, 3 and 4 Heft. Berlin, 1878.

"Verhandlungen der Berliner Medicinischen Gesellschaft," Band viii. Berlin, 1877.

"Medizinische Jährbucher" herausgegeben von der K. K. Gesellschaft der Arzte, Jahrgang, 1877. iv. Heft, and Jahrgang, 1878. i., ii., and iii. Heft. Vienna.

"Psychiatrisches Centralblatt," from Number 6, 1877, to Nr. 3, 1878. Vienna.

"Correspondenz Blatt der Deutschen Gesellschaft für Psychiatrie und Gerichtliche Psychologie," Numbers from 8 to 12, 1877. Neuwied.

"Centralblatt für Nervenheilkunde Psychiatrie und Gerichtliche Medicin," first ten numbers. Coblenz, 1878.

The "Correspondenz Blatt" has been given up, on the death of its distinguished editor, Dr. Adolph Albrecht Erlenmeyer, after having lasted 23 years. The reader, in seeking out references, ought to distinguish between the "Psychiatrisches Centralblatt," edited by Drs. Gauster and Meynert, and the new "Centralblatt für Nervenheilkunde," edited by Dr. A. Erlenmeyer. I have availed myself of the excellent *résumés* in the new periodical, where they reproduce matter taken from German journals or books, not in my hands.

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The Motor Functions of the Cortex Cerebri.—Dr. Henry Obersteiner discusses this question in a paper in " Strickers Jahrbuch" for 1878 (2 Heft.) He seeks to defend the views of Fritsch, Hitzig, and Ferrier, against their opponents. Schiff measured the time which elapsed between the electrical stimulation of the brain and the consequent muscular contraction. He found its duration from seven to eleven times longer than what would suffice for a simple motor nerve of the same length to conduct a stimulus to the muscle ; from which he is inclined to believe that, instead of acting upon a motor centre, we simply arouse a sensation, referred to a particular part, and exciting corresponding motions. Against this Dr. Obersteiner argues that the electrical excitation is probably broken by passing through nerve cells, and that cellular tissues conduct more slowly than fibres.

It has been observed by Hitzig himself that, when the different motor centres have been removed, the resulting loss of muscular sensibility soon passes away, but he has since found that this is not always the case.

Dr. Obersteiner has removed in several rabbits a considerable portion of the cortex, as much as from one-fourth to one-half of the whole surface of a hemisphere, leaving intact the portion of grey matter from which the motions of the fore paw originate, and respecting as much as possible the vascular connections of the spot. He has found that the nervous power of the paw remained undisturbed. On the contrary, where the centre in question is injured, the characteristic symptoms of loss of muscular sensibility instantly appear. On pulling the paw, of which the motor centre has not been destroyed, on the opposite side of the brain, it is quickly and strongly retracted. On the other side the fore paw can not only be stretched out without any voluntary resistance, but retained for a long time in an unaccustomed position When one takes care to ensure the removal of every portion of the cortex, which is proved by sufficient experimentation with the electrodes to have a relation to movements of the fore paws, this condition remains permanent. Dr. Obersteiner has three rabbits, which were operated upon a year before, and in which the centre for the right fore paw was extirpated in the left hemisphere, and there is no appearance of any other part of the brain taking up the lost function. He quotes with approval Ferrier's remark, that the higher the animal rises in the scale of beings the more numerous and varied are the muscular contractions which can be excited, through the electrical excitation of the hemispheres ; and he himself adds that the more ths movements are under the control of the will, the more marked is the motor disturbance, after destruction of the centres in the hemispheres. The more a group of muscles is associated in combined movements of the other side, the slighter are the consequences following upon the destruction of the cortex on one side. In the rabbit the tail is rudimentary, and Dr. Obersteiner has never succeeded in exciting motions in this organ by stimulating any part of the hemispheres. In the dog, on the contrary, where the movements of

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the tail are under the control of the emotions, there is a well marked spot near the middle line of the hemisphere, from which the movements of the tail can be excited. Dr. Obersteiner believes that we have good grounds, both from physiological experiment and pathological experience, for concluding that the more a group of muscles or a limb is normally subject to the influence of a will, so much the more extensively is it represented in the hemisphere of the brain; and the more a group of muscles or a limb is used, without the intervention of consciousness, as by reflex action, so much the less close is its connection with the hemispheres, and so much the less extensive is the area of its motor centre, and so much the weaker is the physiological influence of the hemispheres upon the part. The fore paw of an animal is much more under the influence of the will than the hind paw. From an analysis of a number of cases, he believes that in man the arms are oftener visited by motor disturbances, following upon affections of the hemispheres, than the leg. It may be objected to such collections of cases as has been made by Charcot and Pitres, Bourdon and Maragliano, as well as by Dr. Obersteiner, that they are, in reality, selected ones, though not to the same extent as the opposing examples of Brown-Séquard. What science wants, however, is a collection of all cases of injuries of parts of the hemispheres, whether the accompanying symptoms be confirmatory, equivocal, or contradictory to any physical theory.

The "Psychiatrisches Centralblatt," for August and September, 1877, gives a *résumé* of the inaugural dissertation in Russian, of Dr. Pasternaki, who has studied the question of what he calls the Psychomotor Centres of the Brain. In his experiments made by laying bare the brains of dogs, cats and rabbits, he only succeeded in finding three centres; those for the fore and hind legs, and those for the eyelids and jaw. These centres were about the size of a pin head. He maintains that at the places where the centres were found, there were collections of cells with seven to fifteen protoplastic processes, as described by Betz. After extirpation of these centres in some cases, there was a weakness of the corresponding limb, which disappeared in a few days. In other experiments made on cats, no alteration in the motor power of the limbs could be observed. The day after the operation the cats were as active as ever.

The author thinks that his experiments show that the functions of the centres is of a peculiar kind, which he calls psychomotor.

On the Function and Diseases of the Cerebellum.—The following *résumé* of Nothnagel's views on this subject is given in the "Centralblatt für Nervenheilkunde," No. 10. The latency of diseases of the cerebellum is independent of the nature of the morbid process, and within certain bounds even of the extent of the diseased action. It is determined by the seat of the affection. Diseases of one hemisphere are accompanied by no symptoms. Diseases of the vermiform process are accompanied by the well-known loss of co-ordinating power.

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Nothnagel is inclined to believe that the hemispheres of the cerebellum stand in some relation to the psychical functions. The cerebellum increases in size as one ascends the scale of life. In the birds upon which Flourens experimented, there were no hemispheres, only the vermiform process. Where atrophy of both hemispheres of the cerebellum has been observed, we have always mental derangement.

On the Influence of the Nervous Centres on the Excitability of the Nerves.—Dr. Rumpf ("Archiv." viii. Band, 5 Heft), experimenting on frogs, has arrived at the result that nerves connected with the nervous centres do not respond so readily to the opening of the galvanic circuit as when their connection is severed. The same thing has been observed in two cases of peripheral palsy of the radial nerves. There was an increase of excitability to electricity at the opening of the anode.

Want of Corpus Callosum.—Dr. G. Eichler publishes (in the "Archiv," viii. Band, 2 Heft) a new example of absence of the corpus callosum, a deficiency so rare that, according to Dr. Adriani, not more than twenty cases have been recorded. The subject was a field labourer, forty-three years of age; he was married, and had one child. He was an industrious and well-behaved man, who had passed through life without attracting any particular notice. His wife had never observed anything singular about him. He could read, write and count well. He died of carcinoma of the scrotum.

There were some abnormalities in the base of the skull, the right and left cavities not being of equal size, a condition not very uncommon. The fornix and septum lucidum, along with the corpus callosum, were wanting. In their place was a thin transparent membrane covering the lateral and third ventricles. The commissura mollis was also wanting, and there was a considerable collection of fluid in the lateral ventricles.

The anterior commissure was somewhat larger than usual; the posterior smaller. The convolutions were well developed, but differed from the normal type, as described by Ecker, especially on the under surfaces of the temporal and occipital lobes.

Dr. Eichler remarks: "We can come to the conclusion that not only the corpus callosum, the fornix and soft commissure may be wanting, but also very constant gyri and sulci may be undeveloped, without the mental powers of the individual being deranged in a marked degree, if only the other parts of the brain, especially the other convolutions, are well developed."

The author has observed that the soft commissure is wanting in from twenty to thirty cases out of the hundred. Its function is only a subject of conjecture, but it is clear that its absence does not entail any perceptible mental deficiency.

I have recently had an opportunity, along with Dr. Mann, of examining a brain, at the Stirling District Asylum, where the corpus callosum and fornix were both wanting. The lateral and third ventricles were covered by a transparent membrane, and the lateral ventricles were

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very widely distended by a large quantity of fluid. All the other commissures were present. In this case, a woman of thirty-four years, the mental life had been of the feeblest character. It was in fact a case of hydrocephalic idiocy, complicated with deafness and deficiency of the corpus callosum.

Tendon Reflex.—Dr. Westphal at a meeting of the Berlin Medical Psychological Association referred to the knee phenomenon or tendon reflex produced by smartly tapping the tendon of the patella. When this reaction fails, tabes dorsalis, grey deterioration of the posterior tract, was indicated, and it serves to distinguish this affection even at very early stages from cerebral paralysis. On the other hand, there is a group of paralytic insanity where the knee phenomenon is exaggerated, as is also the case in sclerosis of the lateral pyramids of the cord. Dr. Remak had observed the absence of the phenomenon in tabes dorsalis, even in the earliest stages, but he had found that there were cases of tabes associated with degeneration of the lateral pyramid where the phenomenon reappeared.

Dr. S. Tschirjew (in the "Archiv," viii. Band, 3 Heft) gives the result of his researches upon the origin and significance of the knee phenomenon. Dr. Westphal at first thought that he had to do with a reflex action, but abandoned this idea on finding that all other non-mechanical irritations were insufficient to produce it. Therefore he concluded that it was owing to the direct stimulus given to the muscular fibre through the vibration communicated by tapping the patella.

Dr. Tschirjew conducted some very laborious experiments to determine the time in which the muscular contraction takes place. He finds that the contraction begins at the upper fibres of the quadriceps, and not from the lower portion, which would happen if it were the result of mechanical irritation. He has found that the knee phenomenon disappears after cutting the crural nerves. By a series of descending sections of the spinal cord in rabbits, he has ascertained that the reflex action is dependent upon the integrity of the cord between the fifth and sixth lumbar vertebræ, where in the rabbit the sixth lumbar nerve goes off. By destroying the root of the sixth nerve the knee phenomenon ceases. He fixes the centre of this reflex action at the roots where the third and fourth crural plexuses go off. This agrees with what Westphal has observed, that the tendon reflex ceased when the grey degeneration has gained upon portions of the cord. Dr. Tschirjew concludes that the centripetal paths of the knee phenomenon commence in the border between the muscle and the tendon, and pass to the cord through the crural nerves.

The phenomenon of tendon reflex is not confined to the tendon of the quadriceps, though from the position of that muscle the motion is most easily brought out. Every muscle in the body is so connected with the spinal cord that it is not only supplied with centrifugal motor nerves, but also with centripetal nerves which pass by certain posterior roots into the spinal cord.

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Dr. Muhr ("Psychiatrisches Centralblatt," Nr. 2) has tested the tendon reflex in fifty-one paralytics and dements. He has arrived at the conclusion that it is present in advanced cases of general paralysis, where there is paralysis of the lower extremities. He has found it entirely wanting six times in fifty-one cases, and these were not bed-ridden nor paralysed people, but walking about with no indications of spinal disease.

He also found the tendon reflex to fail for twelve hours in two men after exhausting debauch; in their usual state of health the phenomenon was present.

Dr. Eulenburg ("Centralblatt für Nervenheilkunde," Nr. 9) made a study of the reflex phenomena of the tendons of the patella and Achillis in 214 children; 17 of these were new born; 14 from two to seven days old; 6 in the second week of life; 3 in the third; 1 in the fourth; that is, 41 in all in the first month of life. Thirteen were in the second month, 10 in the third, 28 in the fourth month, and 122 from five to twelve months old.

All the 17 new-born children showed the tendon reflex of the patella with only one exception; but that in the tendo Achillis could only be distinctly brought out in one case. In the other children born within the first month, the reflex of the patella was quite distinct. Save in one case, the action was generally stronger on one side than on the other. Of the remaining 173 children in the first year of life, the reflex failed only in 7. In the first weeks of life the tendon reflex was much more distinct than later, which the author considers a proof that it is a real result of reflex action. Soltmann has observed that reflex excitability is increased in the newly-born, while the excitability of the peripheral nerves is diminished. The author gives a case where, after section of the crural nerve, percussion of the ligamentum patellæ produced a distinct contraction of the flexors of the knee.

Dr. Schmidt Rimpler gives a case of a patient 34 years of age, who had for a year been afflicted with progressive blindness, owing to amaurosis of both optic nerves. For four years he had been troubled with shooting "rheumatismal" pains in both legs, but was otherwise healthy. He had no symptoms of paralysis or ataxia, or any derangement of sensibility, but the knee phenomenon could not be brought out. In two other cases of the same description it also failed.

Decussation of the Optic Nerves.—In the "Centralblatt für Nervenheilkunde" (Number 5), the question of the crossing of the optic nerves is discussed by Dr. Nieden principally upon pathological observations.

The old view was that there was an entire crossing of the nerves at the chiasma to the opposite side. Gudden, who holds that only a portion of the optic fibres cross, says that the bundle which crosses is on the lower half, and that which does not cross lies above it. There are four pathological observations, all of which favour the view of semi-decussation.

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1. Jackson found hemiopia of the left side. The vision in the centre of the eye was good, and the eye seemed healthy under examination. There was hemiplegia with loss of sensation on the left side, and on dissection softening of the right optic thalamus.

2. Hirschberg found typical hemiopia of the right side with normal vision in the centre, and the pupil normal. At a later period there followed aphasia and right hemiplegia, and on examination there was found a tumour of the size of an apple in the left frontal lobe, and the left optic tract in front of the chiasma was thinner than the right.

3. Pooley found hemiopia in the right eye and a tumour in the left occipital lobe, with softening in the left thalamus.

4. Hirschberg observed hemiopia of the right side in an eye apparently healthy, and a tumour was found in the left occipital lobe, with softening in the left thalamus.

Dr. Nieden remarks that, if semi-decussation be the correct view, hemiopia with the lesion of the encephalon on the same side as the blindness should be the commonest form, and the blindness should be sharply limited and stationary without any amaurosis, while the crossed hemiopia should be rarer, not so nicely limited, and progressive. No nasal hemiopia should occur. All these postulates are fulfilled by experience.

Hosch ("Centralblatt für Nervenheilkunde," Nr. 9) described a case where a healthy man had a well-defined hemiopia on the left side of both eyes. After death there was found an apoplectic cyst in the right occipital lobe, with yellow softening of the three occipital gyri and a small spot in the centre of the right optic thalamus. There was a softened spot in the left anterior corner.

In another case, a patient of 54 years of age had left sided hemiopia in both eyes, with weakness of the left side of the body passing in the end into complete paralysis. There was found a cavern extending from the right thalamus through the occipital lobe. The right optic tract was a little smaller than the left.

On a Peculiar Disturbance of Vision in General Paralysis.—Dr. C. Fürstner ("Archiv," viii. Band, 1 Heft; and ix. Band, 1 Heft) observes that not only are there disorders of vision following upon the irregular state of the pupils in general paralysis, but that there are degenerations of the optic nerves which can be detected through the opthalmoscope during life, and by which the sight is much diminished and in the worst cases destroyed. This degeneration of the optic nerve is found not only in cases in which the typical grey degeneration of the posterior pyramids takes place, but also where there are other myelitic alterations in the other tracts of the cord. Hitzig considers that blindness may be caused by a lesion in the occipital lobe. Ferrier found this result to follow injury of the gyrus angularis in the ape, while Goltz made the loss of vision to depend upon diffused injury to the hemisphere. He gave to this disorder characteristic symptoms which distinguished it from amblyopia and amaurosis.

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Dr. Fürstner believes that he has discovered a peculiar disorder of vision in general paralysis, which is not accompanied by any change in the eye as examined through the ophthalmoscope, and which is thought to be dependent upon a brain lesion. It seems to occur for the most part in one eye only, and is thus described :—On fixing the patient's head in a certain position and closing the sound eye, objects such as keys, cups, or knives, when held before the other eye, are not readily recognised ; on their being rapidly jerked to the eye the lids are not closed. The patient stares vacantly at a bright light, brought close to the eye, and coveted objects held before him are neglected. He cannot correctly count small objects heaped together. On being asked to write with the sound eye closed, he begins at a wrong place, swerves from the straight line, carries his writing from the paper on to the table, and runs the letters into one another. With the assistance of the sound eye he can write with tolerable regularity ; when the good eye is closed the irregularity of the gait is increased. All the patients examined, five in number, were so far demented that the result of cross-examination was uncertain, and they could not explain their own sensations. Dr. Fürstner thinks that the confusion in vision could not be set down to fatuity, for there were times when the obscurity of sight disappeared without any improvement in the intelligence ; moreover, the affection may be confined to one eye only. It is not so clear that it could not be explained by assuming a simple dimness of sight with dementia superadded, so that the intelligence is too slow to struggle with the defects of vision.

The author seeks to connect the disease with lesions in the opposite occipital lobe, which were observed in two cases, and are carefully described. No such abnormalities were found in the other cases, where, however, a diseased state of the hemispheres existed. It is evident a good deal of pathological work must be done before the disorders of vision can be studied and connected with special lesions apart from the degeneration of the hemispheres found in general paralysis.

Dr. Reinhard publishes ("Archiv," ix. Band, 1 Heft) what he believes to be an example of Fürstner's new disorder of vision. The subject was a woman of 48 years of age, affected with a progressive dementia, somewhat resembling general paralysis. There were epileptiform attacks and paresis of the face, tongue, and lower extremities. Cysticerci were found in the brain. The disorder of vision appeared before the fatuity was too far advanced to allow of its nature being examined.

Dr. Reinhard defines the disorder to consist in an alteration of the sense of colour, and the perception of form or shape (Gestaltungsvermögen), with loss or diminution of the perception of depth ("Tiefenanschauung"), and the knowledge of place or direction. These, however, are symptoms in which the mental faculties are involved as well as mere visual power ; but the discussion of the question would take up more space than can here be claimed.

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Amblyopia Nicotiana.—Dr. Saemish ("Centralblatt für Nervenheilkunde," No. 10) has observed in this disorder, which comes upon individuals otherwise healthy, who have smoked much tobacco of the commonest sort, a diminution of the power of vision, generally affecting the centre of both eyes simultaneously, and a central colour blindness, mostly for green and red, with no proportional diminution of visual power; on the contrary, there is an increased susceptibility to light.

There is, certainly, at the beginning of this disorder, no structural alterations in the posterior chamber of the eye, and the defects of vision may disappear if the chronic intoxication brought on by nicotin is eliminated by keeping the patient in the dark.

M. Guéniot states, as the result of his observations—

1. That the amaurosis of nicotin begins always in one eye, and never affects both eyes equally from the beginning. The patient sometimes sees objects yellow.

2. From the beginning the patient sees as in a mist, which gradually becomes more obscure. Along with this mist there exists a central scotoma.

3. There is at first a weakness in the central power of vision, while the peripheral perceptions remain normal.

4. Guéniot had never observed any especial pain or headache. The patients do not see so well towards the evening.

5. The pupils are almost always contracted and immovable.

Guéniot gives the following as the distinctive diagnosis between the amaurosis of nicotin and of alcohol. The amaurosis following the abuse of alcohol, begins in both eyes at once, while that of nicotin is at first always unilateral. In both diseases there is central scotoma, but in the intoxication of nicotin alone are there muscæ volitantes. There is pain with the alcohol amaurosis, and the patient sees better towards the evening. The reverse is the case after amaurosis following the use of tobacco. Both diseases may end with atrophy of the papilla, but the amaurosis of nicotin progresses most quickly.

The State of the Retina in Insanity.—The following account, composed by Dr. Nieden, of Dr. A. Schreiber's observations in the "Deutsch Archiv für Klinische Medicin," xxi. Band, 1 Heft, is taken from the fourth number of the "Centralblatt für Nervenheilkunde":—

In encephalitis there is often neuro-retinitis, but not always. The same may be said of abscess of the brain, while in multiple insulated sclerosis, there are often derangements of the external and internal muscle of the eye. In the first stage of hydrocephalus, there is a pretty constant hyperæmic condition of the papilla or optic disc, which may either pass into the stage of congestion, or into that of white atrophy of the optic nerve. Many cases of born blindness, with atrophy of the optic nerve, may be assigned to hydrocephalus internus.

Congestion of the papilla, with numerous tortuous red swollen veins, contracted arteries, and small extravasations of blood, is especially met with in brain tumours. Jackson found this appearance in twenty-three

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instances. Of these, seventeen were cases of tumours and three of abscess. In two there was effusion of blood. Heintzel, in fourteen cases of brain tumour, found neuro-retinitis five times, neuro-retinitis with atrophy twice, atrophy of the optic nerves four times, while in three cases there was no brain disease. Annuske, founding upon observations made on forty-three cases, arrived at the conclusion that neuritis-optica is an almost constant accompaniment of brain tumours, while Reich, out of eighty-eight cases, found a proportion of ninety-five per cent. where congestion of the papilla or atrophy followed each tumour. Halms found neuritis in three cases where there was aneurism within the cranium. No relation has been discovered between the character of the neuritis and the situation, size, structure, or growth of the tumours. Galezowski found disorders of vision in 140 out of 344 cases; in 19 the condition was normal. Of these disorders of vision, 19 had tumours of the cerebellum; 14 tumours of the corpora striata; 11 of the frontal lobes; 12 of the pons; 6 of some parts of the hemispheres; and 5 basal tumours. It has been found that the power of vision may be preserved where considerable alterations are detected through the ophthalmoscope. Where the congestion of the papilla is only in one eye, its cause is of an extra-cranial character.

There is little agreement in the results as to the internal condition of the eye in insanity. Some have arrived at a negative conclusion; others have found hyperæmia, atrophy or neuritis of the optic nerve. Klein found such lesions in 31 out of 134 cases, whilst in 58 cases he remarked a highly characteristic appearance of retinitis paralytica. This retinal affection resembles ordinary senile alterations in the retina, there being a diffuse fine dimness of the retina and optic nerve, with tortuous vessels, and the edges of the eminence of the optic disc or papilla, as it were, submerged. In other cases the retinal arteries in certain spots were wider and of a darker colour, though no disease of the wall of the vessel could be made out. Klein found this appearance in eighteen paralytics, four maniacs, one epileptic, two drunkards, and one patient afflicted with apoplexy, and three with primary insanity. Its occurrence in the retina justifies the suspicion of disease of the brain. Atrophy, congestion of the papilla and retinitis, are not often observed in insanity, nor is there any alteration in the eye characteristic of mental derangement.

In general paralysis the pathological alterations in the retina and optic nerve, and the disorders of vision resulting from them, are the first symptoms of this grievous malady.

In 264 paralytics examined, 182, or 68 per cent. had ophthalmoscopic alterations in the posterior chambers of the eye, while out of 95 maniacs, 55 or 58 per cent., had similar affections.

When the eye is examined during the epileptic fit, there is great anæmia of the papilla and of the other parts of the retina. If examined between the interval of the paroxysms, the veins are observed to be more numerous than usual, and the vessels tortuous.

There is no ordinary affection of sight in epilepsy, nor can any re-

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lation be traced between the intensity of the alterations in the eye and the severity of the fits.

Atrophy and neuro-retinitis are occasionally observed in acute and chronic myelitis; in fact the disease of the optic nerve is a common complication of tabes dorsalis, being found in 249 out of 547 cases, *i.e.*, in 45 per cent. Thus, loss of sight through atrophy of the optic nerve, is much more common in diseases of the spinal cord than amongst the insane. In chorea there is occasionally embolism of the arteria centralis retinæ.

The Systolic Cerebral Murmur in Children.—Dr. A. Jurasz, in a pamphlet published on this subject, gives the result of his observations upon 68 children ("Centralblatt für Nervenheilkunde," Probe Murmer.)

1. That the systolic cerebral murmur is only observed in children from the third or fourth month to the fourth and sixth year of their age, and has a close connection with the development of the base of the brain, especially with that of the carotid canal, and probably also with the foramen spinosum.

It seems to be owing to an abnormal narrowness of the bony canal, for the transmission of the growing internal carotid and the meningea media, until the passage is enlarged by the constant pressure of the pulse of the artery.

General Paralysis with Women.—At a meeting of the Psychiatrischer Verein, at Berlin ("Zeitschrift," xxxv. Band, 2 Heft.), Dr. Jung gives the result of his enquiries into this subject. General paralysis, he observes, is commoner with women than has been hitherto thought. It is commonly stated at the rate of one woman to eight men, the same proportion as Krafft Ebing gives to tabes dorsalis. This is putting it for women too low. General paralysis, especially within the last few years, has prevailed to a great degree with women, as with men of the lower classes, owing to the heightened struggle for existence, and to the increased abuse of coffee and ardent spirits. At the same time there has been an increase almost as great as that of general paralysis in men in the number of demented women. We find in women, after years of dissolute life, with alcoholic and sexual excesses, a used-up fatuous condition, accompanied by paralytic symptoms, not taking the type of general paralysis.

As the result of his observations, Dr. Jung presents the following conclusions: Paralysis in insane females is increasing in the lower ranks. This increase is only an expression of the increasing misery and lack of resistance in these ranks.

It is a disease of the climacteric period, whether this occurs at the normal time or prematurely. It attacks patients who have an acquired or congenital weakness of the nervous system, and a predisposition to vaso-motor disturbances. Heredity has much to do with its production and with its complications with other forms of insanity. It comes upon women at a later stage than upon men. It lasts, on an average, from

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one to two years, seldom running a rapid course. In most cases there are delusions, often of an extravagant character, as occurs in men afflicted with the same disease. It is ushered in by a short stage of melancholia. Sexual excess was not found to be an exciting cause either in men or women. The women affected with general paralysis were either childless, or had only one child, or the children were still-born, or died young.

Dominant Ideas.—At a meeting of the Berlin Medico-Psychological Association ("Archiv," viii. Band, 3 Heft) Dr. Westphal delivered a discourse upon "Zwangsvorstellungen; or, Dominant Ideas." He defines these to be notions which occupy the foreground of consciousness against the man's will, and hinder and cross the normal course of ideas.

The person affected, whose intelligence and emotional nature are sound, recognises them as abnormal, but cannot get rid of them, struggle against their predominance as hard as he may. These notions are of a manifold character, and stand in no apparent relation to the other ideas, but seem incomprehensible to the person himself, as if rising from the air. To take an example: a man is beset with the idea that he has written something on paper accusing himself; if he reads about some crime in the newspapers, perhaps he thinks this paper will be found, and he will be accused of it. He sees a bottle on the table, and it occurs to him that it may contain poison and kill some one, or a man broods over the idea that he has written a letter stating what was not true, whereas, he knows after all, that he has told the truth; sometimes the image which haunts the mind is of an obscene character. Delusions, as it were, besiege his mind without gaining belief or vanquishing reason. He knows that the intruding notion is false, but cannot drive it away. The same thought returns again and again with wearisome monotony for years. An instance was given where it lasted as many as eight years. This condition often comes on, and passes away suddenly. Often the person affected is in good bodily health. He cannot be called insane, but his mind is not quite sound. It seems a rudimentary condition which may either return to perfect mental soundness or advance to insanity. In general, the prognosis is good, though remissions are not uncommon. The treatment recommended is change of scene and cheerful society, cold baths, and residence in high and bracing localities.

Dr. O. Berger ("Archiv," viii. Band, 3 Heft) gives the continuation of one of his cases of Grübelsucht, or the metaphysical mania, which Westphal classes under the head of dominant ideas. It seems the same as la Folie de Doute, described by Legrand du Saulle. He concludes from his studies that it may be brought on by mental emotion, and may pass away repeatedly to return. It may last for many years without affecting the intellect.

Dr. Krafft Ebing ("Zeitschrift," xxxv. Band, 3 Heft) treating of insanity, through dominant ideas, finds as common traits in the cases which he has studied, neurotic heredity, or at least neurotic constitution, as shown by a morbid excitability of the nervous centres, the appear-

https://doi.org/10.1192/bjp.24.108.675 Published online by Cambridge University Press

ance of the disease or disorder before the bodily growth has ceased, the sudden entrance into the mind of strange notions, not associated with the other thoughts. These thoughts, however, are generally congruous with those of others similarly affected, though of the most different character, often turning upon religious doubts, fear of contact, poison, &c., as if the patients had all taken them out of the same romance. Such ideas, though bespeaking an unhealthy mind, very seldom end in insanity. Dr. Krafft Ebing relates four cases where the patients were haunted with ideas and speculations from which they could not escape.

Stammering.—In the "Zeitschrift" (xxxv. Band, 1 Heft) there is a *résumé* of the contents of a little book, "Das Stotterübel, eine Corticale Erkrankung des Grosshirnes von Dr. Jos. Schrank.' Munich, 1877.

The author believes stammering to be the result of disease of the cortical portion of the brain. It is brought about through mental influences. Speaking requires a succession of acts of volition; but with the stammerer the behests of the will are hindered by anxiety or doubt as to his powers of execution of the words to be uttered. Undue attention is thus thrown upon the special acts of pronunciation. The stammerer is therefore one placed under the influence of dominant ideas, having especial reference to his capacity for articulation. He thus belongs to the same class as those suffering from agoraphobia or ataxia muscularis.

Dr. Schrank rejects Kussmaul's view, that stammering is owing to a born weakness of the apparatus by which syllables are co-ordinated. If this were so, stammering ought also to occur in reading and singing, which is not always the case.

The author would seek for an anatomical basis of stammering in the parts around the island of Reil, where the so-called motor speech centres have been located. Stammering appears to be hereditary. Colombat found it to be inherited in two-fifths, and Coën in one-fifth of his cases. Dr. Schrank gives an instance where stammering ran through four generations, originating from the mother's side. In those cases where there was no direct inheritance of the disorder, other diseases of the nervous system, such as epilepsy, hysteria, or chorea, were frequently found. The author sees a confirmation of his theory in the treatment which has been found most efficacious in removing stammering. This consists in different devices and exercises to increase the strength of the will, and to diminish anxiety in speaking. Electricity has not been found of any efficacy in the treatment of stammering.

Curative Influence of Mania on other Diseases.—Dr. Snell, at a meeting of the Psychiatrischer Verein of Lower Saxony and Westphalia ("Psychiatrisches Centralblatt," xxxv. Band, 4 Heft), related the case of a female patient, sixty-six years of age, who was brought into the Hildesheim Asylum, suffering from jaundice, hydrothorax and diabetes, so that she appeared reduced to the last extremity. In this apparently hopeless condition, she was seized with a maniacal attack, when her sunk eyes became bright, her languid features took on a lively expression, and her weak voice became strong and resonant. The appetite

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became every day stronger, the urinary secretion increased, the watery exudation was absorbed, and in three months the jaundice was completely cured. Maniacal excitement returned three times, and on each occasion had a strengthening influence upon the general health of the patient. Dr. Snell remarks that this is in no respect an isolated occurrence. He has seen a number of chronic diseases removed by maniacal excitement, especially the first stages of consumption, chronic liver disease, gout and rheumatism, failure of digestion and nervous affections of a hypochondriacal, hysterical, or neuralgic character.

It must strike every observer how, at the beginning of a maniacal attack, patients, who had become very relaxed and delicate, would not face a draught, and had to be most careful in their diet, would suddenly defy cold, leave their beds with bare feet and scanty clothing, and swallow all kinds of food without injuring their health. It seems as if, with the mania, they got a new body, new wants, and new capabilities. The respiration becomes strong, the organs of digestion develop a heightened activity, and the voluntary muscles are capable of the greatest exertion.

Dr. Snell knew an official who had reached middle age, and had sunk into hypochondria on account of liver disease and loss of digestion. His physician repeated to him the words of "Mephistopheles" in *Faust*, that the best way to be healthy is to go into the fields to hew and dig.

The distressed patient actually followed this counsel; gave up all the promises of his calling, bought a little estate, and worked from morning to night like the poorest hind. He is now a healthy and contented man, and has reached a great age. What is marvellous in this case is, that the advice was followed, not that it was beneficial. Several physicians gave instances in other bodily diseases following upon the supervention of insanity.

PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

A Quarterly Meeting of the Medico-Psychological Association was held on Wednesday, November 27th, at the Rooms of the Medico-Chirurgical Society, in Berner's Street, the President, Dr. Crichton Browne in the chair.

Dr. SAVAGE read a paper on the use and abuse of the "Chloral Hydrate."

Dr. BLANDFORD said—That he differed altogether from the views of Dr. Savage. He believed that chloral was a most valuable remedy in the treatment of insanity, nay, he would go so far as to say that the treatment of this disorder was a different thing since the introduction of the drug, and by treatment, he did not mean the procuring of quiet during the day time. His practice was to give chloral solely for the purpose of causing sleep, and so given it was of the greatest service, in his opinion, in numerous cases. One group he might name, patients suffering from acute delirium, where sleep is often altogether absent, and the patient dies exhausted for want of it. Formerly such deaths were not rare. No remedies were of any use; morphia made matters worse, prevented sleep, and if pushed even produced death by narcotic poisoning. Since chlora

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