space is devoted to the analysis of some of the papers that appeared in that interval, and the engravings representing plans of asylums are reproduced, with references in the German language. Of other papers a short notice is given, sufficient to indicate their purport. No critical examination is undertaken.

The twenty-first volume, for 1864, containing 704 pages, together with a supplement of 71 pages giving a "Report of the Meetings of German Psychologists at Frankfort and at Giessen," in 1864, is in our hands for analysis, but the space in this Journal usually allotted to this article on Foreign Psychological Medicine being already occupied by the foregoing abstracts, we are compelled to let it stand over to a future number.

II.—*English Psychological Literature.*

1. *A Lecture on the Study of Diseases of the Nervous System.—Illustrations of Diseases of the Nervous System.—On Loss of Speech: its association with Valvular Disease of the Heart, and with Hemiplegia in the Right Side.* By Dr. Hughlings Jackson.

('London Hospital Reports,' vol. i, 1864.)

2. *Clinical Remarks on Cases of Defects of Expression (by Words, Writing, Signs, &c.) in Diseases of the Nervous System.*

('Lancet,' November 26th, 1864.)

3. *Two Lectures on Hemiplegia.* By Dr. Hughlings Jackson.

('London Hospital Reports,' vol. ii, 1865.)

4. *Observations on Defects of Sight in Diseases of the Nervous System.* By J. Hughlings Jackson, M.D.

('Ophthalmic Hospital Reports,' 1865.)

In the first of these publications Dr. Jackson makes some forcible and excellent remarks on the value of a proper method of study, and lays stress on the necessity of combining the psychological history and the clinical history of disease, in order to get at its true natural history. He insists, in particular, on the study of the morbid changes that take place in the tissues:—"We should all study diseases of the eye if we wish to know diseases of the nervous system, and, indeed, pathology generally. Besides the importance of this knowledge, as a help to the study of the psychology of disease (for

https://doi.org/10.1192/bjp.11.56.594-b Published online by Cambridge University Press

six of the nine cranial nerves have to do directly or indirectly with the organ of vision), it is a field for the study of diseases of tissue. It is, I think, of quite as much importance as a practical knowledge of the chemistry of the urine. . . . Syphilitic choroiditis and syphilitic inflammation of the pia mater—the choroid of the brain—are pretty much alike as diseases of tissue, although they produce very unlike physiological symptoms, as the organs they damage and the functions disordered are very different. If I may use such expressions in physiology, the 'idea' is the same, but the 'events' are different. . . . I cannot too much impress on you that we ought, above all things, in brain disease, to study diseases of tissue." But though insisting thus strongly on this necessity, and enforcing his remarks by striking and instructive illustrations, Dr. Jackson does not fall into the error of the caterpillar-like mortal who spends his life in minutely creeping over the surface of his so-called facts of observation—who, as Dr. Jackson puts it, "might have learnt many things, but would after all know little"—"might be very minute, but would never be precise"—"would attend to the superficial contiguity of events, and neglect the more real continuity of ideas." "Such a man's classifications and arrangements would have the merit of neatness, but he himself would have a most unmethodical mind. There would be a superficial appearance of order, but a real incoherence. I think this kind of order is the very worst form of slovenliness. For some of these eye symptoms are merely local signs of almost universal changes. Let us never forget that an elaborate arrangement is often the highly worked cloak that covers up inferiority of organization. The most gorgeous piece of mosaic is not equal to the simplest natural flower." With these observations we heartily concur, and might supplement them by a well-known text, which, were time and space available, we should undertake to prove contained excellent instructions as to the true method of scientific work —"Behold the lilies of the field: they toil not, neither do they spin; and yet I say unto you that Solomon, in all his glory, was not arrayed like one of these."

In his "Observations on Defects of Sight in Diseases of the Nervous System," Dr. Jackson points out that amaurosis from disease of the central nervous system, even of *one* hemisphere, is invariably double, and describes the ophthalmoscopic appearances generally found in such amaurosis. So far from there being no abnormal changes in the eye, as sometimes said, he believes that there are often marked changes with a slight defect of sight—the changes being those of white atrophy of the optic disc. It may seem a strange statement to make, but it is true, that in acute cases of cerebral disease the amaurosis is often overlooked; at any rate, Dr. Jackson is quite sure, from his experience, that power to read ordinary type in such cases is no certain evidence that there is not fixed and permanent

https://doi.org/10.1192/bjp.11.56.594-b Published online by Cambridge University Press

damage to the optic nerve or retina. The sight, again, sometimes fails periodically, or suddenly and entirely, while the ophthalmoscopic appearances remain nearly the same. "The record of an acute case of cerebral disease must be considered to be imperfect if the eyes have not been examined with the ophthalmoscope. . . . If I hear, or read, of a case of tumour of the brain in which the patient had gradually become stupid and inattentive, and, perhaps towards the end, comatose, I attach little value to the negative statement that the patient's sight had been unaffected, unless the ophthalmoscope had been used. . . . We may find signs in the eye of great value before the patient complains much of his sight. . . . I by no means wish to imply that 'dimness of sight with a headache is a serious thing,' but that it is always imperative to view this series of symptoms most carefully, and especially if the pain be severe or unusual, and, above all, if attended by urgent, purposeless vomiting." Dr. Jackson relates in detail several interesting cases of cerebral disease which have come under his observation, and which appear fully to bear out what he has said; and, as an incidental conclusion, states that "from the three severe symptoms—headache, vomiting, and amauros is—we cannot fix the seat of the disease causing them, at least not with any exactness."

We are sorry that we have not now room to quote some of the interesting cases reported by Dr. Jackson in his "Illustrations of Diseases of the Nervous System," which will form a valuable mine for reference to those who are engaged in the study of nervous diseases; we proceed, however, to notice the results of his observations on the association of loss of speech with hemiplegia of the right side. He brings forward as many as thirty-four cases of hemiplegia, in all of which loss of speech, in greater or less degree, was present; in thirty-one cases the hemiplegia was on the right side; in three only was it on the left. It is known that M. Broca believes that loss of language is produced by disease of the left side of the brain only, and that he has endeavoured to locate the so-called faculty of articulate language in the posterior part of the third left frontal convolution—the "convolution of articulate language." Quite independently, however, of M. Broca, Dr. Jackson had noticed that in nearly all the cases of loss of speech which he had seen there had been hemiplegia of the right side, and had thought much about the strange coincidence, without committing himself to any hasty theory. "Of course, hemiplegia is not a necessary accompaniment of loss of speech. These two symptoms frequently occur together, simply because the part of the hemisphere in which is the seat of the faculty of language, or of articulate language, is near the upper part of the motor tract, the corpus striatum; so that, from mere relation of contiguity, they often suffer together. What damages one of these parts is very likely, at the same time, to damage the other, or

https://doi.org/10.1192/bjp.11.56.594-b Published online by Cambridge University Press

afterwards to extend to it; or, as I suppose happens in cases of embolism, because both these branches are supplied by branches from one arterial trunk—the middle cerebral—so that when the vessel is plugged both lose their supply of blood at the same time." But why, it will naturally be asked, may there not be a loss of speech when there is injury to the right corpus striatum and contiguous parts, and the hemiplegia is on the left side? Dr. Jackson's reply is that, as a matter of observation, we very rarely find it clinically; and while he can give a multitude of cases of right hemiplegia *with* loss of speech, he can give many cases of left hemiplegia in which there was *no* loss of speech. "There can be no question that, *at present*, the evidence points most strongly to the conclusion that the faculty of expression resides in the left and not in the right hemisphere; for it must be remarked that there is a great amount of negative evidence that damage of the brain in the neighbourhood of the *right* corpus striatum does not produce loss of speech, in any sense of the word." But then, it will be further asked, 'has it ever happened that any one has observed an instance of left hemiplegia with loss of speech?" Because, if so, the foregoing conclusion meets with a terrible facer. Certainly there are a few such cases on record. How, then, are these to be got rid of? For our part we have not yet met with an argument which would take the sting out of them, which might not equally well be used to take the force out of all the observations and arguments in favour of the third left frontal convolution being the seat of articulate language. Moreover, we must confess to an insuperable difficulty in conceiving that language, not in the mode of its expression, but in its intellectual character as the sign or symbol of the idea, should have so limited a seat as the posterior part of the third left frontal convolution. We think that such a notion never could have entered into the head of any one but a Frenchman; and we are very glad to find that Dr. Jackson expressly guards himself from warranting the philosophy of it. All he does—which he may very legitimately do—is to direct attention to the very common association of loss of speech with right hemiplegia—in other words, with disease of the left hemisphere—to indicate how far this is confirmatory of M. Broca's theory, and to pause for the true scientific explanation, whatever that may be.

This brief notice must not be held to convey anything like an adequate idea of the range, precision, and value of Dr. Jackson's studies of nervous disease; his publications contain much exact and practical information, and must themselves be referred to by all who wish for the latest and best information on the subjects of which they treat.

https://doi.org/10.1192/bjp.11.56.594-b Published online by Cambridge University Press