been costly. Their value will be appreciated by everyone accustomed to consult works of this description. Such a book was wanted, and must remain a standard work until superseded by a still more laborious composition, which is not likely to happen for years. We hope to give in a future number an analysis of the subjects treated of, and in the meantime commend it to the attention of our readers, most of whom are immediately interested in hospital construction.

Vico. By ROBERT FLINT, Professor in the University of Edinburgh, &c. William Blackwood and Sons, Edinburgh and London. 1884.

This is the latest addition to the admirable series issued by Messrs. Blackwood, which we have already repeatedly spoken of in terms of approval. Some of the biographies may be of more interest than others, but all are ably prepared by authors thoroughly well acquainted with the subjects of which they treat, and able to present in a clear and condensed form what the reader wishes to know. The following volumes have been published:—Descartes, Butler, Berkeley, Fichte, Kant, Hamilton, Hegel, and Leibnitz.

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *French Retrospect.*

By T. W. MCDOWALL, M.D., Morpeth.

Les Annales Médico-Psychologiques, from March to November, 1881.

Is there Albumen in the Urine of Epileptics? By Dr. J. Christian.

This paper contains no original observations, but is useful, if for no other reason, in directing attention to the absolutely irreconcileable results obtained by various observers. Special notice is devoted to the method of Dr. Klengden, who published a memoir in the "Archiv. f. Psychiatrie," Band xi., Heft 2; but as a notice of this paper will be included in the Retrospect of German psychological literature, it is unnecessary to reproduce either his mode of analysis or his results. It may be remarked, in passing, that the detection of minute quantities of albumen in urine has received much attention of late in England, and that a decided advance has been achieved by Dr. Johnson by the

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employment of picric acid. We would therefore venture to suggest this subject to the notice of asylum physicians, especially the juniors. Although the subject is of little practical importance, it is not to our credit that our knowledge of it should be so uncertain. If Dr. Johnson's method is what it professes to be, there should be no difficulty in settling the question at once.

Epileptics : Their Treatment and Care. By Dr. Lunier.

As it is undoubtedly true that a large percentage of epileptics are insane and the majority are at intervals dangerous to themselves and others, it is a question worthy some consideration whether the State is not bound to exercise some further supervision over them than exists in all countries. Dr. Lunier is of opinion that they require increased care by the State; but before considering exactly what is needed and how it is to be exercised, he attempts to ascertain how many epileptics and epileptic lunatics there are in France.

During the quinquennial period 1873-1877, 1,458,740 men were examined for the conscription; of these 2,398 were declared to be affected with epilepsy. This gives the proportion of 16·44 in 10,000 inhabitants; and for the whole of France 59,353 epileptics. But this method of calculation is quite erroneous, for the figures apply to men alone between 20 and 21 years of age. Before these figures can be used as a basis of calculation, we must first ascertain whether epilepsy is more or less common in men than women; and also whether the disease is equally common in all periods of life.

Dr. Lunier first attempts to settle the question of the relative frequency of epilepsy in men and women. On the 1st of January, 1878, there were 3,547 epileptic lunatics in the asylums of France; of these 1,887 were men, *i.e.*, 53 per cent., and only 1,660 women, *i.e.*, 47 per cent. But the proportion is quite different when the calculation is based on the number of non-lunatic epileptics who are only in hospitals. The proportion is then only 41 men to 59 women, but then it must be remembered that amongst the latter are a certain number of hysterics or hystero-epileptics. On combining the two classes of epileptics, lunatic and non-lunatic, the proportion of men is 50·23 to 49·77 women; that is to say, equality.

On comparing the figures obtained in five departments, Dr. Lunier found that of a total of 953 epileptics, 525 were men and 428 were women; that is, 55·09 to 44·9. These figures would indicate that epilepsy is more common in men than women—a result differing from that of some former observers, as Frank, Esquirol, Georget, Herpin, Delasiauve.

Epilepsy is not equally common in the various periods of life. It is relatively seldom seen in children up to six years of age, increases in frequency from six to twenty, and then diminishes. The majority of epileptics die young, and the new cases in persons aged more than twenty-one years are, as we remove from that age, more and more in-

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sufficient to fill up the gaps produced by death, and more rarely by recovery. It cannot be doubted that if we tabulated epileptics according to age, beginning at twenty-one, we would obtain results more and more removed from those deduced from the examination of conscripts, who are men from twenty to twenty-one, exactly the age when the frequency of epilepsy is at its maximum.

Dr. Lunier accordingly concludes that in the population between ten and forty years of age there are 16·44 epileptics in every 10,000, or 14,350 men and 28,700 of both sexes. But this total should be further increased, for two reasons. It is well known that, in examining conscripts, only those are considered as true epileptics in whom the disease is undoubted, and that a certain number are declared fit for service although they are affected by simple vertigo or very rare epileptic attacks. Secondly, in the examination of conscripts, every person who does not present himself because he is detained in an asylum is considered a lunatic, though he may also be an epileptic.

Taking these and other figures into consideration, the proportion for the whole of France is 9·203 in 10,000 inhabitants, which corresponds to a total of 33,225. Of this large number, only 3,550, *i.e.*, a ninth, are in asylums; and it is estimated that 1,650 simple epileptics are in various hospitals. It follows that about 28,000 are in private dwellings.

Dr. Lunier proceeds to give information as to the manner in which epileptics in various countries are supervised. It would appear that unless they are lunatics they are not specially looked after. He is of opinion that in France alone there are 10,000 epileptics who should be removed from home care and placed in institutions. He does not give his grounds for this proposal, neither does he venture to suggest what kind of institutions should be prepared to receive this army of helpless and comparatively harmless people, although he thinks they should be erected in the neighbourhood of asylums.

Limited Responsibility. By Dr. A. Giraud.

This paper is simply a collection of some recent and ancient cases having this common character—that mental feebleness, congenital or acquired, was pleaded in extenuation of crimes committed. The cases are well recorded, and exceedingly interesting; but they do not disclose any new feature. Besides, to be of any use to the student, they must be read in full; an abstract would be of no practical value.

Chronicle.

It may be noted that a new feature in this Journal is an abstract of current psychological literature. It is not in the usual form of an abstract, in which paper by paper is reduced to the smallest compass, but it is a readable article in which a number of subjects more or less related are passed in review.

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Consciousness in Mental Disease. By Dr. Dagonet.

Although this paper does not contain any original observations, or any new explanations of the wonderful phenomena as affecting consciousness and memory, observed in nervous disease, it is exceedingly interesting, and includes many observations and cases recorded by well-known writers, such as Littré, Despine, Luys, Maudsley, Ireland, and others.

Consciousness may be defined as that inner, immediate, constant feeling of the activity of the ego in all the phenomena of moral and intellectual life. From a religious point of view, we call the feeling of offences committed conscience; this latter is evidently dependent on the former; it is a part of it.

The philosophic aspect of consciousness is not dealt with fully; perhaps this is an advantage to the reader, for it is not yet profitable to follow an author who discusses the seat of consciousness, and who attempts to locate a special function in each separate layer of the cerebral cortex. Dr. Dagonet views his subject chiefly from a medico-legal point of view, and necessarily devotes much attention to the mental condition of epileptics, hystero-epileptics, and such like. It may be remarked, in passing, that the mental condition of criminals in France appears to be much more frequently the subject of investigation than in England. This is probably due to the mode in which the prosecution is conducted.

It is unnecessary to epitomise what refers to the states of consciousness in epileptics; this is a subject perfectly familiar to all physicians, but we shall pick out such paragraphs as relate to the changes in consciousness in lunatics—a subject not nearly so carefully examined as it should be.

In the different forms of mental disease the disorders of consciousness are in relation with those which attack the other faculties. This is a general rule which has few exceptions; but there are remarkable and exceptional cases in which cerebral automatonism exists along with complete preservation of consciousness. The patient is an astonished, helpless, and sometimes frightened spectator of the disorder of his faculties, and begs protection against his violent impulses, feeling himself incapable of resistance.

The maniac preserves a more or less complete recollection of the unreasonable actions which he has committed under the influence of his delirium, and this recollection is the more precise in proportion as the period of convalescence is prolonged. Although memory is preserved, consciousness is lost at some moment or other. The patient is soon unable to fix his attention, his ideas escape without order or connection, there is a flow of incoherent words, sometimes really a torrent of ideas which nothing can stop, which does not give him time to find words to express them, and, as he says, he could not explain what was going on. Thus self-perception, if not entirely abolished, is in such cases extremely confused.

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We may, in a way, admit in regard to anomalies of consciousness in the insane, two contrary tendencies which give a particular impress to character of the delirium ; one is passive, the other active.

In the former, the patient perceives impressions ; the sensations resulting therefrom are more or less obscure, and give rise to no form of reaction. In the active state the over-excited mind goes in a measure in advance of objects ; attention is on the stretch ; the faculties highly stimulated towards delirium, take an unusual development in this unfortunate direction. In both conditions sensations are imperfectly perceived; they arrive at consciousness in an inadequate manner, they are interpreted incorrectly, and are the source of the strangest illusions. The reaction produced in the motor centres is no longer related to the impression perceived ; and in this case the manifestation of the faculties becomes unconscious.

Hallucination generally deprives an individual of self-consciousness ; it makes him, in a measure, passive ; he is its helpless victim.

If he sometimes seeks to understand the singular dominion under whose influence he finds himself, he yet allows himself to be blindly led by it, and under its inspiration we find him committing the most unreasonable actions.

In the insane the feeling of the personality sometimes suffers a profound transformation. Consciousness no longer perceives in the same manner the impressions which the external world can transmit to them ; objects assume alone an essentially altered signification : we can easily understand the consequences. This is observed in certain forms of lypemania, hypochondriasis, demonomania, zoanthropia, lycanthropia. In all such cases the persons are under the influence of disorders of the general sensibility. The transformation is complete, the individual has become another person, his impressions are different, he laughs at persons and things he formerly respected.

In cases of monomania of persecution, it is equally impossible to convince the sufferer of the falseness of his delusions. Total loss of consciousness is not always present, for we occasionally see patients retain an exact conception of their condition in spite of their disorders of general sensibility and of their hallucinations.

In chronic mental affections, as in those associated with paralysis and tendency to dementia, consciousness is obscured and weakened like the other faculties.

As has been shown, loss of consciousness is observed under the most varied conditions ; on the other hand, observation proves that this faculty may be maintained and manifested under the influence of certain neuroses, and in some varieties of mental disease. The person may have an exact perception of his diseased state, of his strange sensations, of the hallucinations, violent impulses, and fixed ideas which control him. Psychical life in such cases appears to be but partially affected. This condition has sometimes been described as "*double mental life*," or "*double consciousness.*"

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The concluding paragraphs are devoted to a review of the medico-legal aspects of the modifications of consciousness, but this is a subject so familiar to all alienists that it need not be further noticed here.

Ambitious Delirium in Local Organic Affections of the Brain and in Diseases of the Spinal Cord. By Dr. Baillarger.

It sometimes happens in patients affected with local lesions of the brain, or with diseases of the cord, that the grandiose delirium as seen in primary general paralysis, may last several months, a year, and even more, without the lesions of chronic periencephalitis being found post-mortem. This grandiose delirium, sometimes preceded by attacks of cerebral congestion, accompanied by motor lesions due to local cerebral changes or to diseases of the cord, leads to the diagnosis of general paralysis, a conclusion proved to be incorrect by the autopsy. Such cases raise interesting questions of pathological physiology.

Dr. Baillarger reproduces six such cases, recorded at different times by various authors. Using these as a basis for his remarks, he tries to explain how it is that we occasionally see patients labouring under organic brain disease, and presenting the mental symptoms of general paralysis, and yet we fail to find the characteristic lesion of that disease.

It may be suggested that the patients died in the first stage, and before the distinctive lesion was developed. This explanation is not sufficient. The local lesions which preceded the delirium can only have been its indirect cause: "they gave rise to an irritation and probably to fluxionary movements, which, as a consequence, led to a disturbance of the nervous elements, of which the delirium was the expression." It must, however, be remembered that such local cerebral lesions often give rise to mental symptoms of totally different characters. Calmeil has insisted on this point. How there should be such variety in the mental symptoms is a mystery, and M. Baillarger thinks it will remain so.

There appears to be an undoubted and intimate relation between cerebral congestion and exalted delirium. They are occasionally associated in diseases other than general paralysis, *e.g.*, epilepsy, alcoholic intoxication, and especially in the aged threatened by apoplexy or softening. M. Foville, in a case of general paralysis, where he failed to discover the characteristic lesion, explained the delirium by a state of congestion.

These facts are of importance in explaining the occurrence of the *remissions*, so well known, so important, but so mysterious. It is a matter of every-day observation that each attack of grandiose excitement is followed by an increasing degree of dementia. M. Baillarger therefore asks, "How difficult it is to understand this dissociation of the delirium and the dementia, if the two orders of symptoms are the expression of the same order of lesions! How simple, on the contrary, if we consider the mania a complication only;

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the lesions found after death only the indirect cause, and that, once produced, the excitement has an independent existence."

Bayle attributed general paralysis to chronic meningitis. He explained the grandiose delirium by the irritation which the inflammation of the arachnoid communicates to the cortex. Esquirol combated this opinion.

What then can we conclude from an examination of the whole subject?

We have to deal with two orders of symptoms, due to different direct causes.

On the one hand, *paralytic dementia*, which we frequently see run through all its phases without being accompanied by delirium, and which leaves after death specific and well-defined lesions.

On the other hand, the delirium of which the direct cause and the essential modality are unknown, but which, once produced, has an existence apart and an evolution of its own.

Note on the Employment of the Peptones of Meat in the Feeding of Sitiophobic Lunatics. By M. A. Lailler.

There appears to be no doubt that the peptones—these are the ultimate products of peptic digestion of albuminoid matters—are useful as foods in some cases. There are, however, difficulties in the way of using them. Those which can be bought are not reliable; to prepare them has hitherto involved much care and trouble.

The following method of preparation is recommended by M. Cotillon :—

"A kilogramme of beef, freed from fat and tendon and finely minced, is placed to digest at a temperature of 45° (Centigrade) for 12 hours with five litres of water acidified with 20 grammes of pure hydrochloric acid, and with pepsine in slight excess. The proportion of pepsine can only be determined by its activity. For example, we must use 35 grammes of pepsine (officinal), which digests 30 to 40 times its weight of fibrine (extractive pepsine is understood), or six grammes of pepsine, standard 200.

"The mixture must be shaken occasionally, and maintained at a constant temperature. Below 40° digestion is retarded; sensibly above 50° there is a risk of destroying the pepsine; on approaching 70° this is sure to happen. The mixture, at first like broth, gradually becomes fluid, and, after from two to six hours, according to the activity of the pepsine, becomes transparent. It then contains a mixture of peptones and syntonine; it is coagulated by heat and nitric acid.

"This dissolution must not be confounded with digestion. Very dilute hydrochloric acid can dissolve the albuminoids, but the solution presents the characters of proteine substances. It is the property of digestive ferments to cause them to lose this character and to change them into peptones.

"After twelve hours of digestion the insoluble parts are separated

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by filtration. Rapid filtration shows that the transformation is pretty complete. The filtrate should not be boiled. A portion tested with nitric acid ought not to cause any cloud.

"The liquid should then be saturated with bicarbonate of soda and evaporated in a water bath. When concentration is fairly advanced, a slight skin forms on the surface, and the solution has arrived at the stage of saturation.

"It is best, for therapeutic use, to preserve the peptone in this state of syrupy solution. If evaporation is carried to dryness, its administration is not so easy, as it must be redissolved."

For feeding by the rectum the peptones should be prepared according to the process recommended by M. Bagros :—

"Lean beef	100	grammes.
Acidified pepsine, Boudault ...	4	,,
Pure glycerine	20	,,
Tepid water	80	,,

"Grind the meat in a marble mortar till it is reduced to pulp; then add, in the order mentioned, the pepsine, the glycerine, and the tepid water. Place the mixture in a wide-mouthed flask or a water bath at a constant temperature of 40° to 45°. At the end of five or six hours the original rose colour of the mixture will be replaced by a grey one. Squeeze through a fine sieve. There will be eight to ten grammes of solid residue. The product is an opaque, grey, almost odourless fluid.

"The addition of glycerine, at the beginning of the operation, is indispensable to prevent the development of a disagreeable odour, and it does not in any way interfere with the solvent action of the pepsine. This preparation keeps perfectly for months without any special precautions to exclude air."

A Case of Somnambulism.

At a meeting of the French Society, M. Motet gave the details of the very interesting case of a man who was accused and convicted of an attempted immoral offence, already narrated in our Journal. M. Motet knew him to be a somnambulist, and accordingly interested himself in the man in his distress, and succeeded in getting the conviction quashed, not, however, until he had demonstrated an attack in the presence of the judge. From a medico-legal point of view, this case, as we have previously pointed out, is very important, and should be studied in detail by all interested in the legal and social relations of such people.

On the Increase in the Number of Cases of General Paralysis, and its Causes. By Dr. A. Sauze.

Although no new facts are brought forward in this paper, the various opinions which have been from time to time expressed are carefully considered and compared with Dr. Sauze's experience,

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extending to some thirty years. He is very strong in attributing the increase of general paralysis to drinking, not occasional and excessive drunkenness, but that day-by-day imbibing of alcohol only too common in clubs and other social gatherings. Next to "nipping," he places the high pressure of modern times.

The paper is well worth perusal, though containing no original matter and not at all likely to convert any of the partisans who advocate so eagerly their own views concerning the cause of general paralysis.

Dr. Sauze's conclusions are as follows :—

1. General paralysis has increased considerably of late years.

2. In the south especially, where it was so rare that its existence was denied, general paralysis now affects a proportion very high and almost equal to what is observed in the north.

3. The principal causes of this increase are the abuse of alcoholic drinks, which has become general, and the abnormal brain-activity characteristic of our time. These two causes act in the same manner by producing cerebral congestion.

4. Then follow excessive coitus and the abuse of tobacco. Their action is only secondary in importance, but it is of the same nature as the preceding.

5. That these are the true causes of the increase of general paralysis is conclusively proved by the fact that women who are little exposed to them owing to the calm and regular life they enjoy in our social organization, are very rarely affected by this disease, and that the proportion has not increased recently. In those rare cases where it is observed in women, we always find the same causes which produce it in men.

6. This very remarkable change from functional insanity (the vesaniæ) to paralytic insanity is the pathological characteristic of our times, so far as mental diseases are concerned; exactly as in the middle ages there were the various forms of religious insanity, demonomania, ecstasy, &c.

7. It is to be feared that, under the influence of the same causes which do not tend to diminish, and by hereditary transmission, the proportion of general paralysis will continue to increase.

Investigations on the Use of an Exhilarating Mixture. By Dr. A. Adam.

Professor Lutton, of Rheims, having prescribed a mixture containing ergot and phosphate of soda in a case of subacute arthritis of the knee, found that it produced fits of laughter. Struck by this result, he gave the medicine to several persons, especially women, and observed the same results generally. Professor Lutton, therefore, presumes that it should be useful in cases of melancholia and hypochondriasis.

Dr. Adam administered it to several patients in the Fains Asylum, but the results were entirely negative.

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Medico-legal Review. By Dr. A. Giraud.

This retrospect contains notices of many cases of great interest, especially illustrations of that most difficult of all medico-legal problems—limited responsibility. To make an abstract of an abstract is to waste work, and all we can do is to refer our readers to Dr. Giraud's paper, or, better still, to the original records. We are, however, tempted to make the following extract from a report by Dr. Penard. It contains words of true wisdom, which, if attended to, would save many scandals in criminal cases and much well-merited reproach heaped on so-called specialists in mental diseases. He says :—

"We accept too quickly and too freely those hereditary defects which we cannot accurately define; those arrests of development more easily pointed out in words than irrefutably demonstrated in fact; those masked affections which only occasionally drop their disguise; those organic asymmetries more often specious than real; indeed, whether the septum of the nose inclines a little more to the right than to the left, or to the left than to the right, is of no importance. That the left angle of the mouth is a little lower than the right; that the right or left eye is imperceptibly narrower or larger than its twin brother, matters not. These slight defects of form, from which we would have great difficulty in logically deducing pathological conclusions, nevertheless play a great *rôle* in extenuating circumstances."

On the Co-Existence of Hysteria and Epilepsy in Both Sexes. By M. D'Olier.

This essay obtained the Esquirol Prize in 1881. As a contribution to the clinical investigation of nervous diseases it is of undoubted importance, but it is not of much practical value to students of mental diseases. It may, however, be consulted as containing details of several cases of genuine hysteria in males. It further confirms the opinions previously held, that the two diseases, hysteria and epilepsy, may co-exist in the same patient.

On the Relations of Insanity and Intermittent Fever. By Dr. H. Mabille.

Completely contradictory opinions have been expressed as to the connection between intermittent fevers and insanity. Sydenham pointed out a kind of mania consecutive to these fevers, especially quartan. But Grisolle remarks that his observations do not appear to have been confirmed by other physicians. Senac met with only one such case, and Baillarger with two. He accordingly thinks they were simple coincidences.

Boerhave and other German authors have indicated intermittents as occasionally giving rise to disturbances of the intelligence. Friedreich has collected a number of such cases. Baillarger thinks that these

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fevers predispose to mental disease, by acting like all nervous diseases, but chiefly by producing anæmia, and, consequently, by still further augmenting the predominance of the nervous system over the blood system. He also believes that mental disease caused by prolonged intermittents frequently degenerates into "stupidité," and this because œdemas are amongst the most common symptoms of these fevers.

According to M. Christian, when the delirium is early, and when it occurs during, or in place of, an attack, cerebral congestion is marked.

In spite of his abundant opportunities, M. Dagonet never observed undoubted cases of intermittent fever passing into insanity. He is sceptical as to this ever occurring, and agrees with Guislain that the true cause is the cachexia and the impoverishment of the blood.

In the two cases recorded by Dr. Mabille, he believes that he can trace a distinct connection between the fever and the mental disease. In the first, violent delirium appeared during the fever and continued twelve days beyond it; in the second, excitement developed the day before the fever returned.

Medico-Legal Case—Murder, Monomania of Suspicion.

We take notice of this case, not to go through the symptoms, which are common enough, but to direct attention to the fact that the patient murdered the medical superintendent of the asylum where he was detained. The patient was well known to be a dangerous man; he had threatened violence over and over again, yet when admitted neither he nor his luggage was searched. He concealed a revolver and used it with lamentable effect.

Contributions to the Medical Jurisprudence of Lunatics. By Dr. Baume.

That the popular idea of a lunatic is entirely erroneous, need not cause us much surprise; but it is passing strange that judges, procurators, and other legal functionaries are almost as ignorant. They will not believe that a lunatic can reason, can prepare his plans, restrain himself and wait for the best chance—they consider such intelligence incompatible with the presence of insanity. But the experience of asylum physicians is entirely against the prejudices of the lawyers. Although many cases are on record to prove this, we cannot resist reproducing the following case—a really good example of what a lunatic can do in the way of self-restraint. The narrator is Dr. Baume, and we reproduce his story with very little curtailment:—

Twenty-three years ago I escorted the savant Malagute, dean of the Faculty of Science at Rennes, through the asylum at Guimper. He saw the lunatics at work, was present when they marched to the sound of the drum, and when they came into the dining-room and

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arranged themselves nicely at the tables. Rather taken aback at what he saw, he said to me : " It is astonishing ; there is as much order as in a barrack, and yet all these people are in confinement because of insanity ! Where the insanity is I cannot make out !"—" We do not limit ourselves," I replied, " to teaching them to march in file ; we sometimes prepare them for the bachelor's degree in science, and we find in France a faculty kind enough to receive them."—" Indeed, and which is that faculty ? "—" That which has for dean M. Malagute, at Rennes." The savant fixed his eyes on me as if asking whether his cicerone were an inmate of the asylum or not. " One can see," I said, " that you have no memory for faces ; for this is not the first time that I have had the honour of speaking to you."—" Indeed," he said ; " I have just been thinking on what occasion I saw you."—Two years ago, on the evening of the 5th December, 1855, I introduced an officer in undress to you. He was an inmate of the asylum, but I took very good care not to reveal to you his position or mine ; my only object was to give a little assurance to my patient by showing him that he might present himself in a drawing-room without being thrown out by the door or window, as his mental disease made him fear. You received him cordially ! "—" But I remember him quite well. That officer passed a brilliant examination, and was received unanimously. But surely he could not be mad ? " —" Not more then than he is now ; we have just passed him."—" But it must have occurred during a prolonged lucid interval ? "—" So little prolonged, that during the journey he caused me serious uneasiness by his hallucinations ! He rambled in a pitiable way when he left me at the top of the stairs to undergo his oral examination. I was on tenter-hooks, and was only reassured when I heard his brilliant answers spoken with an animation and confidence of which I believed him incapable. When he returned I congratulated him warmly.— " Well, are you happy at last ? " " Am I happy ! I should rather think so. This will prove to these monsters if I am mad. I mean the devils with two paws who have for a long time poisoned my life ; have they not tried every instant during the examination to whisper nonsense into my ear ? But I was on my guard."

Thus before, during and after the examination, the patient was under the influence of delusions and hallucinations which, however, he was able to master so thoroughly that he concealed them from his examiners.

Archives de Neurologie. Revue des Maladies Nerveuses et Mentales, publiée sous la direction de M. Charcot.

L'Encéphale. Journal des Maladies Mentales et Nerveuses, sous la direction de MM. Ball et Luys.

Our space, unfortunately, does not allow of our giving an analysis of the articles which appear from number to number in these journals. We regret this, for papers are almost always of the most excellent

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kind, full of clinical facts and of deductions therefrom. The amount of careful observation is very great, and the original character of the communications is sustained. The persevering application of morbid anatomy to mental and nervous diseases by our French *confrères* has been rewarded by valuable results, and many more may be expected.

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2. *German Retrospect.*

By William W. Ireland, M.D.

Ueber Zwangsrorstellungen bei Nervenkranken von Professor v. Krafft-Ebing. Wien, 1884.

Ein Criminal-Psychologisch Denkwürdiger Gerichtsfall. Wien, 1884.

Zwei Fälle von Vieljähriger Verkennung Geistiger Krankheit (Verfolgungs-querulantenirrsinn) bei Sträflingen, mitgetheilt von Professor v. Krafft-Ebing.

Gerichtsärztliche Gutachten mitgetheilt von Professor v. Krafft-Ebing.

Die Geisteskranke Bevölkerungen im Grossherzogthum Oldenburg nach den Ergebnissen der Volkszählung vom 1 *December*, 1880.

Die Zählung der Epileptischen in Mecklenburg-Schwerin. Ib.

Dominant Ideas.—In the first of these contributions Professor Krafft-Ebing defines a Zwangsvorstellung as an impairment in the succession of ideas, so that a concrete idea takes possession of the mind with morbid intensity, and refuses to go away, remaining fixed in consciousness. The patient cannot dismiss the notion, although he does not exaggerate its importance. Such a dominant idea generally appears suddenly, and may occupy the mind for hours and even days, when it disappears perhaps to give place to another. The fixed idea generally is annoying or painful, sometimes prompting to words or actions of an immoral or disgusting character. The import of these dominant ideas is, in the manifold nature of our mental life, very various. Many patients have a feeling that they are losing their understanding, that their thinking power is deserting them. These generally suffer from neurasthenia cerebralis ; others are haunted by the fear of apoplexy or some form of sudden death. These patients are generally suffering from hysteria or neurasthenia with irritable heart. They experience a feeling of distress, oppression in the throat, and palpitations of the heart. Others are afraid to venture into closed rooms, fearing fire, or that the roof should fall in on them ; some have a feeling of danger on the approach of storms ; others receive persistent ideas at the sight of metals, poisons, or animals, or have a morbid horror at the contact of dirt.

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