

their counterpart in such psychic abnormalities as fixed ideas, obsessions, etc. A tic may thus arise from an obsession if the besetting idea provokes a motor reaction; or, inversely, a tic may engender an obsession. The mental basis is similar in the two cases, and it is not rare to see obsessions and tics alternate or coincide in the same individual. The different varieties of phobia, the *délire du toucher*, hypochondriacal doubts, etc., are mentioned as forms of obsession, common in the subjects of tic. The authors urge that it is important to distinguish the tics which belong to the fundamental state of psychic infantilism from those which are related to these secondary mental disorders. In the latter, which are harder to eradicate, it is necessary to direct treatment specially to the mental condition.

W. C. SULLIVAN.

Differential diagnosis between Hysteria and Katatony [*Beiträge zur differential Diagnose der Hysterie und Katatonie*]. (*Allgem. Zeitsch. f. Psychiat.*, B. lviii, H. 5 and 6.) Kaiser, O.

He describes at considerable length two patients in the Asylum of Alt-Scherbitz, one, which he calls a typical case of katatony, becoming finally *dementia præcox*; the other, a young student with hysterical convulsive attacks and hallucinatory states and delirium. Kaiser regards hysteria as an abnormal mental susceptibility of the nervous system, by which it becomes prone to yield either to outward suggestions or to fanciful notions formed within the mind of the patient. Through this hyper-suggestibility, whole association systems are diverted from their functions, and the activity of others heightened. The differential diagnosis between katatony and aggravated hysteria is stated to be, that in the former there is a childish mental weakness, a state of depression with few ideas, passing into dementia, which contrasts with the selfish caprice, cunning, and persistence of purpose in the hysterical patient.

In my opinion, katatony is a formal distinction into which it is difficult to squeeze a sufficient number of cases of insanity. To find katatony one must hold Kahlbaum's description in mind, and step into the asylum to seek for examples. It is like looking for faces in the fire.

WILLIAM W. IRELAND.

6. Pathology of Insanity.

Changes in the Cerebellar Neuroglia in Progressive Paralysis [*Die Gliaveränderungen im Kleinhirn bei den progressiven Paralyse*]. (*Arch. f. Psychiat. u. Nervenkr.*, B. xxxiv, H. 2, p. 523.) Ræcke, Dr.

Fifteen cases in which the changes in the cerebellar neuroglia were specially studied are given in some detail. The results correspond generally to those of Weigert. In the molecular layer, Bergman's fibres are increased in numbers, but unevenly. Most of the new fibres run vertically, but some obliquely or transversely, the last often forming bands at two levels, viz. along the outer margin of the cortex and at the