

acute or subacute mental disturbance. There may be only a slight manifestation of mental weakness, so that the patient is not regarded as being insane. Under this category he classes certain beggars, tramps, and "dead-beats," who eke out an existence for a time, but finally land in the poor-house. He believes that it is more common in the male sex, that its origin is still obscure, but that it may be due to imperfect brain structure, or more probably to the result of positive brain disease. Hill states that masturbation is often assigned as the cause in the adolescent. His understanding of Kraepelin's classification of the insane is that patients do not change from one type of insanity to another, but that the symptoms in the various stages in each case must be known before the diagnosis in doubtful cases can be made.

A. W. WILCOX.

*Infantile Agrammatism [Agrammatismus Infantilis]. (Arch. für Psychiat. und Nervenkr., Band xxxiv, Heft 1.) Liebmann, Alb.*

Dr. Liebmann, who devotes himself to the study of the disorders of speech, describes as a special affection the incapacity to construct sentences in correct grammar and syntax. It is normal in children of two or three years of age, and pathological with aphasics and lunatics. The inflections of the verbs, he tells us, are wrong, the prepositions do not govern the right cases, and the adjectives do not agree with the nouns. The ordinary arrangement of German sentences is very perplexing to one not trained in it. (I have noticed that German children are somewhat slower than British children at learning to speak, and British children in India decidedly prefer to speak Hindustani, which is an easier language than English.) Dr. Liebmann divides those unskilful in the arrangement of German prose into three classes, which represent three grades of special incapacity. He admits that many imbeciles are included in the first of these classes who use broken sentences; but he insists that there are some who have defects on the optic, acoustic, and motor spheres, although they are not otherwise weak-minded. He observes that they are wanting in the faculties of attention and recollection, do not understand or follow what is said to them, are very awkward in the use of their hands, and late in walking. He does not clearly explain what faculties are left untouched, and the parts of the intelligence affected seem nearly equal to the whole. We should be inclined to regard such children as imbecile. He tells us that many "agrammatics" of the first grade, though they give the impression of being idiotic, are quite well gifted, and only backward through their stammering and unintelligible speech; most agrammatics are not specially intelligent but not idiotic, and quite able to be freed from their incapacity, and in the course of time to attend school with advantage. Physicians have frequently occasion to observe backward children who are slow at speech, and sometimes this want of the power of expression seems disproportionate to their other faculties. In general, however, these are weak-minded or stupid children, who rarely get up to the normal intelligence.

Dr. Liebmann is disposed to trace stammering and deficiencies in forming or repeating correct sentences to functional lesions of the speech

centres, or to a want of motor and acoustic attention. He recommends for those so affected a special scheme of instruction in the formation of sentences. The study of special mental deficiencies pursued by medical men has thrown a new light upon psychology. As a contribution to this interesting line of observation the subtle analysis of observed cases in the little book of Dr. Hinshelwood on letter-, word-, and mind-blindness seems most worthy of attention. W. W. IRELAND.

*Low Temperatures in Epilepsy [Ipotermie nell' Epilessia]. (Riv. Sperim. di Freniat., fasc. iv, 1900.) Ceni, C.*

In this paper Ceni describes a new symptom in epilepsy. It consists in the sudden fall of the body temperature to 35° or even to 34° C. This fall lasts for about an hour. It is repeated at irregular intervals, sometimes several times daily, more frequently every two or three days. It was present in sixty-six per cent. of cases examined. He has not been able to establish any relationship between the occurrence of fits and the fall in temperature. A similar lowering of temperature has been noted as the result of the injection of blood or serum into animals. The serum from epileptics, however, gave largely negative results. In only one case did the serum, extracted during the phase of lower temperature, have a greater power of reducing the body heat than the serums extracted at a normal temperature. There was also no difference in this power between cases showing the phenomenon and those in which it was absent. The author regards the symptoms as a true epileptic condition. J. R. GILMOUR.

*Inhibition in Mental Diseases: an Experimental Research [L' inibizione nelle malattie mentali]. (Ann. di Neurol., fasc. i, 1901.) Libertini, G.*

This research was carried out on the spinal reflexes. The author found—(1) That the reflex time in the upper limb is markedly reduced in all forms of mental disease, and that it diminishes proportionately to the gravity of the condition and to the degree of mental decadence. The minimum time was found in classical types of microcephaly. In these it approached very closely to that found in the apes. (2) In paralytic cases it is reduced, varying with the condition and localisation of the lesion. (3) In epileptics it is reduced, but there is always an increase of the reflex time after the fit. (4) As a general rule, states of excitement have a greater reduction than states of depression, and this is especially so in women. (5) The reflex time can be diminished by causing a cerebral area to functionate, as by fixing the attention on a given sign. (6) It seems that the inhibitory waves from the higher centres to the lower do not pass by the pyramidal tracts, but probably by the cortex, pons, and cerebellum. (7) This inhibition may be considered as one of the exponents of the mentalisation of the individual. The more this is lost, the more the latent period of the spinal reflex is reduced.

J. R. GILMOUR.