

Then follows attonic insanity—katatonia. This, a form of insanity which can hardly be said to be recognised in England under that name, is defined by Schüle as a special form of mania with acute hallucinations, the essential element of which is motor tension, sometimes continuous, at others somewhat intermittent, the perception of external objects being more or less shut out by overpowering hallucinations. The motor rigidity may retain the physiognomic character which represents a delusion, *e.g.*, the attitude of crucifixion; or it may be purely organic without taking any intelligent form, having a cataleptoid or tetanoid character. The mental condition may accordingly remain either continuously in the dream stage of acute delusional insanity or else sink down to the level of actual temporary mindlessness or stupor without hallucinations. From both phases complete recovery may take place. In the latter the patient passes through a peculiar stage of weakmindedness with occasional katatonic recurrences. The course is cyclic, accompanied by vaso-motor changes, and is marked by exaltation, depression, and rigidity. The several types of katatonia may be diagnosed according to the underlying mental state, according as they are expansive, depressive, or hysterical.

From these divisions we are afresh reminded that German psychologists carry the analyses of mental symptoms to a much greater pitch of refinement than the English school does. It must not be forgotten that many of these distinctions, while representing genuine clinical states, are, to a large extent, but phases of the same essential disorder.

(*To be Continued*).

---

*De l'Alcoolisme et de ses diverses Manifestations, considérées au point de vue physiologique, pathologique, clinique, et médico-légal.* Par Dr. F. LENTZ, Médecin Directeur de l'asile d'aliénés de l'État à Tournai. Bruxelles, 1884.

This is the work of a careful observer, a clear thinker, and an able writer. It extends to nearly 600 pages, and treats of Alcoholism in all its ramifications. The author deals in general considerations on the physiological action of alcoholic drinks upon digestion, circulation, the heat of the body, respiration, the blood, the kidneys, and the nervous system. He acknowledges that this last is the most difficult to deter-

mine. New researches are indispensable to establish the true nature of the action which alcohol exercises upon the whole nervous system. He endeavours to prove, however, that alcoholic stimulation which is usually believed to infuse fresh energy and vigour into the brain and nerves is only factitious, that it very indirectly reaches the nervous system itself and exercises an indirect influence upon the motor, sensory, and intellectual functions. In fact the stimulation of the nervous system is regarded as the consequence of cerebral excitement, the complex nature of which may be difficult to establish, but is analogous to the effect of good news upon the mind.

Passing over those sections which refer only to ordinary intoxication, we note the description of maniacal excitement due to alcohol, which contains a good sketch of the prodroma, course, and termination of the attack. Lethargic sleep lasting from 12 to 24 hours may completely put an end to the outbreak of fury. The most characteristic circumstance here is the complete re-establishment of the previous mental activity without the persistence of any morbid manifestations. Homicide or suicide may have been attempted during this attack of acute alcoholism, and striking cases are given in illustration. Closely allied is convulsive intoxication, the stress of the attack falling on the motor system. The attack is sudden, being preceded by little more than irritability, precordial pain, and headache. A graphic description follows of the contortions, dangerous violence, and loss of consciousness, the manifestations of mental activity being mainly hoarse cries and inarticulate sounds. When aroused from the profound sleep which terminates the crisis the patient retains no memory of the storm through which he has passed.

Dr Lentz treats of the abnormal states of intoxication which occur among the insane, imbeciles, and epileptics. It is laid down as a general principle that all who fall under the great class of mental maladies present a greater susceptibility to alcohol, and display in their symptoms of intoxication special characters which carry it beyond its ordinary type. The general paralytic is usually very susceptible to alcohol, in fact he can rarely absorb a sufficient quantity to permit the successive symptoms of intoxication to follow their normal course. A true maniacal excitement is the principal symptom, and often in the first stage occasions *vagabondage*, quarrels, thefts, assaults, and even murders. As the author observes, it is strange to see this same general

paralytic, who bears alcohol so badly in the fully-developed stage of the disease, able to bear great excesses and yield with difficulty to intoxication when dipsomania results from, and constitutes the first symptom of, general paralysis (page 121). Dr. Lentz insists with reason that the intoxication of the weak-minded is the most abnormal and generally the most dangerous. With regard to the dipsomaniac, he scarcely knows, paradoxical as it seems to say so, what true intoxication is during the active stage of his disorder; it consists rather of a continual semi-maniacal agitation with rambling and incoherence. Certain authors, as we know, hold that intoxication is always due to a pre-existing chronic alcoholism. Granted that it is rare with those who only occasionally take alcohol, still, glaring exceptions do not permit us to regard it as an absolute rule. In the exceptional cases there is a neurotic predisposition which explains the origin of the abnormal intoxication. This altogether special susceptibility to intoxicating beverages which may so easily lead to a maniacal attack, nearly always depends upon a constitution marked in the neurotic by a tendency to delirium and hallucinations in the course of various disorders, especially fevers; great mobility, excessive susceptibility to atmospheric influences and to diet, and exaggeration of vaso-motor excitability under the action of the slightest mental impression. Hence breathlessness, palpitations, blushing, precordial anxiety, vague uneasiness, rapid and facile appearance of the same phenomena under the influence of drink, excessive irritability of the nerves and senses, too continuous a state of irritation and emotion, increase of reflex irritability, and tendency to convulsions. In the psychopathic constitution there is great excitability, instability of the moral sentiments, frequent change of humour without cause, inconstant sympathies and antipathies, too vivid an imagination, and rapid and exaggerated but very momentary voluntary determinations. Dr. Lentz is one of the few medical writers who point out that the neurotic or psychopathic constitution, although usually hereditary, is not necessarily so, but may be acquired by causes which profoundly affect the cerebral and nervous functions, as traumatism, typhus fever, and other zymotic affections, meningitis, moral shocks, &c. From these causes, as well as from heredity, may unquestionably arise a tendency or susceptibility to alcohol which gives rise to many forms of pathological intoxication.

In diagnosing maniacal from ordinary drunkenness it is necessary to bear in mind that the former is marked by sudden outbreak, while the latter pursues a regular course in its commencement, progress, a certain period of continuance, and then decline. In the former, movements are well directed, and remain under the control of the will. In the latter, motor action is not long maintained, and soon becomes feeble, the drunkard having little power of resistance. Hence the childish conduct of ordinary intoxication and the violent and well-combined acts of the pathological form; in one there is restlessness and progressive relaxation, in the other the display of extraordinary force. The mental condition is fundamentally different. The maniac, although unable to give an exact account of the situation, will recognise his *entourage*, will understand the questions asked of him, and may even reply sensibly, there being, therefore, a certain conscious intelligence which renders the patient all the more dangerous. There is, however, in that variety of pathological intoxication which assumes a convulsive form an almost complete mental stupor, and in this respect it is more allied to the grave forms of ordinary inebriety. Pathological intoxication is marked by profound sleep, and as the quantity of alcohol has been insufficient to cause general disorder in other organs, its disappearance is complete. Ordinary drunkenness, although usually followed by profound sleep, is not marked by the elimination of alcohol, the effects of which on the system continue for a considerable time. Its victim awakes fatigued, vertiginous, or dyspeptic, whilst the maniacal inebriate shows no signs of indisposition. Lastly, the patient, on recovering from maniacal or convulsive intoxication, remembers nothing. This rarely happens after a drunken bout. Attacks of acute alcoholic mania, arising in the course of chronic alcoholism, are often confounded with pathological intoxication, but the former is characterised more especially by terrific hallucinations, emotional paroxysms, furor, and stupidity (page 131). Unfortunately, clearly defined as these distinctions seem on paper, the several forms are considerably mixed in practice.

Dr Lentz has to confess that the different forms of abnormal intoxication are not connected as yet with a definite pathology. Pathological intoxication is only a transitory insanity having a special origin, and yet alcohol is often so little taken into the constitution that in most cases it does

not offer the general characters of alcoholic delirium. Of hallucination there is not a trace; the change in moral sensibility so characteristic of really alcoholic disorder is wanting. It is indeed as far removed on the one hand from the group of true alcoholic mental disorders as it is on the other from ordinary intoxication. The term pathological intoxication is therefore employed to mark its relations with alcohol, and at the same time the differences which separate it therefrom.

In discussing the relations of intoxication and insanity the author points out, in a philosophical manner, the resemblance and the difference between the two.

The analogies between general paralysis and the effects of alcohol are minutely described, and the author adopts the opinion of Bayle that drunkenness, if permanent instead of transitory, would be nothing else than general paralysis. The pathological analogy lies not only in the organ affected, but in the region, namely, in the pia-mater and the cortex; as also in the nerve-cells and the morbid evolution which mark the two affections. It does not, however, follow that intoxication is a state identical with general paralysis.

We reserve for another occasion a further analysis of this work, of which the present brief notice, consisting mainly of the author's opinions, will serve to show that this difficult and important subject, which in its criminal relations was discussed at the last quarterly meeting of the Association, has in Dr. Lentz a thoughtful expositor and an experienced observer.

---

*Hobbes.* By GEORGE CROOM ROBERTSON, Grote Professor of Philosophy of Mind and Logic in University College, London. W. Blackwood and Son, Edinburgh and London, 1886.

This is the tenth volume of the "Philosophical Classics for English Readers," edited by William Knight, LL.D., the Professor of Moral Philosophy in the University of St. Andrew's. It contains an interesting notice of the life and a clear exposition of the opinions of the philosopher and psychologist, who, with Bacon and Locke, stood out in such remarkable relief in the seventeenth century. Like many other celebrated men Hobbes was a twin. He was born in 1588 at Malmesbury, Wiltshire. His father, who was Vicar at Westport, having assaulted another parson, was obliged to escape, and died