

normal specific gravity (or almost normal), exhibit in the latter a substance which reduces Fehling's solution and deviates the plane of polarised light to the *left*. Withholding carbohydrates leads to a rapid cure. Farey excludes his patient from this group of cases with the "levulosuric syndroma," because cutting off the carbohydrates did not produce a rapid disappearance or even diminution of the glycosuria, and the sugar found in the urine caused rotation of the plane of polarisation to the *right*. He considers that the hypnotism cured the insanity.

H. J. MACEVOY.

*Clinical Notes on Paranoids* [*Note cliniche sui Paranoidi*]. (*Arch. di Psichiat.*, vol. xx, fasc. 4.) Pianetta, C.

Under this title, Dr. Pianetta discusses the pseudo-paranoiac symptoms which occur in degenerate subjects, illustrating his remarks by three personal observations. As characteristic of the group of "paranoids" which he describes, the author indicates that they manifest a tendency to erroneous interpretation of outside impressions in some special direction, without, however, elaborating a systematised delirium; their mental state is thus that of incipient paranoia,—at times, perhaps, undergoing an exacerbation which renders them for the moment symptomatically indistinguishable from cases of typical paranoia. The author points out the affinities of these cases to the *paranoia sine delirio* of Tanzi and Riva, and to Magnan's mental degeneracy with episodic syndromes, with which, indeed, the cases recorded appear in all respects identical. The first observation is that of a man with hereditary taint, in whom mental disorder first appeared shortly after marriage; recovery was rapid, but the patient subsequently manifested neurasthenic symptoms with a disposition to hypochondriacal, self-depreciatory, and persecutory ideas. Generally these ideas had an obsessional character and were more or less readily repressed, but at times they acquired the force of delusions, were supported by hallucinations, and on one occasion led to a suicidal attempt. The author draws special attention to the passage from obsession to delusion in this case. The second observation refers to an individual hereditarily unstable, eccentric, and morbidly vain, who presented at intervals a tendency to disconnected delusions, chiefly hypochondriacal and persecutory. In the third observation, the patient, aged twenty-three, mentally degenerate as a result of insane heredity and of infectious disease in childhood, presented at intervals imperfectly defined delusions of persecution. Of very defective ethical development, he was repeatedly condemned for theft and for sexual offences, and two of his persecutory episodes occurred in prison.

W. C. SULLIVAN.

*Microcephaly* [*Ein meiterer Beitrag zur Lehre von der Mikrocephalie*]. (*Jahrb. f. Psychiat. u. Neur.*, B. xviii, H. 3, 1899.) Pilcz, A.

This is a long paper on a case of microcephaly which Dr. Pilcz studied in the University Klinik at Vienna.

The grandfather and father of the subject, K. A—, were habitual drunkards, the latter being also brutal and violent; but the mother was healthy, and had been twice married. A child of the first marriage died

of weakness soon after birth. By the second husband, the woman had ten children, of whom four—three boys and one girl—were microcephalic idiots, and the other children were hydrocephalic. Five of them died; but one daughter, who still lives, is simple-minded, though she is able to earn her livelihood. The latter is married and has four children, who are all imbecile, but none of them microcephalic. K. A— learned to walk when four years of age, but never spoke save to utter a few foul expressions. At thirty-six years he became so troublesome and aggressive that he was sent to the asylum. His height was 145 cm., the circumference of his head was 47.5, the longitudinal diameter 12.5, the transverse being 10.75 cm.

On admission, he was found to be irritable and vicious, ready to scratch and bite, but friendly to those whom he knew. He was dirty in his habits. Sexual feelings seemed quite absent. He died of phthisis when forty-one years old.

At the *sectio*, the heart was found to be small. The thyroid gland was well developed, but its parenchyma was yellow and translucent, and granular with colloid degeneration. The cranial sutures were found *open*. Owing to the smallness of the cerebrum part of the cerebellum was left uncovered. The left hemisphere was a little smaller than the right. The left island of Reil was partially exposed as in the embryo. The corpus callosum was short, measuring only 4.5 cm. This is a common feature in the brains of microcephales. The brain convolutions were plump and simple, with few secondary gyri, exhibiting the condition which has been observed about the sixth month of intra-uterine life. The cerebral vessels were small in calibre and their coats thin. There was an absence of changes which might be thought pathological. Nothing abnormal was found in the cerebellum. The pineal gland was found to be enlarged. The spinal cord was smaller than usual, and instead of being elliptical it was on section circular in shape.

The deficient development seems to be confined to the lateral columns. A most careful microscopic examination of the brain was made, but nothing particular was found save smallness of the ganglion cells of the cortex, which were also irregularly distributed. Betz's giant-cells in the median gyri were found to be normal. A page of coloured lithographs exhibits the appearance of these structures. There is a striking full-length portrait of K. A—, and seven woodcut engravings of parts of the brain and spinal cord. The fibres of the tangential and association systems of the cerebral cortex seemed also unaffected. The colloid degeneration of the thyroid was confirmed by microscopic examination. He was evidently a true case of teratological microcephaly, dating most likely from the fifth or sixth month of intra-uterine life.

Dr. Pilcz then considers at length the different attempts that have been made to aid the development of microcephalic brains by the removal of the strips of the bones at the margins of the cranial sutures. These operations, based upon an incorrect pathology, never met with much favour in this country. The careful observations of Bourneville, which showed that in many cases the sutures remained open, have proved that such surgical interference is unjustifiable.

The great number of references at the end of the article does much credit to the industry and learning of the author. W. W. IRELAND.

*On the Mental Disturbances of Epileptics* [*Beitrag zur Kenntniss der Seelenstorungen der Epileptiker*]. (*Allgem. Zeits. f. Psychiat., B. lvi, H. 5, 1899.*) Deiters.

Dr. Deiters commences his article by stating that, since Samt's investigations on the forms of epileptic insanity, it has generally been recognised that the mental symptoms are very characteristic; indeed, some hold that the presence of epilepsy may sometimes be inferred from the psychical manifestations alone. Sometimes, however, insanity combined with epileptic seizures takes a different character, approaching the forms of other vesaniæ. He gives at some length the description of a patient fifty-five years old, who had epilepsy combined with delusions of a paranoid nature. He had led a vagabond life, had been in prison for stealing, and had been passed on to a workhouse as incapable of earning a livelihood. When admitted to the asylum at Andernach, he was found to be lazy and indifferent, to have religious delusions, and suspicions of being poisoned. He said that at night people put "oprigus" under his nose, and that he was going to be made pope. Finally, he imagined that he was actually crowned as pope, and that Christ had appeared to him and held a chalice over his head, etc. Other cases of hallucination and systematised delusions have been described by Gnauck, Pohl, Buchholz, and others. Magnan thought that several psychoses might exist together. Deiters observes that the forms of insanity which he specifies are technical divisions rather than specific diseases, but that fairly distinct forms may supervene the one upon the other. He thinks that the mind never remains intact after repeated epileptic seizures. Epilepsy prepares the ground for insane ideas, but the character and sequence of these ideas may now and then take an unusual course. W. W. IRELAND.

*A Clinical Lecture on Minor Epilepsy.* (*Brit. Med. Journ., Jan. 6th, 1900.*) Gowers, Sir William.

The lecturer begins by discussing some of the features which belong to epilepsy as a whole, pointing out the paroxysmal nature of the disease, and emphasising the fact that the seizures are symptoms of an underlying brain condition. In this connection, he gives a good working clinical classification, dividing the malady into organic and idiopathic forms. As he remarks, in order to learn we classify and separate, but we must remember that nature does not recognise our sharp distinctions, and gives many examples of an intermediate class. These come between *haut mal* and *petit mal*, and may be termed medium epilepsy. Having thus introduced his subject he passes to the minor form of the idiopathic variety, describing the phenomena which it includes and which are its manifestations. He teaches that the most typical form is when there is loss of consciousness as the only symptom, but denies the prevalent idea that loss of consciousness is essential. There is, he admits, always a perversion or obscur-