

he could never properly see a whole word. The defect was corrected so far as possible by glasses, but the boy was still unable to read; his visual memory and imagination had had no training in this field, and his brain was not stored with visual verbal memories. The brain centres concerned with reading and spelling were as undeveloped as those of a child of six. He was now submitted to careful training by skilful teachers, but though he became fond of reading he never acquired ordinary skill in reading or spelling, even at his death ten years later from tuberculosis. The author finds that bad spelling in individuals otherwise mentally normal is always associated with some eye defect, though he is not convinced that it is necessarily caused by the eye defect, and in some cases there seems to be congenital incapacity to develop the normal visual functions of language.

It may be added that *The Psychological Clinic* is a new monthly journal "for the study and treatment of mental retardation and deviation," and is edited by Dr. Witmer, of Pennsylvania University.

HAVELOCK ELLIS.

*The Insane in the Russian Army during the Japanese War* [*Die Geisteskranken im Russischen Heere während des Japanischen Krieges*]. (Allg. Zt. f. Psychiat., 1907, H. 2-3.) Awtokratow, P. M.

The author was the Red Cross medical officer at the head of the organisation for the care of the insane on the Russian side during the Japanese War. He claims that this is the first time that special attention has been bestowed upon the cases of insanity occurring in an army in the field, partly because military surgeons have not had a proper psychiatric training and partly because there has never before been a suitable institution in the field for the reception of the insane. In this respect, the author believes, the Russian Red Cross Society and Government have shown themselves much more humane than any other nation.

The Central Psychiatric Hospital was at Harbin, and here in the course of fifteen months 1,347 men (about one officer to four privates) were received. The organisation of the hospital is fully described. Only cases of insanity were admitted, another institution being established for cases of nervous disorder.

It appears from the tables given that among the officers chronic alcoholism was responsible for more than a third of the cases; among the privates epileptic psychoses came first. General paralysis and neurasthenic insanity are placed next in order among the officers, and among the men alcoholic psychoses and confusional insanity. Among the officers 75 per cent. of the cases are thus accounted for, and among the men more than 50 per cent.

It appears that in times of peace general paralysis comes first in order among cases occurring in officers and alcoholism second, while among the men alcoholic insanity is very rare. Epileptic insanity frequently occurred after prolonged battles in individuals who could give no history of previous attacks; on investigation, however, it was usually found that they had had nocturnal enuresis as children. These cases all rapidly recovered in, at longest, three weeks. Alcoholic insanity was chiefly

increased during the war by acute poisoning from the consumption of Chinese spirits. Among the officers, in whom it is common in peace, its increase was largely due, the author believes, to heightened susceptibility resulting from nervous exhaustion, it often occurred in young officers who had never taken spirits before this campaign.

Neurasthenic insanity was the most special form encountered. It was marked by depression, exhaustion, nervous irritability, accompanied by headache, restless sleep and apathy, with ideas of suicide and complete inability for exertion; at the same time these patients were extremely sensitive to every external impression; they could not endure society and at the slightest sound they trembled all over; in their broken sleep they lived over again the terrible events they had passed through. Most of them had obsessions and visual or auditory hallucinations. They saw piles of putrefying corpses; they could not escape from the smell of them; they felt themselves crushed by the weight of them. Sometimes they heard the cries of the wounded or the voices of their dear ones at home. Some, though not all, were able to judge their experiences critically, and most on recovery were able to recollect their condition. There was extreme hyperesthesia and irritability; not merely the touch but even the approach of a hand was sometimes unendurable, and sometimes the knee-jerk was so exaggerated that it involved a convulsion of the whole body, and an involuntary scream. Most of these cases recovered completely within four weeks. HAVELOCK ELLIS.

*Two Cases of Destruction of the Lower Left Frontal Gyrus [Zwei Fälle von Zerstörung der unteren linken Stirnwindung]. (Journ. f. Psychol. u. Neurol., Bd. ix, 1907.) Liepmann.*

Liepmann has contributed two cases to sustain the controversy raised by Pierre Marie, who has tried to show that the lower part of the third frontal gyrus has nothing to do with aphasia though injury to it may cause *anarthria*, i.e., difficulty of articulation. Marie regards the region about the nucleus lenticularis as implicated in motor aphasia.

The first of Liepmann's cases was an old woman admitted into the Charité Hospital in Berlin affected with senile dementia and delusions of suspicion. In the Charité Hospital she was seized with cortical motor aphasia. She became unable to utter a word, could not comprehend writing, reading, and could only copy writing. She retained the capacity of understanding speech. After being above two years in this speechless condition she died.

On examination the dura was found adherent to the skull, the convolutions small, the sulci deep and broad; in place of the third frontal gyrus there was a cavity over which the pia was stretched. Nothing remained of the gyrus save a piece about two centimetres broad in the front part. There were yellow spots on the vessels of the base of the brain. Marie's lenticular zone was unaffected.

While this case gave support to the old view advanced by Broca, the second one detailed by the Berlin professor seemed to strengthen the thesis of Marie that the third frontal has nothing to do with language. This was a case of senile mental decay. The man could still count, knew the multiplication table, and could read and write.