

*Schüle. Handbuch der Geisteskrankheiten. Specieller Theil.**(Continued from p. 664.)*

After an historical review of the progress of our knowledge of mental diseases, and the different classifications adopted, Schüle advances his own system of classification, which is as follows :—

I.—*Conditions of Mental Deficiency and Degeneration, including—*

1. Deficiency (*sensu strictiori*). (*a*) Microcephalism; and (*b*) Idiocy.
2. Degeneration, termination, or development of (*a*) hereditary insanity, or of (*b*) the graver neuroses.

The forms which come under these headings are—under (*a*) Impulsive and moral insanity, and under (*b*) Epileptic, hysterical and hypochondriacal, and periodical and circular insanity.

II.—*Mental Diseases founded on full Organo-Psychical Development.*

(A) *Psychical cerebral neuroses (psycho-neuroses).*

1st Sub-group.—Acute or subacute typical cerebral neuroses on a well-developed neurotic basis, and of vasomotor origin. (*a*) Primary forms; (*a*) Melancholia; (*β*) Mania, with the transition stage of melancholia agitata; and (*b*) Secondary forms; (*a*) Delusional insanity, and (*β*) Dementia.

2nd Sub-group.—Chronic psychical cerebral neuroses on a degenerative basis, and of primary neurotic origin—monomania, including (*a*) Primary monomania of persecution of (*a*) purely depressional nature, or (*β*) accompanied with ideas of grandeur; and (*b*) Delusional insanity, including (*a*) the psycho-cataleptic, and (*β*) the psycho-convulsional forms.

(B) *The Cerebro-psychoses.*

- (1) With symptoms of motor excitement, including (*a*) Mania furiosa; (*b*) Mania gravis; and (*c*) Delirium acutum. (2) With loss of motor tension, as in the following forms—(*a*) Melancholia attonita; (*b*) Katatonic delusional insanity; and (*c*) Primary dementia (stupor), acute and subacute. (3) With progressive paresis—the typical general paralysis.

- (C) The psychical cerebral affections, or modified paralyzes, *i.e.*, mental diseases in the clinical form of idiocy with paralysis.
- (a) Meningo-periencephalitis chronica and subacuta; (b) Pachymeningitis and hæmatoma; (c) Diffuse sclerotic encephalitis, with or without symptoms of irritation; (d) Diffuse encephalitis, with accompanying local disease (local softening, apoplexy, capillary dilatations, with miliary centres; multiple sclerosis); (e) Diffuse encephalitis resulting from neoplasmata in the brain; (f) Chronic periencephalitis preceded by locomotor ataxy; tabetic paralysis; (g) Primary cerebral atrophy, accompanied by locomotor ataxy: tabetic dementia; (h) Encephalitis syphilitica, with psychical disorders.

Proceeding to Idiocy, Schüle declines any classification on account of the great variety and individuality of this class. He puts the microcephalic in close relation to the idiots, and gives a very interesting summary of the views of Vogt on the one side and Aeby on the other, adhering to the side of Aeby, however, and regarding the microcephalic brain as pathological, and discarding the idea of its being a form corresponding to that of an ape. In discussing the pathological anatomy of idiocy and microcephalism he attributes the greatest influence to "poverty of brain substance."

The next heading includes impulsive (or instinctive) insanity, which Schüle regards as almost unexceptionally hereditary. In his definition he follows Morel. Moral insanity he likewise regards as a further development of an inherited neuropathic disposition.

Schüle adopts Falret's classification of Epileptic insanity into (a) petit mal and (b) grand mal, admitting, however, in addition, Krafft-Ebing's (c) somnolent state or psychical equivalent.

Hysterical insanity is well sketched, and its likeness to moral insanity pointed out, and is followed by a description of hypochondriacal insanity.

The next section includes periodic insanity and *folie circulaire*. The former is a recurrent attack of mania or melancholia, with an interval in which the patient is always slightly mentally affected. In *folie circulaire* or Baillarger's "*folie à double forme*" is the regular alternation of mania and melancholia, and is characterised by (1) Partial lucidity

(and consequently folie raisonnée); (2) "Photographic" resemblance of the corresponding phases; and (3) "The continuation of the mental affection through even the most favourable period of the interval."

In his clinical analysis of pure melancholia there is nothing new. The next section is on Mania (*Tobsucht Ger.*, *Manie Fr.*), which is distinguished as a "condition of general mental excitement, with hyperæsthesia," from rage or furor (*Manie Ger.*, *furor Fr.*), which he classes amongst his cerebro-psychoses as a condition of anatomical cerebral irritation. In his description of mania he does not vary from other authors. The morbid anatomy of melancholia and mania is summed up in Meynert's unsatisfactory researches.

Next in order we have primary delusional insanity. There is a very interesting section on the monomania of persecution, considered both in its purely depressional form, and in combination with ideas of grandeur. The other and smaller division of delusional insanity is subdivided into the *Maladie du Doute* and psycho-catalepsy. For the former Schüle accepts Legrand du Saulle's description in full. The class of psycho-cataleptic insanity includes those cases in which sensations are directly converted into delusions and at once fixed, in fact a psychical *flexibilitas cerea*.

The next chapter, headed "Cerebro-psychoses," contains: Furor, conditions of atonicity, and typical general paralysis. These are defined as "psychoses, which, though arising primarily from disease of psychical centres, yet far exceed the bounds of natural psychical mechanism, or encroach extensively on motor and sensory parts, and thus introduce certain new clinical symptoms, which are not purely psychical, but still keep pace more or less with the psychopathic symptoms."

Beginning with furor, or "the psychoses with symptoms of irritation," he divides into—(a) Mania furiosa (*la fureur* of Esquirol); (b) Mania gravis, subacuta; and (c) Delirium acutum. Mania furiosa he subdivides into the ordinary remittent form, and mania transitoria (described by Krafft-Ebing), which consists of a single attack of a few hours, with extremely sudden onset, most commonly met with in young recruits. As characteristic of mania gravis, he points out the loss of weight, and fall of temperature—in some instances to 97°F. While in the maniacal form of delirium acutum (*délire aigu*) it rises to 103°-107°. Delirium acutum

he divides clinically into the maniacal and melancholic forms. These forms are distinguished from another by the great muscular energy and high temperature of the maniacal, and the adynamic condition and slight feverishness of the melancholic. In the first he finds intense hyperæmia of the brain, and often the condition described by Popoff and the Duke of Bavaria in typhoid fever.

Passing over the next section of the Cerebro-psychoses, which includes melancholia attonita, dementia acuta, and katatonic delusional insanity, and which follows Kahlbaum, we come to typical General Paralysis. In his general description of the disease Schüle does not vary from the usually received views. He regards impairment of memory and a certain moral indifference as amongst the first symptoms, and along with these the motor changes in the tone and mechanism of articulation. The characteristic ideas of grandeur such as fall under Clouston's definition of a "weakness of mind and facility" he considers pathognomonic. According to Meschede these may be defined by the formula $ego=\infty$ —Succeeding this stage comes the "silent glow, the warmth of which fills the patient with an unbounded feeling of happiness, and lets his fancy swim in an ocean of universal harmony." After this soon comes rapid degeneration—the third stage. Inequality of the pupils Schüle finds in over 50 p.c. of his cases. Of the special senses the sight is most frequently affected, and next in order the olfactory and glossopharyngeal functions. Vasomotor and trophical disorders he considers are never absent in a case of general paralysis. Three-fourths of his cases die within two years, and nine-tenths within five.

As regards pathological anatomy, under the head of microscopic appearances he includes—(1) Thickening of the skull; (2) Diffuse opacity and thickening of the pia mater; (3) Atrophy of the brain; and (4) Myelitis, the form described by Westphal (Virchow, "Archiv," xxxviii.). Microscopically, at the beginning of the disease, he finds—(1) Hyperæmia, especially of the internal layer of the cortex; (2) Dilatation of the vascular lumen; (3) Thickening of the vascular wall, and (4) increased number of nuclei; and (5) increased number of Boll's "pencil-cells." In the terminal stage—(1) the vessels are blocked by external processes, and external sclerosis and proliferation of the neuroglia; 2) the dilated lymph canals give rise to the appearance of *état cribré*, and (3) degeneration of the

ganglion cells. Bayle's view, which lays chief stress on adhesions of the pia mater, and which was supported by Foville (1823) and Calmeil (1824), and lately brought up again by Crichton Browne, is not accepted.

The proportion of female to male paralytics in Schüle's asylum is 2.5, and the females, as a class, are characterised by a greater predisposition to primary weakness of mind, and a more silent and gentle form of grandeur ideas. In two-third of the cases he traces excess (not merely in vino et venere) and the "struggle for existence."

The next chapter contains the "*psychische cerebro-pathieen*," or psychical complications arising in organic diseases of the brain. They are primarily divided into—(1) Modified paralysis, and (2) psychical disease dependant on encephalitis syphilitica. The first of the modified paralysees is meningo-periencephalitis chronica and subacuta, of which a very interesting description is given based on cases of the author's own practice. (For a distinction between this and general paralysis, cp. Mickle, "Journal of Mental Science," April, 1872.) The second modified paralysis is Pachymeningitis with hæmorrhage, two forms of which may be distinguished—(a) When the hæmorrhage occurs first and the pachymeningitis later, and (b) *vice versa*.

Then we have primary cerebral atrophy—(a) without, and (b) with intercurrent symptoms of inflammatory irritation.

Fourthly comes cerebral atrophy as a complication of local softenings and apoplexies, or with multiple sclerosis. To this class, as Wille remarks, belong most of the worst forms of senile dementia.

The list is closed by (5) Progressive dementia with paralysis, produced by neoplasmata; (6) Tabetic paralysis (Westphal); and (7) Tabetic dementia (Simon).

In describing syphilitic mental diseases he regards primary dementia as the most usual onset, but quotes Erlenmeyer's observation that there is almost always a total loss of some one or more intellectual accomplishments as if they had never been learned. [And generally a loss of some muscular skill; thus a patient in Morningside, who before he contracted syphilis was an excellent billiard-player, now seldom hits the ball he aims at.]

This terminates the description of the special forms of mental disease, and the next subject is their development. Here he points out the diagnostic and prognostic value of prodromal melancholia, as he finds that the more purely

functional the disease is, the more surely is it preceded by a melancholic stage. In the same chapter we have his "theory of mental diseases."

The work concludes with a chapter on therapeutics, which contains nothing new.

We have thought fit to devote so much space to this work, as it is the volume of Ziemssen's great encyclopædia belonging to our branch, and as it bears the name of the Superintendent of the Illenau Asylum. But the text-book can scarcely be regarded as a success. In the first place the style is quite enough to frighten away the most enthusiastic student, it is so "high-flown" and obscure. He translates the simplest remarks into psycho-physical and molecular language, and introduces such terms as "co-efficient of expansion" for a psychological process, till one begins to think the book is written by an imaginative psychologist, and not by a medical man. As will be seen from the analysis we have given, his classification rests on a very theoretical basis, and many groups are distinguished by the merest hair-splitting. It is not a volume that should be placed beside Kussmaul's "Pathology of the Speech," or Bartel's "Disease of the Kidneys."

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Cyclopædia of the Practice of Medicine. Edited by Dr. H. VON ZIEMSEN. Vol. xii.: *Diseases of the Brain and its Membranes.* By Professors NOTHNAGEL, HITZIG, OBERNIE, HEUBNER, and HUGUENIN.

Nothnagel begins this volume with an exhaustive article or treatise on anæmia, hyperæmia, hemorrhage, thrombosis, and embolism of the brain, extending to 228 pages. This is well worthy of study by those engaged in psychiatric practice. As a matter of fact we believe that in no class of diseases is cerebral (convolutional) hyperæmia more common than in maniacal conditions. Whatever may be the result of further studies into the *vasomotor* innervation of the brain itself, no one can doubt that the supply of blood to the various parts of the brain is regulated by different vasomotor nerves, and no one who has carefully studied even the naked eye appearances in sections of the brain of those who have died during recent acute insanity can doubt that the blood supply of the various portions of the brain had been most seriously deranged during life in